

# Associate Supervisor's Report Form (ASRF) for Center-Based Testing



# SAT

## DIRECTIONS FOR COMPLETING THIS FORM

### Test Center Supervisor:

- Before issuing materials to associate supervisor, fill in **blocks 1, 2 and 5 (if applicable)**.
- Enclose all copies of this form in the **GRAY envelope** and return with used answer sheets.

### Associate or Room Supervisor:

**Part 1:** Account for test materials issued to you as associate supervisor of a testing room.

**Part 2:** Complete the seating chart to record how test books were distributed in the room or section(s) of a large room.

### At the end of testing:

- Complete all information on the front of this report in Part 1 (blocks 3, 4 and 6 if applicable) and sign it in block 1.
- Return this report including any additional seating charts (for sections of a large room) to the Test Center Supervisor.

1 TESTING ROOM INFORMATION	
TEST DATE: _____	TEST TYPE: <input type="checkbox"/> SAT® <input type="checkbox"/> SAT Subject Tests™
TEST CENTER NUMBER: _____	ROOM NUMBER: _____
ROOM TYPE: <input type="checkbox"/> Standard <input type="checkbox"/> Nonstandard	
Please print and sign your name below to indicate that the information you have provided on this form is accurate to the best of your ability.	
ASSOCIATE SUPERVISOR: _____	_____
Name (please print)	Signature

## Part 1 — Accounting for Test Materials

2 TEST BOOKS RECEIVED	QUANTITY	SERIAL NUMBER RANGES
Total number of test books <b>received</b> :		_____ to _____ _____ to _____ _____ to _____

3 TEST BOOKS RETURNED	QUANTITY	SERIAL NUMBER RANGES
<u>Used</u> test books <b>returned</b> :		_____ to _____ _____ to _____ _____ to _____
<u>Unused</u> test books <b>returned</b> :		_____ to _____ _____ to _____ _____ to _____
Total number of test books <b>returned</b> :		_____ to _____ _____ to _____ _____ to _____

4 USED ANSWER SHEETS RETURNED	QUANTITY
Total number of <u>used</u> answer sheets <b>returned</b> :	

### NOVEMBER ONLY

5 COUNT OF EACH TYPE OF CD RECEIVED				6 COUNT OF EACH TYPE OF CD RETURNED							
QUANTITY		QUANTITY		a USED		b UNUSED		a USED		b UNUSED	
Chinese	_____	Japanese	_____	Chinese	_____	_____	Japanese	_____	_____	_____	_____
French	_____	Korean	_____	French	_____	_____	Korean	_____	_____	_____	_____
German	_____	Spanish	_____	German	_____	_____	Spanish	_____	_____	_____	_____
<b>Total number of CDs received:</b> (Add quantities of all six types of CD)				<b>Total number of CDs returned</b> (a + b) for all six types of CD:							

**Note:** Total materials returned should equal total materials received.



## Part 2 – Distribution of Test Materials

Print the name of the person completing the seating chart below. Fill in the room number and page number (e.g., page 1 of 1). For large rooms, use a separate form for each area of the room and indicate where areas adjoin each other.

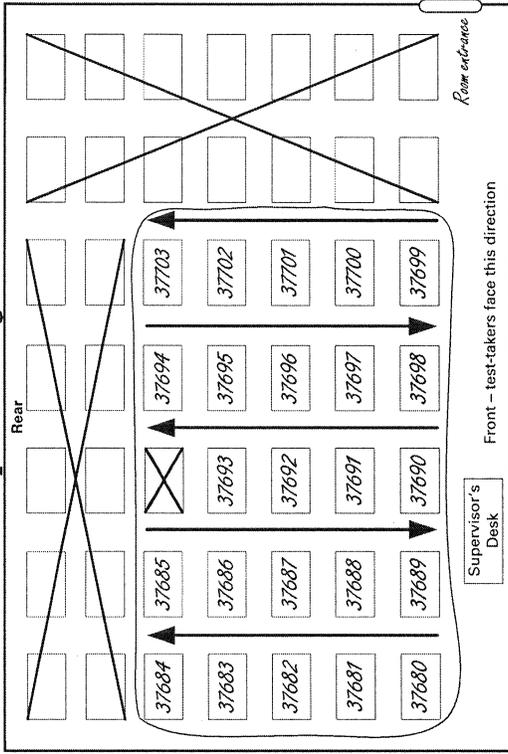
Name \_\_\_\_\_ Center No. \_\_\_\_\_ Date \_\_\_\_\_

**Seating Chart for Room # \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_**

Use the chart below to indicate how test books were distributed to students seated in your testing room. Proctors assisting the supervisor may complete the seating chart(s).

