Materials Control Form

Use and file this form to document the testing materials signed out to staff members. Staff Members will initial the form twice for what is checked out and in, Any missing items must be located. If you are unable to locate a secure testing item, contact your Districtwide Test Coordinator immediately.

Test Coordinator: _____ **School: _____** **Administration: ☐ Fall ☐ Spring**

Date	Secure Materials Description (e.g. Supplemental Aids)	Seating Charts	Total # of Secure Materials	Elem Lang Eng/Span	Testing Roster	Accommodations Roster	Time Out	Test Administrator Initials	Time In	Test Coordinator Initials