

# DISTRICT RETURN SHEET



Michigan's Alternate Assessment Program

District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

District Coordinator Name (Print): \_\_\_\_\_

District Coordinator Name (Sign): \_\_\_\_\_

**INSTRUCTIONS:** This is a required form. The purpose of this form is to help Questar Assessment, Inc., the MI-Access contractor, verify that materials from all participating schools in your district have been returned and are accounted for.

1. Verify the preprinted information above and correct if necessary. If this form is not preprinted, please fill in the information.
2. On the back of this sheet, verify each school name and school code. If this form is not preprinted, please fill in the school name(s) and school code(s) for which you will be returning scorable student answer documents. A *District Return Continuation Sheet* has been provided if your district has more than 19 schools participating.
3. By signing above, you are certifying that each school in your district that participated in MI-Access has been listed, and that all scorable student answer documents from each school have been included in your district's shipment.
4. For detailed instructions on how to return your materials, see the *Materials Return Kit*, the packing checklist, or the *2011/2012 MI-Access Test Administrator Manual*.



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