

MME Testing Staff List: Day 3

District Code

Building Code

Testing School Name _____

City/State _____

Test Date (check one)

- INITIAL
- MAKEUP
- ACCOMMODATED

Print the name, job title (e.g., teacher, counselor), position on the testing staff (RS–Room Supervisor, P–Proctor), and room name/number or other assignment for all personnel who assisted with the administration of MME Day 3. Also list those individuals who assisted with or handled test booklets in any way. Attach the *MME Security Compliance Forms* for each person listed below to your copy of this form and keep them on file at the school.

Name	School Job Title	Testing Position	Room Name/Number or Roving Assignment
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Test Supervisor: Return this form with your roster. Keep a copy for your records.