



SSAT Room Record—Elementary

A separate SSAT Room Record must be completed and returned for **EACH** room and for each administration regardless of size.

Test Center Code: _____ Date: ___/___/___

Room Name/Number: _____

Number of Students in this Room: _____

Were any Testing Accommodations Provided in this Room? Yes No

Completed by: _____ (Please print)

Signed by: _____

List All Proctors (& Accommodation Assistants) in this Room:

Were test takers allowed open access to hallways during breaks?

Yes, the hallways were clear of non-test takers

No, others were in the hallways

Circle each item to confirm it meets requirements.

<p>Emergency Prep OK</p> <ul style="list-style-type: none"> Phone Access & Know When to Call 911 Know Fire Escape Routes Know How/When to “shelter in place” 	<p>Clock Visible and Temperature OK</p>	<p>Desks Big Enough</p>	<p>Desk Spacing OK</p>	
<p>Proctor Checklist for Admitting Students Used</p>	<p>Materials Kept Secure</p>	<p>Script Used</p> <p><small>Note: For some admin upon the students' na test book.</small></p> <p>DO Provide each third grade student a fourth grade</p> <p>SAY Please double-check have the wrong grade ensure the front of you hand if you need me to sure they are correct. I will help you correct t</p> <p>DO Assist any student with</p>	<p>Sign/Area Used</p>	<p>Sign/Area Used</p>

Note Exact Start/End Times Used:

Test Section	Time	1.5x Time	Start time	End Time
Quantitative	30	45	:	:
Verbal	20	30	:	:
Break	15	15	:	:
Reading	30	45	:	:
Writing Sample	15	25	:	:
Experimental	15	N/A	:	:

START TIME	STOP TIME		
	15 min section	20 min section	30 min section
:00	:15	:20	:30
:01	:16	:21	:31
:02	:17	:22	:32
:03	:18	:23	:33
:04	:19	:24	:34
:05	:20	:25	:35
:06	:21	:26	:36
:07	:22	:27	:37
:08	:23	:28	:38
:09	:24	:29	:39
:10	:25	:30	:40
:11	:26	:31	:41
:12	:27	:32	:42
:13	:28	:33	:43
:14	:29	:34	:44
:15	:30	:35	:45
:16	:31	:36	:46
:17	:32	:37	:47
:18	:33	:38	:48
:19	:34	:39	:49
:20	:35	:40	:50
:21	:36	:41	:51
:22	:37	:42	:52
:23	:38	:43	:53
:24	:39	:44	:54
:25	:40	:45	:55
:26	:41	:46	:56
:27	:42	:47	:57
:28	:43	:48	:58
:29	:44	:49	:59
:30	:45	:50	:00
:31	:46	:51	:01
:32	:47	:52	:02
:33	:48	:53	:03
:34	:49	:54	:04
:35	:50	:55	:05
:36	:51	:56	:06
:37	:52	:57	:07
:38	:53	:58	:08
:39	:54	:59	:09
:40	:55	:00	:10
:41	:56	:01	:11
:42	:57	:02	:12
:43	:58	:03	:13
:44	:59	:04	:14
:45	:00	:05	:15
:46	:01	:06	:16
:47	:02	:07	:17
:48	:03	:08	:18
:49	:04	:09	:19
:50	:05	:10	:20
:51	:06	:11	:21
:52	:07	:12	:22
:53	:08	:13	:23
:54	:09	:14	:24
:55	:10	:15	:25
:56	:11	:16	:26
:57	:12	:17	:27
:58	:13	:18	:28
:59	:14	:19	:29

Use of this form is REQUIRED

Test Day Information

Continue on back

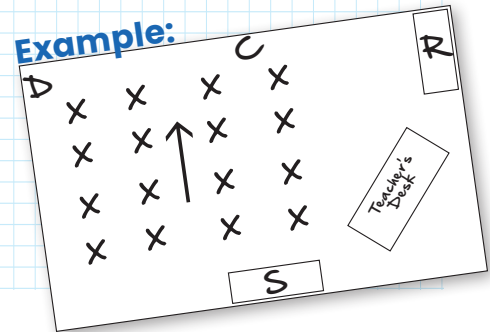


Room Layout

- Use the grid below to show the general layout of the testing room.
- Use the key at the top right for symbols to use for required items.
- Draw/note other significant room elements.
- Irregularities: Note the location/name of any test taker who had an irregularity.
- Optional: You may additionally use this area as a seating chart.

Key

P: Prohibited items Area
 S: Snacks Area
 D: Doors
 X: Student Desk
 C: Clock
 ↑: Direction Test Takers Face



Irregularity Notes (must be transferred to MAP after testing)

Student:	
Irregularity	
Action Taken:	
Section/Time:	
Notes	

Student:	
Irregularity	
Action Taken:	
Section/Time:	
Notes	

Student:	
Irregularity	
Action Taken:	
Section/Time:	
Notes	

Confirmation

I affirm that all information provided on this room record is complete and accurate.

I received _____ test books from the test administrator and returned _____ test books.
(skip this if acting as administrator and proctor).

I affirm that during this administration I followed all rules and guidelines.

Print proctor name _____ Proctor Signature _____

After testing: provide this room record to the test center administrator to be returned in the test materials return bag.