

## Test Materials Chain of Custody Form

The following information must be collected for each test administration at your school to track secure materials with security barcodes. This form may be duplicated for use by grade level and/or maintained as an electronic file, but the content of this form may **not** be altered.

Contact your district assessment coordinator if you have any questions.

Your name (school assessment coordinator): \_\_\_\_\_

District name: \_\_\_\_\_

School name: \_\_\_\_\_

School number: \_\_\_\_\_

Location of locked storage room: \_\_\_\_\_

Names of people with access to locked storage room/location:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Assessment(s) (e.g., FSA ELA Writing Retake, Biology 1 EOC, FCLE): \_\_\_\_\_

\_\_\_\_\_

Date and time materials arrived at the school: \_\_\_\_\_

Date and time shrink-wrapped test material packages are opened: \_\_\_\_\_

Packages opened by: \_\_\_\_\_

Date and time materials are prepared (e.g., PreID labels applied): \_\_\_\_\_

Materials prepared by: \_\_\_\_\_

Date and time materials are packaged for return: \_\_\_\_\_

Materials packaged by: \_\_\_\_\_

Date and time materials are returned/shipped: \_\_\_\_\_