## 2014 STAAR MATERIALS CONTROL FORM

Check Month: March April May June July December

Test booklets are secure documents. Use this form to account for all secure materials. Campus coordinators should fill out the first three columns below prior to distributing any booklets.

The test administrators' initials in the "Out" boxes signify that they have received the secure materials assigned to them and that they have signed the security oath. A test administrator should not initial this form if the information on it is incorrect.

Missing secure materials must be located before the campus coordinator initials the "In" box. If missing secure materials cannot be located, the campus coordinator should immediately contact the district coordinator.

Campus Name \_\_\_\_\_ Campus Coordinator \_\_\_\_\_

NAME OF TEST ADMINISTRATOR	TOTAL # OF BOOKLETS RANGE OF SECURITY NUMBERS CODED ON SECURE MATERIALS	DAY 1		DAY 2		
		CODED ON SECURE MATERIALS	OUT	IN	OUT	IN

Duplicate this form as necessary.

NAME OF TEST ADMINISTRATOR	TOTAL # OF	RANGE OF SECURITY NUMBERS Coded on secure materials	DA	DAY 1		DAY 2	
	BOOKLETS		OUT	IN	OUT	IN	
			-				
			_				
			_				
			_				
			1				