



**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, Answer Documents, 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 3.3.2 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



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and date/time.

**For TB, GR 9, ELA, FALL 17, PK-5**

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 Out Unit 4 Date & Time	STC In Unit 4 Date & Time	TA Sign - End of Testing	STC Sign - End of Testing
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551430027												
551430028												
551430029												
551430030												
551430031												

For Internal Use Only:

Pick Batch: 2669240

Delivery: 28504878

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SAMPLE SCHOOL DISTRICT

**SCHOOL TEST COORDINATOR CERTIFICATION STATEMENT**

By my signature below, I certify that I have issued the test materials in sequential order and that each document that was issued was returned to me immediately after testing was completed.

\_\_\_\_\_  
**(Print) First Name, Last Name, and Title**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**