

## New Jersey WIDA ACCESS: Initial Inventory of Materials and Final Return of Materials Form, Spring 2026

## Instructions

The District Test Coordinator (DTC) must complete this form when secure test materials are received and when they are packaged for return to the assessment vendor.

- Fill out additional copies of this form as needed.
- Do not submit this form to the assessment vendor. The district must retain a copy of this form for three years.

Step 1: Complete the *District Information* section of the form.

Step 2: Complete columns A through F in the *Materials* section within 5 business days of receipt of materials from the assessment vendor. Any discrepancies between columns D and E, such as quantity (Qty) of materials received, must be reported to the Office of Assessments within 5 business days of receipt of materials from the assessment vendor.

Step 3: Upon completion of the testing cycle, complete columns G and H, accounting for each item as they are packaged for shipment to the assessment vendor. Any discrepancies between columns D and E must be reported to the Office of Assessments immediately.

Step 4: Sign the certification statement in the Certification of District Test Coordinator section at the bottom of the form.

| District Information |                      |
|----------------------|----------------------|
|                      |                      |
| District name:       | District CDS Number: |
|                      |                      |
| School name:         | School CDS Number:   |

## **Materials**

| A<br>Grade | B<br>Domain | C<br>Material Description | D<br>Qty on Packing<br>List/WIDA AMS | E<br>Qty Received<br>by District | F<br>DTC Initials | G<br>Qty Returned to<br>Vendor | H<br>DTC Initials |
|------------|-------------|---------------------------|--------------------------------------|----------------------------------|-------------------|--------------------------------|-------------------|
|            |             |                           |                                      |                                  |                   |                                |                   |
|            |             |                           |                                      |                                  |                   |                                |                   |
|            |             |                           |                                      |                                  |                   |                                |                   |
|            |             |                           |                                      |                                  |                   |                                |                   |
|            |             |                           |                                      |                                  |                   |                                |                   |
|            |             |                           |                                      |                                  |                   |                                |                   |
|            |             |                           |                                      |                                  |                   |                                |                   |

## **Certification of District Test Coordinator**

| By completing this form, I certify that all secure test materials were distributed, returned, and accounted for. |                  |  |  |
|--|------------------|--|--|
| Name:  | Title:           |  |  |
| Signature:   | Date (mm/dd/yy): |  |  |