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

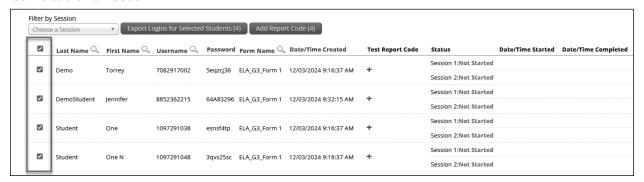


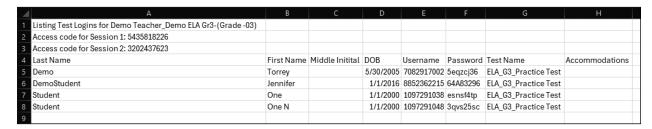
Note: For sample materials unique to paper-based testing, see the end of Appendix C.

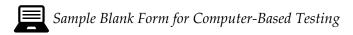
CBT Student Login

Demo, Student DOB: 5/30/20XX Demo Test Username: 9999955555 Password: x22jk77u

CBT Student Roster



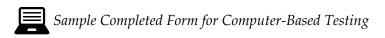




Spring 2025 RICAS Administration Test Materials Internal Tracking Form

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:	de: Subject/Sessions:			
Ma	aterials Moved	rom Locked Stora	age Area to Room #	
Date:			Time:	
		# of Student Testing Tickets		
Principal's or Des	signee's Count			
Test Administrato	or's Count			
Principal's or Des	signee's Signature	:	Test Administrator's Sig	nature:
Ma	aterials Moved f	rom Room #	to Lock	ed Storage Area
	aterials Moved f		to Lock	-
				-
		# of Student	Time:Scratch Paper Used?	-
Date:	signee's Count	# of Student	Time: Scratch Paper Used? (no count needed)	-
Date: Principal's or Des	signee's Count	# of Student Testing Tickets	Time: Scratch Paper Used? (no count needed) Yes No Yes	
Date: Principal's or Des	signee's Count or's Count	# of Student Testing Tickets	Time: Scratch Paper Used? (no count needed) Yes No Yes No	
Date: Principal's or Des Test Administrato Principal's or Des	signee's Count or's Count	# of Student Testing Tickets	Time: Scratch Paper Used? (no count needed) Yes No Yes No	



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/Se	essions: Mather	matics		_
	Materials Moved f	rom Locked Stora	ge Area to Room #_	250	
Date:	5/1/25		Time:	8:30 a.m.	_
		# of Student Testing Tickets			
Principal's	s or Designee's Count	15			
Test Adm	inistrator's Count	15			
Principal's or Designee's Signature:			Test Administrator's Signature:		
Jennifer Brown			Alexander Smith		
	Materials Moved fi	rom Room #	250 to Loc	ked Storage Area	
Date:			Time:	2:00 p.m.	_
Date:	5/1/25	# of Student Testing Tickets			
		# of Student	Time:Scratch Paper Used?		
Principal's	5/1/25	# of Student Testing Tickets	Time: Scratch Paper Used? (no count needed)		_
Principal's	5/1/25 s or Designee's Count	# of Student Testing Tickets 15	Time: Scratch Paper Used? (no count needed) Yes No Yes		
Principal's	5/1/25 s or Designee's Count inistrator's Count	# of Student Testing Tickets 15	Time: Scratch Paper Used? (no count needed) Yes No Yes No No Test Administrator's Si		
Principal's Test Adm Principal's	5/1/25 s or Designee's Count inistrator's Count s or Designee's Signature	# of Student Testing Tickets 15	Time: Scratch Paper Used? (no count needed) Yes No Yes No No Test Administrator's Si	gnature:	
Principal's Test Adm Principal's Date:	5/1/25 s or Designee's Count inistrator's Count s or Designee's Signature Jennifer Brown 5/1/25	# of Student Testing Tickets 15 15	Time: Scratch Paper Used? (no count needed) Yes No Yes No Test Administrator's Si	gnature:	- - ol.



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 Comprehensive Assessment System (RICAS) tests were administered ac RICAS Test Coordinator's Manual and the Test Administrator's Manuals p	cording to the test administration procedures outlined in the
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

Sample Blank Internal Form

Spring 2025 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 By signing below, I acknowledge that 1. I affirm that I have attended my school's RICAS training session in proper test administration protocols and procedures and will follow all test security protocols. 2. I am receiving the RICAS TAM for the test I will administer and/or the RICAS test security requirements. I will read and become familiar with protocols and procedures specified within.

U S S S C