



New Jersey WIDA ACCESS: District/School Materials Receipt and Return Chain-of-Custody Form

The following information must be collected for each test administration at your school. This form may be duplicated for use by grade level and/or maintained as an electronic file, but the content of this form may **not** be altered. Contact your District Test Coordinator if you have any questions.

Administration Year:

District name:

District CDS Number:

School name:

School CDS Number:

Location of locked storage room:

Names of people with access to locked storage room/location:

1.

2.

3.

Date and time materials arrived at the school:

Date and time shrink-wrapped test material packages are opened:

Packages opened by:

Date and time materials are prepared for test administration by the School Test Coordinator:

Materials prepared by:

Date and time materials are packaged for return to the District Test Coordinator:

Materials packaged by:

Date and time materials are returned to the District Test Coordinator:

Certification

By completing this form, I certify that all secure test materials were distributed, returned, and accounted for.

School Test Coordinator

Name:

Title:

Signature:

Date (mm/dd/yy):

District Test Coordinator

Name:

Title:

Signature:

Date (mm/dd/yy):