Test Room Report

ACT High School Code _____ _____ _____ _____ State ________ Timing Code for this room: ________

(Only one timing code is allowed per room)

School Name ____________________________________________

Test Date ____________________________________________

Room Supervisor _______________________________________

Room _____________________________________________

☐ Testing at school  ☐ Testing off-site—provide off-site location name and address:

Location Name ____________________________________________

Address/City __________________________________________________________________________________

Number of Examinees Seated in This Room _______

If two or more, complete the Seating Diagram.

Number of Staff in This Room _______

If two or more, enter names of proctors.

Proctors ____________________________________________________________________________________

Test Coordinator—After testing, mark (✓) as you confirm counts and completeness/correctness of documents that apply to this room.

MC Test Booklets Writing Test Booklets Answer Documents Test Room Report Seating Diagram Administration Report Roster ACT ID Forms Irregularity Reports Translated Directions

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

If applicable, submit an Irregularity Report to explain test booklet and/or answer document discrepancies.

Test Coordinator—Return this completed folder in the AQUA envelope.

Keep all pages together (do not separate).

Instructions:

If... Then...

All tests are completed in one sitting • Complete one folder for the sitting.

Testing a single examinee over multiple days • Complete one folder that covers all the sittings for that examinee.

Record all the tests for that examinee on one Administration Report.

Testing a group of examinees with the same timing code over multiple days • Complete one folder that covers all the sittings for that group.

Record all the tests for all examinees in the group on one Administration Report.

For multiple day testing, the folder assumes all examinees listed on the Administration Report take all tests at the same time, in the same room, with the same staff. If that is not the case, do the following:

• Complete an Irregularity Report for each affected sitting. Include the names of the examinees in that sitting, date and time, room name (and location if off-site), and names of staff.

• If there is a room change with more than one examinee in the room, also complete a seating diagram for the other room and attach it to the original folder or to the Irregularity Report.

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Instructions:
- Complete blocks 1 through 4 during testing.
- Enter MC serial numbers during the first multiple-choice test.
- Enter W serial numbers during the writing test, if applicable.
- If using tables, show which examinees are at the same table.
- Draw your own diagram and attach it to this form if this diagram doesn’t fit your room.

See the Administration Manual for acceptable seating arrangements and a sample completed form.

1. Room Type
   - Single Level OR Multiple Level

2. Writing Surfaces
   - Desks _____ in. by _____ in.
   - Tables _____ in. by _____ in., # _____ per table

3. Distance between Examinees
   - Shoulder-to-Shoulder: _____ ft.
   - Head-to-Head: _____ ft.

4. Seating Diagram

List every examinee in this test room for this administration (please print). For each examinee, enter the following information:

- **Timing Code** — The examinee’s assigned timing code (from the Accommodations and Supports Roster). All examinees in the room must have the same timing code.
- **Date & Minutes** — Enter the date (mm/dd) of each test, even if administered on the same day, and the actual testing minutes used by the examinee for each test. Do not include time for which the clock is stopped.
- **Total Testing Minutes** — Total all testing minutes of all tests for the examinee.
- **Total Break Minutes Used** — Complete this item only if the examinee has Timing Code 5 with Breaks as Needed. Enter the total amount of break time the examinee used.

Enter the information requested for all examinees testing in this room. Attach additional pages if more than 10 examinees.

- Is there an Irregularity Report regarding timing? □ Yes □ No
Instructions:
• Complete blocks 1 through 4 during testing.
• Enter MC serial numbers during the first multiple-choice test.
• Enter W serial numbers during the writing test, if applicable.
• If using tables, show which examinees are at the same table.
• Draw your own diagram and attach it to this form if this diagram doesn’t fit your room.

See the Administration Manual for acceptable seating arrangements and a sample completed form.

1. Room Type
   - Single Level OR Multiple Level

2. Writing Surfaces
   - Desks: _____ in. by _____ in.
   - Tables: _____ in. by _____ in., # _____ per table

3. Distance between Examinees
   - Shoulder-to-Shoulder: _____ ft.
   - Minimum: 3 ft.
   - Minimum 3 ft (single level) 5 ft (multiple level)
   - Head-to-Head: _____ ft.

4. Each box represents one seat.

Instructions:
- List each examinee in this test room for this administration (please print).
- For each examinee, enter the following information:
  - Timing Code — The examinee’s assigned timing code (from the
    Accommodations and Supports Roster). All examinees in the room must have
    the same timing code.
  - Date & Minutes — Enter the date (mm/dd) of each test, even if
    administered on the same day, and the actual testing minutes used by
    the examinee for each test. Do not include time for which the clock is stopped.
  - Total Testing Minutes — Total all testing minutes of all tests for the examinee.
  - Timing Code 5 with Breaks as Needed: Total Break Minutes Used — Complete
    this item only if the examinee has Timing Code 5 with Breaks as Needed. Enter
    the total amount of break time the examinee used.

Enter the information requested for all examinees testing in this room. Attach additional pages if more than 10 examinees.

1. Examinee’s Name
2. Timing Code
3. Test 1 English Date & Min.
4. Test 2 Mathematics Date & Min.
5. Test 3 Reading Date & Min.
6. Test 4 Science Date & Min.
7. Writing Test Date & Min.
8. Only for Timing Code 5 with Breaks as Needed: Total Break Minutes Used
9. Is there an Irregularity Report regarding timing?
   - Yes
   - No
Test Room Report

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Test Date __________________________________________

Room Supervisor ____________________________________

Room _____________________________________________

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Proctors ____________________________________________________________________________

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