

Florida ACCESS for ELLs 2.0–Performance Task
Test Materials 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 (blank form available at <https://www.wida.us/membership/states/Florida.aspx>), but the content of this form may NOT be altered.

Contact your District Test Coordinator if you have any questions.

Your name (School Test Coordinator): _____

District name: _____

School name: _____

School 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: _____

Materials prepared by: _____

Date and time materials are packaged for return: _____

Materials packaged by: _____

Date and time materials are returned to the district: _____