**Sample Seating Chart**

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level/Subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Proctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room Name/Number\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Test Group Code or Session ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time\_\_\_\_\_\_\_ Stop Time \_\_\_\_\_\_\_

Test Session Name (CBT only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BACK OF THE ROOM\*

FRONT OF THE ROOM\*

\*Indicate direction students are facing.

Note: If testing on laptops, record workstations students are using so that student responses can be recovered, if necessary.

Student Assessment and Educational Testing