



GENERAL SEATING CHART (2-page Electronic)

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

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

SELECT EXAM: _____ OTHER: _____ ONLINE ORAL ADMIN

START TIME: _____ STOP TIME LUNCH: _____ RESUMED TIME: _____ STOP TIME: _____ NO LUNCH

PART 1: STUDENT ROSTER

COMPLETE ALL PAGES OF THE SEATING CHART - PART 1 AND 2

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

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

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PART 2: SEATING ARRANGEMENT

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

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

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 SIGNATURE: _____

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