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**District of Columbia Assessment Chain of Custody Form SY2021-22**

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 |  | PARCC |  | DC Science |

LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Receiving Materials** | Date |  |  |  |  |  |
| Time |  |  |  |  |  |
| Testing Room (Transferring to) |  |  |  |  |  |
| Number of Testing Tickets |  |  |  |  |  |
| Number of Sheets of Scratch Paper |  |  |  |  |  |
| Number of Reference Sheets |  |  |  |  |  |
| Test Administrator Initials |  |  |  |  |  |
| Test Coordinator Initials  |  |  |  |  |  |
| **Returning Materials** | Date |  |  |  |  |  |
| Time |  |  |  |  |  |
| Secure Materials Location (Returning to) |  |  |  |  |  |
| Number of Testing Tickets |  |  |  |  |  |
| Number of Sheets of Scratch Paper |  |  |  |  |  |
| Number of Reference Sheets |  |  |  |  |  |
| Test Administrator Initials |  |  |  |  |  |
| Test Coordinator Initials  |  |  |  |  |  |
| **Destroy Secure Materials** | Date |  |  |  |  |  |
| Time |  |  |  |  |  |
| 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.*

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Receiving Materials** | Date |  |  |  |  |  |
| Time |  |  |  |  |  |
| Testing Room (Transferring to) |  |  |  |  |  |
| Number of Testing Tickets |  |  |  |  |  |
| Number of Sheets of Scratch Paper |  |  |  |  |  |
| Number of Reference Sheets |  |  |  |  |  |
| Test Administrator Initials |  |  |  |  |  |
| Test Coordinator Initials  |  |  |  |  |  |
| **Returning Materials** | Date |  |  |  |  |  |
| Time |  |  |  |  |  |
| Secure Materials Location (Returning to) |  |  |  |  |  |
| Number of Testing Tickets |  |  |  |  |  |
| Number of Sheets of Scratch Paper |  |  |  |  |  |
| Number of Reference Sheets |  |  |  |  |  |
| Test Administrator Initials |  |  |  |  |  |
| Test Coordinator Initials  |  |  |  |  |  |
| **Destroy Secure Materials** | Date |  |  |  |  |  |
| Time |  |  |  |  |  |
| 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 pages 1 and 2 of this document are accurate to the best of their knowledge. Signatures below should only occur on the last day an authorized personnel uses this document.*

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

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

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

 Notes and Additional Signatures (if needed):

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