The School District of Philadelphia

Office of Curriculum, Assessment, and Instruction

Chain-of-Custody Form

(Per Day)

Date:	

Room Number	Number of Booklets	Test Administrator's Signature	Date and Time Issued	Number of Booklets	School Test Coordinator's Signature	Date and Time Issued

DIRECTIONS

Each Test Administrator must sign this form when test booklets are issued. The Test Coordinator must sign when test booklets are returned, immediately after testing is completed. Please retain all Chain-Of Custody forms for your records, for three years. **THIS FORM SHOULD BE COMPLETED FOR EACH DAY OF TESTING.**

The School District of Philadelphia

Office of Curriculum, Assessment, and Instruction

Chain-of-Custody Form

(Per Room)

Room Number:	
Test Administrator:	

Number of Booklets	Test Administrator's Signature	Date and Time Issued	Number of Booklets	School Test Coordinator's Signature	Date and Time Issued

DIRECTIONS

Each Test Administrator must sign this form when test booklets are issued. The Test Coordinator must sign when test booklets are returned, immediately after testing is completed. Please retain all Chain-Of Custody forms for your records, for three years. **THIS FORM SHOULD BE COMPLETED FOR EACH DAY OF TESTING.**