

**Sample CBT Administration Forms
and Materials for Testing
(Appendix A, excerpted from the spring 2025 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 Student Login

Demo, Student
 DOB: 5/30/20XX
 Demo Test

Username: 9999955555
 Password: x22jk77u

CBT Student Roster

Filter by Session										
Choose a Session		Export Logins for Selected Students (4)				Add Report Code (4)				
<input checked="" type="checkbox"/>	Last Name	First Name	Username	Password	Form Name	Date/Time Created	Test Report Code	Status	Date/Time Started	Date/Time Completed
<input checked="" type="checkbox"/>	Demo	Torrey	7082917002	5eqzj36	ELA_G3_Form 1	12/03/2024 9:16:37 AM	+	Session 1:Not Started Session 2:Not Started		
<input checked="" type="checkbox"/>	DemoStudent	Jennifer	8852362215	64A83296	ELA_G3_Form 1	12/03/2024 9:32:15 AM	+	Session 1:Not Started Session 2:Not Started		
<input checked="" type="checkbox"/>	Student	One	1097291038	esnsf4tp	ELA_G3_Form 1	12/03/2024 9:16:37 AM	+	Session 1:Not Started Session 2:Not Started		
<input checked="" type="checkbox"/>	Student	One N	1097291048	3qvs25sc	ELA_G3_Form 1	12/03/2024 9:16:37 AM	+	Session 1:Not Started Session 2:Not Started		

	A	B	C	D	E	F	G	H
1	Listing Test Logins for Demo Teacher_Demo ELA Gr3-(Grade -03)							
2	Access code for Session 1: 5435818226							
3	Access code for Session 2: 3202437623							
4	Last Name	First Name	Middle Initial	DOB	Username	Password	Test Name	Accommodations
5	Demo	Torrey		5/30/2005	7082917002	5eqzj36	ELA_G3_Practice Test	
6	DemoStudent	Jennifer		1/1/2016	8852362215	64A83296	ELA_G3_Practice Test	
7	Student	One		1/1/2000	1097291038	esnsf4tp	ELA_G3_Practice Test	
8	Student	One N		1/1/2000	1097291048	3qvs25sc	ELA_G3_Practice Test	
9								

Appendix A—Sample CBT Administration Forms and Materials for Testing



Sample Blank Form for Computer-Based Testing

Spring 2025 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	
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	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 2025 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: 5/1/25 Time: 8:30 a.m.

	# of Student Testing Tickets
Principal's or Designee's Count	15
Test Administrator's Count	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: 5/1/25 Time: 2:00 p.m.

	# of Student Testing Tickets	Scratch Paper Used? (no count needed)
Principal's or Designee's Count	15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Test Administrator's Count	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: 5/1/25

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 2025 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, 2025

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

Submit this form

RICAS TESTING

PLEASE

DO NOT

DISURB