

ACT State Testing Back-up Test Supervisor Profile

Complete this form **ONLY** if you are **replacing** the previously named Back-up Test Supervisor. Do NOT complete this form if you are a room supervisor or proctor.

ACT HIGH SCHOOL CODE:

				-			
--	--	--	--	---	--	--	--

Please complete every item on this profile and sign below.

BACK-UP TEST SUPERVISOR INFORMATION

The Back-up Test Supervisor assumes the responsibilities when the Test Supervisor is unable (needs to be absent or becomes ill) to supervise the administration.

Name: _____

Job Title: _____

School Name: _____

Work Phone: _____

Home Phone: _____

(Will be used for follow-up on missing test materials, if needed)

Cell Phone: _____

Fax Number: _____

Do we need to call before sending a fax? YES NO

E-mail Address: _____

Highest Education Level/Degree Attained (check one):

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> High School | <input type="checkbox"/> Master's |
| <input type="checkbox"/> Associate | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Professional |

Current Job Responsibilities (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Academic Administration |
| <input type="checkbox"/> Athletic Coaching | <input type="checkbox"/> Clerical Support |
| <input type="checkbox"/> Counseling/Advising | <input type="checkbox"/> Standardized Testing |
| <input type="checkbox"/> Test Preparation Classes | <input type="checkbox"/> Other _____ |

Prior Standardized Testing Experience (check all that apply):

- Primary/Secondary School Assessments
- College Admissions/Assessments
- Professional/Graduate School Admissions
- Professional Certification/Licensure
- Computer-Based Testing

List the standardized examinations you have administered most recently and the year(s) of administration. Circle your position (TS=test center supervisor, RS=room supervisor, P=proctor).

Name of Examination	Year(s)	Position Held
_____	_____	TS RS P
_____	_____	TS RS P
_____	_____	TS RS P

Number of test administrations you conduct per year:

- 1-2
 3-5
 6-10
 More than 10

Total number of years testing experience: _____

BACK-UP TEST SUPERVISOR'S AGREEMENT

I certify that I meet the required qualifications and will personally carry out the responsibilities of Back-up Test Supervisor at this school for Spring 2007.

I agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I also agree to provide test administration services in accordance with all policies and procedures. I understand and agree that during my term as supervisor, neither I nor any member of my testing staff will engage in any ACT test preparation activities beyond our specifically defined school responsibilities. I agree to read and comply with all ACT test administration policies listed in the *Supervisor's Manual of Instructions*.

SIGNATURE

DATE