

# **School Chain-of-Custody Form**

Deliver To: SA0990000

SAMPLE SCHOOL 99 SAMPLE STREET SAMPLE BLDG.

SAMPLE CITY, USA 99999

SAMPLE PERSON Phone: (999) 9999999 Fax: (111) 1111111 Ship To: SA0990000

SAMPLE SCHOOL DISTRICT

99 SAMPLE STREET SAMPLE BLDG.

SAMPLE CITY, USA 99999

SAMPLE PERSON Phone: (999) 9999999 Fax: (111) 1111111

## INSTRUCTIONS:

The following list contains the security numbers of all secure test materials (such as Test Booklets, Human Reader Scripts, etc.) that are included in this shipment to your school. Use this checklist to track the secure materials while in your school.

Do not return this form with your test materials. Check your state policy for specific requirements for how long to maintain this document. You will need it to refer to if an investigation of missing materials takes place. Any material listed on this document must be returned to Pearson, and the school and LEA/district will be held responsible for any secure materials that were received at the school but not returned.

All secure documents must be tracked using this form or an equivalent form. For further information, see Section 3.10 of the TCM.

### **BEFORE TESTING**

Each Test Administrator must sign this form and indicate the date and time when materials are issued. If a consecutive range of materials is taken, then sign and mark the date/time next to the security number for the first document and the last document, and then draw an arrow between the two signatures and date/time.

#### AFTER TESTING

The School Test Coordinator must sign this form and indicate the date and time when materials are returned (immediately upon test completion). If a consecutive range of materials is taken, then sign and mark the date/time next to the security number for the first document and the last document, and then draw an arrow between the two signatures.

For Internal Use Only:

Pick Batch: 2669240 Delivery: 28504878 Order/Line: 4542479/2 Sequence: 00002 Page 1 of 3



# School Chain of Custody Form

Security Number(s)	TA Name Print	Student Name Print	TA Out Unit 1 Date/Time	STC In Unit 1 Date/Time	TA Out Unit 2 Date/Time	STC In Unit 2 Date/Time	TA Out Unit 3 Date/Time	STC In Unit 3 Date/Time	TA Sign End of Testing	STC Sign End of Testing

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