

Test Administration Forms Standard Time, 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 _____ Number of Staff in This Room _____

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 _____		A _____
	<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
	_____ + _____ =		_____ <i>Must equal "A" above</i>

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	Timing Report	Roster	ACT ID Forms	Irregularity Reports
<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 PURPLE envelope. Keep all pages together (do not separate).



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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.				
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19.				
20.				
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22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

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Timing Report

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

Record the actual time of day (e.g., 8:52 a.m.) these announcements are made for each test.

	Duration	Start	5 Minutes Remaining	Stop
<i>Example</i>		8:52 a.m.	9:42 a.m.	9:47 a.m.
Test 1 Workplace Documents	55			
Test 2 Applied Math	55			
Test 3 Graphic Literacy	55			

Is there an Irregularity Report regarding timing? Yes No

Timing Chart

All Tests—55 Minutes									
Start	Stop	Start	Stop	Start	Stop	Start	Stop	Start	Stop
__:00	__:55	__:12	__:07	__:24	__:19	__:36	__:31	__:48	__:43
__:01	__:56	__:13	__:08	__:25	__:20	__:37	__:32	__:49	__:44
__:02	__:57	__:14	__:09	__:26	__:21	__:38	__:33	__:50	__:45
__:03	__:58	__:15	__:10	__:27	__:22	__:39	__:34	__:51	__:46
__:04	__:59	__:16	__:11	__:28	__:23	__:40	__:35	__:52	__:47
__:05	__:00	__:17	__:12	__:29	__:24	__:41	__:36	__:53	__:48
__:06	__:01	__:18	__:13	__:30	__:25	__:42	__:37	__:54	__:49
__:07	__:02	__:19	__:14	__:31	__:26	__:43	__:38	__:55	__:50
__:08	__:03	__:20	__:15	__:32	__:27	__:44	__:39	__:56	__:51
__:09	__:04	__:21	__:16	__:33	__:28	__:45	__:40	__:57	__:52
__:10	__:05	__:22	__:17	__:34	__:29	__:46	__:41	__:58	__:53
__:11	__:06	__:23	__:18	__:35	__:30	__:47	__:42	__:59	__:54