

Test Materials Chain of Custody Form

The following information must be collected for each test administration at your school. This form may be duplicated for use by grade level and/or maintained as an electronic file (blank form available at FSAssessments.org/resources), but the content of this form may **not** be altered.

Contact your district assessment coordinator if you have any questions.

Your name (school assessment coordinator): _____

District name: _____

School name: _____

School number: _____

Location of locked storage room: _____

Names of people with access to locked storage room/location:

1. _____

2. _____

3. _____

Date and time materials arrived at the school: _____

Date and time shrink-wrapped test material packages are opened: _____

Packages opened by: _____

Date and time materials are prepared (PreID labels applied, etc.): _____

Materials prepared by: _____

Date and time materials are packaged for return: _____

Materials packaged by: _____

Date and time materials are returned to the district: _____