

Test Administration Seating Chart

Test Administrator: _____ Campus: _____ Room #: _____

Test Administered: _____ Subject: _____ Grade Level: _____ Date: _____

Test Administrator Reliever: _____ Time In: _____ Time Out: _____

Test Administrator Reliever: _____ Time In: _____ Time Out: _____

Test Start Time: _____ Lunch: _____ Start Time After Lunch: _____ Stop Time: _____

- Instructions for completing the seating chart below:
1. Complete the information that corresponds to the placement of each student in the testing session.
 2. Mark the location of any entrances into the testing area.

Front of Room				
Name:	Name:	Name:	Name:	Name:
ID#:	ID#:	ID#:	ID#:	ID#:
Book#:	Book#:	Book#:	Book#:	Book#:
Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:
Stop Time:	Stop Time:	Stop Time:	Stop Time:	Stop Time:
Name:	Name:	Name:	Name:	Name:
ID#:	ID#:	ID#:	ID#:	ID#:
Book#:	Book#:	Book#:	Book#:	Book#:
Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:
Stop Time:	Stop Time:	Stop Time:	Stop Time:	Stop Time:
Name:	Name:	Name:	Name:	Name:
ID#:	ID#:	ID#:	ID#:	ID#:
Book#:	Book#:	Book#:	Book#:	Book#:
Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:
Stop Time:	Stop Time:	Stop Time:	Stop Time:	Stop Time:
Name:	Name:	Name:	Name:	Name:
ID#:	ID#:	ID#:	ID#:	ID#:
Book#:	Book#:	Book#:	Book#:	Book#:
Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:
Stop Time:	Stop Time:	Stop Time:	Stop Time:	Stop Time:
Name:	Name:	Name:	Name:	Name:
ID#:	ID#:	ID#:	ID#:	ID#:
Book#:	Book#:	Book#:	Book#:	Book#:
Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:
Stop Time:	Stop Time:	Stop Time:	Stop Time:	Stop Time:
Name:	Name:	Name:	Name:	Name:
ID#:	ID#:	ID#:	ID#:	ID#:
Book#:	Book#:	Book#:	Book#:	Book#:
Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:	Nurse: Return:
Stop Time:	Stop Time:	Stop Time:	Stop Time:	Stop Time:

Time Reminder Announcement Complete (initial): 3 Hour 2 Hour 1 Hour 30 Min 15 Min

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Test Administrator: _____ Campus: _____ Room #: _____

Test Administered: _____ Subject: _____ Grade Level: _____ Date: _____

Test Administrator Reliever: _____ Time In: _____ Time Out: _____

Test Administrator Reliever: _____ Time In: _____ Time Out: _____

Test Start Time: _____ Lunch: _____ Start Time After Lunch: _____ Stop Time: _____

Instructions for completing the seating chart below:
 1. Draw map corresponding to testing area in room.
 2. Place numbers corresponding to students. Fill in information for each student below chart.



Seat #	Student Name	Student ID#	Test Booklet #	Nurse	Return From Nurse	Stop Time
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Time Reminder Announcement Complete (initial): _____ 3 Hour _____ 2 Hour _____ 1 Hour _____ 30 Min _____ 15 Min