DALLAS INDEPENDENT SCHOOL DISTRICT

GENERAL SEATING CHART (2-Page) --- Online Testing ONLY

CAMPUS & TEA #: _____ **ROOM:** _____ **DATE:** _____

TEST ADMINISTRATOR (LAST NAME, FIRST NAME): _____ **SUBJECT:** _____ **GRADE:** _____

CHOOSE EXAM: STAAR ☐ EOC ☐ TELPAS ☐ ACP ☐ OTHER_____ ORAL ADMIN / TTS ☐ NO LUNCH ☐

START TIME _____ **STOP TIME LUNCH** _____ **RESUMED TIME** _____ **STOP TIME** _____

PART 1: STUDENT ROSTER * COMPLETE ALL PAGES OF THE SEATING CHART - PART 1 AND 2 *

SEAT	LAST NAME, FIRST NAME	STUDENT ID # (7 Digits)	LANG (ELEM Only)	LATE START TIME	XT	ABSENT/ END TIME
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

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START TIME _____ **STOP TIME LUNCH** _____ **RESUMED TIME** _____ **STOP TIME** _____

PART 2: SEATING ARRANGEMENT

** Mark the location of front of the room and location of door(s). **

Draw seating arrangement in the box below and write in students' full names or the seat number that corresponds to where each student is actually seated.

CAMPUS & TEA #: _____ **EXAM:** _____ **ROOM:** _____

SUBJECT: _____ **GRADE:** _____ **DATE:** _____

TEST ADMINISTRATOR RELIEF: ☐ **NO RELIEF**

NAME (LAST NAME, FIRST NAME): _____ **IN:** _____ **OUT:** _____

NAME (LAST NAME, FIRST NAME): _____ **IN:** _____ **OUT:** _____

NAME (LAST NAME, FIRST NAME): _____ **IN:** _____ **OUT:** _____

TEST ADMINISTRATOR (LAST NAME, FIRST NAME): _____

TEST ADMINISTRATOR SIGNATURE: _____

(I verify that all required elements of this seating chart are complete.)