

**Sample CBT Administration Forms
and Materials for Testing
(Appendix A, excerpted from the spring 2024 TCM)**

Appendix A



Sample CBT Administration Forms and Materials for Testing



Appendix A—Sample CBT Administration Forms and Materials for Testing

Note: For sample materials unique to paper-based testing, see the end of Appendix C.

CBT Proctor Testing Ticket

Proctor Testing Ticket

Session Name TEST SESSION
Test Grade 8 ELA

IMPORTANT NOTE FOR TEST ADMINISTRATORS: This testing ticket should ONLY be used by the test administrator to log into TestNav when administering the Human Reader or Human Signer accommodation. No responses should be entered into the test using this Proctor Testing Ticket, as they will not be saved; students must log in using their own Student Testing Ticket. When you are ready to access the test, log into the TestNav app on your device or use the following URL to access the test:

Select **Rhode Island** in the application or go to <https://ri.testnav.com/>

Username proctor113522
Password 385C6E

CBT Student Testing Ticket

STUDENT TESTING TICKET

Student: WARD, JONATHAN A
Student ID: 6630199684
Session: TEST SESSION
Date of Birth: 2009-11-11
Test: Grade 8 ELA

Please raise your hand if any of the information above is incorrect. Your test administrator will give you instructions before beginning the test. You will need to enter in the username and password below.

Username: 4448981376 **Password:** 385c6e

(Optional) School testing device ID: Session 1 _____ Session 2 _____

CBT Student Roster

Session Student Roster

Test Administration	Spring 20XX RICAS Gr. 3-8	Precaching Computer	PROCTOR CACHE COMPUTER
Session Status	Ready	Scheduled Start Date	20XX-04-26
Session Name	SAMPLE SESSION	Scheduled Start Time	08:00 AM
Organization	SAMPLE SCHOOL (99999999)	Actual Start Date	20XX-04-26
Test	Grade 8 ELA	Actual Start Time	09:20 AM
Proctor Reads Aloud	Yes	Lab Location	
Form Group Type	Human Read Aloud		
Password	D787AC		

4 Results

Student Name	Student Code	Date of Birth	Status	Form/Form Group	Username	Signature
LASTNAMEA, FIRSTNAMEA	9999999999	2009-06-17	Battery	19EL08SPHREN01	9999999999	
LASTNAMEB, FIRSTNAMEB	8888888888	2009-09-30	Battery	19EL08SPHREN01	8888888888	
LASTNAMEC, FIRSTNAMEC	7777777777	2009-09-21	Battery	19EL08SPHREN01	7777777777	
LASTNAMED, FIRSTNAMED	6666666666	2009-11-02	Battery	19EL08SPHREN01	6666666666	

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CBT Accommodations Report

Operational Reports

Exit Report*

PNP Report - Accessibility Features and Accommodations for Student Tests

List of students and tests with identified Accessibility Features and Accommodations

Report Parameters

Test Administration
Rhode Island > 2022-2023 > Spring 2023 RICAS Gr 3-8
Organization
SAMPLE SCHOOL (99999999)

Accessibility Features and/or Accommodations*
ALL

Filtered Organization
SAMPLE SCHOOL (99999999)

Test
Grade 6 ELA

Display Report
Download CSV

4 Results

Row	SASID	Student Name	Organization Name	Organization Code	Test Name	Test Format	Form Code	Session Name	Answer Masking	Color Contrast	ASL Video DVD Edition	Screen Reader Edition	Compatible Assistive Technology	Large Print Test Edition	Braille Test Edition	Human Scribe as a Standard Accommodation	Human Scribe as a Non-Standard Accommodation	Speech-to-Text as a Standard Accommodation	Speech-to-Text as a Non-Standard Accommodation
1	9999999999	LASTNAMEA, FIRSTNAMEA	SAMPLE SCHOOL	99999999	Grade 8 ELA (ELA08)	Online		SAMPLE SESSION											
2	8888888888	LASTNAMEB, FIRSTNAMEB	SAMPLE SCHOOL	99999999	Grade 8 ELA (ELA08)	Online		SAMPLE SESSION									Y		
3	7777777777	LASTNAMEC, FIRSTNAMEC	SAMPLE SCHOOL	99999999	Grade 8 ELA (ELA08)	Online		SAMPLE SESSION											
4	6666666666	LASTNAMED, FIRSTNAMED	SAMPLE SCHOOL	99999999	Grade 8 ELA (ELA08)	Online		SAMPLE SESSION									Y		

Appendix A—Sample CBT Administration Forms and Materials for Testing



Sample Blank Form for Computer-Based Testing

Spring 2024 RICAS Administration Test Materials Internal Tracking Form

Principals must account for all secure materials at all times.
Use this form to track the distribution and return of all secure materials.

