



This form must be completed by the Test Accommodations Coordinator and applies to all days of testing. Completed forms must be faxed to ACT State Test Accommodations at **319/337-1285**.

A. Student Information

Student Name (Last, First, Middle Initial)

Date of Birth (Mo/Day/Yr)

Student Street Address or PO Box

City

State

ZIP

B. Test Accommodations Coordinator Information

Test Accommodations Coordinator's Name

ACT High School Code

Name of the High School

City

State

ZIP

C. Storage and Transfer of Secure Materials

Test materials will be shipped to the school and transported by the designated test administrator to the home address for this student. Complete the information below in order to assure proper security of the test materials.

- i. **Storage at School:** Describe the secure, locked storage facilities at your school building where test materials will be stored. Materials must be returned to secure locked storage at the school immediately at the end of the testing each day and may not be stored overnight at a location outside the school. Include the name and title of all persons with access/keys, how student access is restricted, etc.

- ii. **Transfer:** Describe below your plans for ensuring continuous "chain of custody" for all secure materials during transfer to the testing location each morning before testing and back to the school immediately after testing each day. Students may not assist with transporting materials and testing staff may not store materials over night in personal vehicles or their homes.

D. Testing Staff and Test Day Communications

Describe provisions for the testing staff to communicate with the Test Accommodations Coordinator and ACT on the testing day to resolve irregularities or to communicate with the school's main office to handle test disruptions.

E. Test Accommodations Coordinator's Signature

I certify that I personally meet ALL the requirements specified by ACT to supervise testing of this homebound student and that I or a member of my staff who also meets the same requirements will administer the tests in accordance with the Supervisor's Manual ACT State Special Testing that was sent with the test materials. If approval is granted, the instructions and security measures apply to all days of testing. I will ensure that the test materials are kept secure and confidential, used for this student only, and returned to ACT after testing.

Test Accommodations Coordinator's Signature

Date