

# **Appendix H**

## **Chain of Custody Form**



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

## 2024-25 District of Columbia Assessment Chain of Custody Form

Test Coordinators will use this form to track the distribution, return, and destruction of secure test materials. Make as many copies of this form as needed. Keep this form in your school test security file when it is complete.

Check one assessment

<input type="checkbox"/>	ACCESS	<input type="checkbox"/>	MSAA	<input type="checkbox"/>	DLM	<input type="checkbox"/>	DC CAPE
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LEA: \_\_\_\_\_ School: \_\_\_\_\_

Test Coordinator Name \_\_\_\_\_

Test Administrator Name \_\_\_\_\_

Witness of Destruction of Secure Materials Name \_\_\_\_\_

Receiving Materials	Date							
	Time Checked Out							
	Testing Room (Transferring to)							
	Number of Testing Tickets							
	Number of Sheets of Scratch Paper							
	Number of Reference Sheets							
	Other Secure Material*:	Barcode:						
Returning Materials	Date							
	Time Returned							
	Secure Materials Location (Returning to)							
	Number of Testing Tickets							
	Number of Sheets of Scratch Paper							
	Number of Reference Sheets							
	Other Secure Material*:	Barcode:						
Test Administrator Initials								
Test Coordinator Initials								

\* Other secure materials may include: tactile graphics, Human Reader scripts, accommodated paper-based, braille or large print booklets and answer documents.

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<b>Destroy Secure Materials</b>	Date					
	Time Destroyed					
	Number of Testing Tickets Destroyed					
	Number of Sheets of Scratch Paper Destroyed					
	Number of Reference Sheets Destroyed <sup>+</sup>					
	Number of TIPs (DLM only) or DTAs (MSAA only) Destroyed					
	Test Coordinator Initials					
	Witness Initials					

<sup>+</sup>A reference sheet only needs to be securely destroyed if a student wrote on it during a testing session.

*By signing below, authorized personnel verify the information on this document are accurate to the best of their knowledge. Signatures below should only occur on the last day authorized personnel uses this document.*

Test Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Test Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes and Additional Signatures (if needed):

