

## 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.