

MAP 2009 TEST BOOK ACCOUNTABILITY FORM

District Name: _____

District #: _____

School Name: _____

School #: _____

This form provides start-to-finish accountability for the MAP test books assigned to your school.

School Coordinator:

1. Complete the table below, providing any additional information on the back as required. Be sure to sign at the bottom of the page.
2. Include Braille, Large Print and accompanying standard editions on Lines 4, 6 and 7.
3. Retain a copy of this form for your own records, along with a photocopy of the security barcode ranges printed on the test book packages.
4. Return the completed form to your District Coordinator.

District Coordinator:

5. Complete a copy of this form for District Overage, providing any additional information on the back as required.
6. Fax the forms for all schools in your district to CTB - **Fax # 866-405-4086**. CTB may contact you to clarify any discrepancies on your schools' forms.

TEST BOOKS RECEIVED							
		GR 3	GR 4	GR 5	GR 6	GR 7	GR 8
(1)	Number of test books listed on packing list	+	+	+	+	+	+
(2)	Test books missing from shipment (Fill out A on back)	-	-	-	-	-	-
(3)	Extra books received in shipment (Fill out B on back)	+	+	+	+	+	+
(4)	Additional books from district office (Fill out C on back)	+	+	+	+	+	+
(5)	Total test books received (Add lines 1, 3 and 4; then subtract line 2)						
TEST BOOKS RETURNED							
		GR 3	GR 4	GR 5	GR 6	GR 7	GR 8
(6)	Number of tests administered	+	+	+	+	+	+
(7)	Number of unused test books (inc. Braille/LP)	+	+	+	+	+	+
(8)	Total test books returned (Sum of lines 6 and 7)						
TEST BOOKS NOT RETURNED							
		GR 3	GR 4	GR 5	GR 6	GR 7	GR 8
(9)	Test books securely destroyed (Fill out D on back)	+	+	+	+	+	+
(10)	Test books unaccounted for (Fill out D on back)	+	+	+	+	+	+
(11)	Total test books not returned (Sum of lines 9 - 10)						

I confirm that **Line 5 = Line 8 + Line 11**.

School Test Coordinator: _____

Date Faxed: _____

Print Name: _____

