

Test Administration Forms Accommodations/Supports, Paper Test Room Report



Make a copy of these forms for your records and keep for one year.

ACT High School Code _____ State _____

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 _____

BEFORE TESTING: Complete A through B to record and account for ALL TEST BOOKLETS provided to this room.

A. Test Booklets	First Serial Number	Last Serial Number	Total # Booklets
	_____ to _____		<div style="text-align: center; font-size: 2em; font-weight: bold;">A</div> <div style="text-align: center; margin-top: 20px;">_____</div>
	<i>Additional serial numbers not within the sequence above, if any:</i>		

B. Sign and initial as indicated to confirm the transfer of test booklets to the room supervisor.

Room Supervisor Signature _____ Test Coordinator Initials _____

AFTER TESTING: Complete C through F to record and account for ALL MATERIALS returned to the test coordinator.

C. Test Booklets	# Used	# Unused	Total # Booklets
	_____	+ _____ =	<div style="text-align: center; margin-top: 20px;">_____</div> <div style="text-align: center; font-size: 0.8em;"><i>Must equal "A" above</i></div>

D. Answer Documents (used only)	# To Score	# Voided	# Replaced
	_____	_____	_____
	<i>Attach AD to Irregularity Report</i>		<i>Attach AD to Irregularity Report</i>
	<i>Be sure there is one (to score or voided) for every examinee.</i>		

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

Test Booklets	Answer Documents	Test Room Report	Seating Diagram	Administration Report	Roster	ACT ID Forms	Irregularity Reports	Translated Directions
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

F. Sign and initial as indicated to confirm the transfer of test booklets to the test coordinator.

Test Coordinator Signature _____ Room Supervisor Initials _____

Test Coordinator—Return this completed folder in the GOLD envelope. Keep all pages together (do not separate).



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Seating Diagram

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Instructions:

- Complete blocks 1 through 4 during testing.
- Enter Test Booklet serial numbers during the first test.
- 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.

Each box represents one seat.

Write test booklet number here	1
	2
	3

You may use scratch paper or the numbered spaces (1, 2, 3) to track unfinished ovals at the end of each test.

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

1	Room Type
<input type="checkbox"/> Single Level OR <input type="checkbox"/> Multiple Level	

2	Writing Surfaces
<input type="checkbox"/> Desks: _____ in. by _____ in.	
<input type="checkbox"/> Tables: _____ in. by _____ in., # _____ per table	

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

4	BACK		BACK		BACK		BACK	
	1		1		1		1	
	2		2		2		2	
	3		3		3		3	
	1		1		1		1	
	2		2		2		2	
	3		3		3		3	
	1		1		1		1	
	2		2		2		2	
	3		3		3		3	
	1		1		1		1	
	2		2		2		2	
	3		3		3		3	
	FRONT							

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Administration Report

Make a copy of these forms for your records and keep for one year.

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

Accommodation	Administration Codes											
	Single-Day Testing						Testing Over Multiple Days					
	Standard Time (55 min)	One and One-half Time (83 min)	Double Time (110 min)	Triple Time (165 min)	Standard Time (55 min)	One and One-half Time (83 min)	Double Time (110 min)	Triple Time (165 min)	Standard Time (55 min)	One and One-half Time (83 min)	Double Time (110 min)	Triple Time (165 min)
Regular Print Materials (including extended time)	400	150	200	300	500	510	520	530	500	510	520	530
Large Print	400	130	235	291	501	511	521	531	501	511	521	531
Pre-recorded audio				294				534				534
Reader's Script				293				533				533
UEB Braille with Nemeth				296				535				535
UEB Math/Science Braille				297				537				537
Translated Directions ONLY	600	610	620	630	550	551	552	553	550	551	552	553
ACT-Provided (non-Spanish) Translation of <i>Workplace Documents</i> ; or <i>Applied Math</i> ; or <i>Graphic Literacy</i>				941*				954*				954*
Modifications (ineligible accommodations and/or supports)	900*	910*	920*	930*	950*	951*	952*	953*	950*	951*	952*	953*

*Ineligible for ACT WorkKeys scores and the ACT® WorkKeys® National Career Readiness Certificate®

Examinee Names <small>Please print.</small>	Accommodations Provided <small>Describe all:</small>													
	Workplace Documents						Applied Math						Graphic Literacy	
	Admin Code	Date	Start	Stop	Admin Code	Date	Start	Stop	Admin Code	Date	Start	Stop		
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														

List all examinees tested in this room. For each ACT WorkKeys test administered, give the test date, the start and stop times, and the administration code describing the accommodation provided exactly as it is marked on the examinee's answer document. Also note any accommodations provided not directly related to the test. You may use the Test Timing Chart in the *Administration Manual* to aid accurate timing.

Is there an Irregularity Report regarding timing? Yes No

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Roster

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Page ____ of ____

Attach extra pages as required.

Note: You may attach your own roster to this form instead of writing the information below, but only if it includes the type of ID.

Type of ID
P = Photo ID
F = ACT Student Identification Form
R and Staff Initials = Recognized
— = Absent

Examinee's Name (please print) List all examinees scheduled to test in this room.	Mark attendance by noting type of ID.			
	P	F	R and Initials	—
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				