*Sample Blank Form for Computer-Based Testing*

**MCAS Secure Materials Internal Tracking Form**

**Computer-Based Testing (CBT)**

Schools must account for MCAS test materials at all times.

Use this form to track the distribution and return of MCAS materials.

| Test Administrator’s Name: |  | Room Number: |  |
| --- | --- | --- | --- |

| Grade: |  | Subject/Sessions: |  |
| --- | --- | --- | --- |

| **Materials Moved from Locked Storage Area to Room #\_\_\_\_\_** | | | |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

|  | # of Student Logins | # of Test Administrator Logins \* | Materials for Accommodations\*\* |
| --- | --- | --- | --- |
| Test Coordinator’s Count |  |  | 🞎 distributed |
| Test Administrator’s Count |  |  | 🞎 received |

| Test Coordinator’s Signature: | | Test Administrator’s Signature: | |
| --- | --- | --- | --- |
|  |  |  |  |

| **Materials Moved from Room #\_\_\_\_\_ to Locked Storage Area** | | | |
| --- | --- | --- | --- |
| Date: |  | Time: |  |

|  | # of Student Logins | # of Test Administrator Logins\* | Materials for Accommodations\*\* | Used Scratch Paper  (no count needed) |
| --- | --- | --- | --- | --- |
| Test Coordinator’s Count |  |  | 🞎 received | 🞎 received |
| Test Administrator’s Count |  |  | 🞎 returned | 🞎 returned |

| Test Coordinator’s Signature: | | | Test Administrator’s Signature: | | |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |
|  |  |

| 🞎 | Check this box to confirm that testing tickets, used scratch paper, and accommodation materials (such as graphic organizers or pre-approved reference sheets) have been securely destroyed. |
| --- | --- |
| \* Test administrator logins are used for students with the Human Read-Aloud or Human Signer accommodations  \*\* Includes pre-approved reference sheets, graphic organizers, checklists | |

**Retain this document in your school files for three years.**