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|---------------------|--------------------------------------|---------------------------------------|---|
| (Check one subject) | <input type="checkbox"/> Mathematics | <input type="checkbox"/> ELA/Literacy | <input type="checkbox"/> DC Science |
| (Check one unit) | <input type="checkbox"/> Unit 1 | <input type="checkbox"/> Unit 2 | <input type="checkbox"/> Unit 3 <input type="checkbox"/> Unit 4 |

Instructions for the School Test Coordinator: Use this form to track the distribution and return of all secure test materials to and from Test Administrators. Make as many copies of this form as needed. Keep this form in your school files for four years after testing. Do **not** send this form to Pearson.

| | | |
|-----------|-------------|--------------|
| LEA Name: | LEA Number: | School Name: |
|-----------|-------------|--------------|

| Materials Moved from Locked Central Storage Area to Classroom # _____ | | |
|---|---|--|
| Date: | Time: | Number of Student Authorization Tickets: |
| Number of Headphones: * | Number of Mathematics Reference Sheets: | Sheets of Scratch Paper: |
| School Test Coordinator's Name (please print): | | |
| School Test Coordinator's Signature: | | |
| Test Administrator's Name (please print): | | |
| Test Administrator's Signature: | | |

| Materials Moved from Classroom # _____ to Locked Central Storage Area | | |
|---|--------------------------|--|
| Date: | Time: | Number of Student Authorization Tickets: |
| Number of Mathematics Reference Sheets: | Sheets of Scratch Paper: | Number of Headphones: * |
| School Test Coordinator's Name (please print): | | |
| School Test Coordinator's Signature: | | |
| Test Administrator's Name (please print): | | |
| Test Administrator's Signature: | | |

| Materials Securely Destroyed | | |
|---|--------------------------|--|
| Date: | Time: | Number of Student Authorization Tickets: |
| Number of Mathematics Reference Sheets: | Sheets of Scratch Paper: | |
| School Test Coordinator's Name (please print): | | |
| School Test Coordinator's Signature: | | |
| Additional person present during shredding – Name (please print): | | |
| Additional person present during shredding – Signature: | | |

*For inventory purposes if needed. Headphones are not considered secure testing materials.