Test Administrator's Name: _____ Room Number: _____

Grade: _____ Subject/Sessions: _____

Materials Moved from Locked Storage Area to Room # _____

Date: _____ Time: _____

	# of Student Testing Tickets	# of Proctor Testing Tickets for Certain Accommodations (See TCM for details.)
Principal's or Designee's Count		
Test Administrator's Count		

Principal's or Designee's Signature: _____ Test Administrator's Signature: _____

Materials Moved from Room # _____ to Locked Storage Area

Date: _____ Time: _____

	# of Student Testing Tickets	# of Proctor Testing Tickets for Certain Accommodations	Scratch Paper Used? (no count needed)
Principal's or Designee's Count			<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Administrator's Count			<input type="checkbox"/> Yes <input type="checkbox"/> No

Principal's or Designee's Signature: _____ Test Administrator's Signature: _____

Date: _____

Check this box to confirm that scratch paper and testing tickets have been securely destroyed at the school.

Retain this document in your school files for three years.

Appendix A—Sample CBT Administration Forms and Materials for Testing



Sample Completed Form for Computer-Based Testing

Spring 2024 RICAS Administration Test Materials Internal Tracking Form

Principals must account for all secure materials at all times.
Use this form to track the distribution and return of all secure materials.

Test Administrator's Name: Alexander Smith Room Number: 250

Grade: 3 Subject/Sessions: Mathematics

Materials Moved from Locked Storage Area to Room # 250

Date: 5/1/24 Time: 8:30 a.m.

	# of Student Testing Tickets	# of Proctor Testing Tickets for Certain Accommodations (See TCM for details.)
Principal's or Designee's Count	15	15
Test Administrator's Count	15	15

Principal's or Designee's Signature: Jennifer Brown Test Administrator's Signature: Alexander Smith

Materials Moved from Room # 250 to Locked Storage Area

Date: 5/1/24 Time: 2:00 p.m.

	# of Student Testing Tickets	# of Proctor Testing Tickets for Certain Accommodations	Scratch Paper Used? (no count needed)
Principal's or Designee's Count	15	15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Test Administrator's Count	15	15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Principal's or Designee's Signature: Jennifer Brown Test Administrator's Signature: Alexander Smith

Date: 5/1/24

Check this box to confirm that scratch paper and testing tickets have been securely destroyed at the school.

Retain this document in your school files for three years.

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RIDE Rhode Island
Department
of Education

Principal's Certification of Proper Test Administration
Spring 2024 RICAS

I certify that the information provided on this form is correct to the best of my knowledge. I, as principal, certify that the Rhode Island Comprehensive Assessment System (RICAS) tests were administered according to the test administration procedures outlined in the RICAS Test Coordinator's Manual and the Test Administrator's Manuals posted at www.ride.ri.gov/ricas.

Principal's Signature: _____

Password (same password used to log in): _____

Date: _____

May 30, 2024

Information entered on this form will **not** be saved until you click **Submit this form** below.

Submit this form

Appendix A—Sample CBT Administration Forms and Materials for Testing

Sample Blank Internal Form

Spring 2024 RICAS Administration Confirmation of Training Participation and Receipt of *Test Administrator’s Manuals (TAMs)* and Test Security Requirements

Test administrators must sign below to indicate they have attended their school’s RICAS training session and have received a copy of the RICAS TAM for the test they will be administering.

Other school staff members who have access to secure materials must sign below to indicate they have attended their school’s RICAS training session and have received a copy of the RICAS test security requirements in this manual.

Test coordinators should retain this document in their school files for three years.

Date of Training	Time	Printed Name of Individual	Individual’s Role (e.g., Test Administrator, Test Coordinator, Hallway Monitor)	Signature of Individual <i>By signing below, I acknowledge that</i> 1. <i>I am documenting my attendance at my school’s RICAS training session in proper test administration protocols and procedures.</i> 2. <i>I am receiving the RICAS TAM for the test I will administer or the RICAS test security requirements. I will read and understand the protocols in it, and I will abide by the terms specified within.</i>

RICAS TESTING

PLEASE

DO NOT

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