**ATTACHMENT H**

**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

**SPRING 2014 FCAT/FCAT 2.0 RETAKE AND RMS**

**ACCOUNTING FOR ALL SECURE DOCUMENTS**

**This form was designed to help schools keep track of test materials with security numbers, and to ensure that no test materials inadvertently remain behind at the school site. Please complete the following steps to account for the return of all FCAT/FCAT 2.0 Retake and RMS documents.**

1. Enter the number of documents reported to Student Assessment and Educational Testing as being missing, lost, or destroyed, if applicable.
2. Enter the number of documents returned in the *TO BE SCORED* shipment. To obtain this information use your copies of the *Document Count Form* for your school and other programs, if applicable, (e.g., Florida Virtual Full-Time K-8, Florida Virtual Full-Time 9-12 , Florida Virtual Academy, Miami-Dade Online Academy, Home Education, McKay Scholarship (Private school ONLY), Florida Tax Credit Scholarship (FTC), and Hospital / Homebound).
3. Enter the number of documents returned in the *NOT TO BE SCORED* shipment.
4. Enter the sum of columns 1 through 3.
5. Enter the total number of documents indicated on packing lists, (including additional orders).
6. Initial to verify that the numbers of documents entered in columns 4 and 5 agree.
7. Place the completed original form in the District Assessment Coordinator Only box and retain a copy for your records.

**ATTACHMENT H** (continued)

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Location # \_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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| ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ |  | **1**  **+** | **2**  **+** | **3**  **+** | **4**  **=** | **5** | **6**  **Verification** |
| **Grade Level** | **Item Description**  **RMS / Retake** | **# Reported missing, lost, or destroyed** | **# Returned *To Be Scored*** | **# Returned *Not To Be Scored*** | **Sum of columns**  **1, 2, and 3** | **Total indicated on packing lists** | **Columns 4 and 5 agree** |
| 3 | Reading  Test / Answer Book |  |  |  |  |  |  |
| 3 | Mathematics  Test / Answer Book |  |  |  |  |  |  |
| 4 | Reading  Test / Answer Book |  |  |  |  |  |  |
| 4 | Mathematics  Test / Answer Book |  |  |  |  |  |  |
| 5 | Reading  Test Book |  | N/A |  |  |  |  |
| 5 | Mathematics  Test / Answer Book  (paper-based accommodation only) |  |  |  |  |  |  |
| 5 | Science  Test Book |  | N/A |  |  |  |  |
| 6 | Reading Test Book  (paper-based accommodation only) |  | N/A |  |  |  |  |
| 6 | Mathematics Test Book  (paper-based accommodation only) |  | N/A |  |  |  |  |
| 7 | Reading Test Book  (paper-based accommodation only) |  | N/A |  |  |  |  |
| 7 | Mathematics  Test Book |  | N/A |  |  |  |  |
| 8 | Reading Test Book  (paper-based accommodation only) |  | N/A |  |  |  |  |
| 8 | Mathematics  Test Book |  | N/A |  |  |  |  |
| 8 | Science  Test Book |  | N/A |  |  |  |  |
| 9 | Reading Test Book  (paper-based accommodation only) |  | N/A |  |  |  |  |
| 10 | Reading Test Book  (paper-based accommodation only) |  | N/A |  |  |  |  |
| Retake | Reading Retake  Test / Answer Book  (paper-based accommodation only) |  |  |  |  |  |  |
| Retake | Mathematics Retake  Test/Answer Book  (Paper-based accommodation only) |  |  |  |  |  |  |
| **Note: This form is intended to be used for documenting test materials with security numbers.** | | | | | | | |
| Place the completed original form in the District Assessment Coordinator Only box. Retain a copy for your records.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  Name of person completing form (Print) Signature Title Date | | | | | | | |