

# Test Materials Chain of Custody Form

The following information must be collected for each test administration at your school. This form may be duplicated for use by grade level and/or maintained as an electronic file (blank form available on LiveBinders, keyword: *Chain of Custody*).

Contact your district assessment coordinator if you have any questions.

Your name (building testing 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. \_\_\_\_\_

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 to the district: \_\_\_\_\_