# TESTING SEATING CHART FORM

# SMALL GROUP/INDIVIDUAL STUDENT

**Kentucky State-Required Assessments**
(Return to Building Assessment Coordinator at conclusion of test window.)
***Keep on file at the school or district office.***

**Please check one assessment**.
☐ACCESS for ELLs ☐Alternate KSA ☐The ACT ☐KSA ☐Field Test/Other_____

**Note:** *ACT administrators must use seating chart provided by ACT, Inc.*

**SCHOOL NAME** _____ **DISTRICT NAME** _____

| Test Date | Content Area | Print Student Name | Test Administrator | Room Number |
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