Appendix H

Chain of Custody Form

OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

2025-26 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.*

Destroy Secure Materials	Date					
	Time Destroyed					
	Number of Testing Tickets Destroyed					
	Number of Sheets of Scratch Paper Destroyed					
	Number of Reference Sheets Destroyed[+]					
	Number of TIPs (DLM only) or DTAs (MSAA only) Destroyed					
	Test Coordinator Initials					
	Witness Initials					

[+]*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):