

# Appendix H

## Chain of Custody Form



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

## 2023-24 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

|  |        |  |      |  |     |  |         |
|--|--------|--|------|--|-----|--|---------|
|  | ACCESS |  | MSAA |  | DLM |  | DC CAPE |
|--|--------|--|------|--|-----|--|---------|

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: |  |  |  |  |  |  |
|                             |  |          |  |  |  |  |  |  |
|                             |  |          |  |  |  |  |  |  |
|                             |  |          |  |  |  |  |  |  |
| Test Administrator Initials |  |          |  |  |  |  |  |  |
| Test Coordinator Initials   |  |          |  |  |  |  |  |  |
| 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<br/>Secure<br/>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<br>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):