- For each occupied seat, write the serial number of the test book assigned to that seat, and, if time allows, write the test-taker's name.
- For each row, draw directional arrows to indicate the direction in which the books were distributed.
- Cross out any unused seats.
- Indicate the location of the entrance doors. If any test-taker is moved to another seat after the test books are distributed and the test begins, indicate on the seating chart the seat to which the test-taker was moved. Complete a Supervisor's Irregularity Report explaining the reason for the change.

### Sample Seating Chart



Rear


Supervisor's Desk

Front – test-takers face this direction



# SAT

## SAT® Request to Cancel Test Scores Fax: 610-290-8978

Use this form only if you wish to cancel scores for the SAT or SAT Subject Tests™.

Complete this form and give it to the room supervisor before you leave the testing room. You may cancel scores after you leave, but your request must be received no later than the Wednesday following your test day. If you are testing on a day other than the published administration date, check with the room supervisor for the deadline that applies to you.

Completing and submitting this form will cancel ALL scores for ALL tests taken today, except in the event that your calculator or CD player malfunctions while you are taking an SAT Subject Test in Mathematics or a Language with Listening Test. Only in the case of equipment failure will you be allowed to cancel scores for a single SAT Subject Test. You must have communicated the equipment malfunction to the room supervisor during the Mathematics Test or the Language with Listening Test.

Once we receive your cancellation request, we cannot reinstate your scores, and they will not be reported to you or to your designated institutions.

### TEST-TAKER: PLEASE PRINT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Test Center Number: \_\_\_\_\_ Test Center Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Please cancel my:  SAT  All SAT Subject Tests  Single SAT Subject Test (equipment failure)\*

\*\*I tested in:  October  November  December  January  
 March  May  June  Other (give date)

Test-Taker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Request to cancel test scores for equipment failure must be signed by the room supervisor.  
\*\* If this is a makeup test, check the month you registered for.

**IMPORTANT: SUPERVISOR ACTION REQUIRED FOR CANCELLATION DUE TO EQUIPMENT FAILURE OR SUDDEN ILLNESS.**

If this is a cancellation because of sudden illness or cancellation of a single SAT Subject Test score due to equipment failure, you must note this on the Supervisor's Irregularity Report (SIR) and signify this action by signing below:

I noted this cancellation on the SIR: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
(required for single Subject Test cancellation or sudden illness)

**TEST-TAKER:** If turned in after test day, your request **must be received no later than 11:59 p.m. Eastern Time on the Wednesday** following your test day. If you are testing on a day other than the published administration date, check with the room supervisor for the deadline that applies to you. Fax **signed** request to: 610-290-8978, or send by overnight mail to SAT Program, Score Cancellation, 1425 Lower Ferry Road, Ewing, NJ 08618.





**7. INDIVIDUAL IRREGULARITIES INFORMATION:**

Fill in the circle in front of each case that applies. Use the COMMENTS section on page 3 to describe all events and actions taken.

**7a. Test-Taker Information:**

Name: \_\_\_\_\_

Gender:  Male  Female

Action Taken:  Warned  Dismissed  None

Did test-taker complete testing?  Yes  No

Print and fill in the registration number of the test-taker who was affected by the irregularity.

Registration Number									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

**7b. Issue Information:**

**Check-in Issue:**

- Test-taker had questionable/unacceptable ID
- Test-taker arrived late and was admitted to test
- Test-taker arrived late and was turned away
- Test-taker not on roster/did not have Admission Ticket
- Test-taker would not turn off cell phone
- Test-taker had no paperwork for nonstandard accommodations
- Test-taker turned away because he/she was school-based tester
- Test-taker was changed from standard to nonstandard room with approved accommodations letter after start of testing
- Test-taker waived nonstandard accommodations

**Defective Materials Issue (Test Book, A/S, Tape, CD):**

- Smudges/ink blots
- Holes in pages
- Torn pages
- Missing pages
- Pages repeated
- Pages stuck together
- Blank tapes/CDs
- Skipping tapes/CDs
- Incorrect directions
- Duplicate/missing serial numbers
- Serial number in wrong spot
- Other \_\_\_\_\_

**Test Center Staff Issue:**

- Staff behavior was distracting
- Staff distributed incorrect material
- Staff gave incorrect instructions
- Staff did not give breaks
- Staff did not give approved accommodations
- Staff did not announce remaining time

**Test Center Environment Issue:**

- Problem with lighting, temperature, noise, etc.

**Test Admin Issue:**

- Test-taker misplaced/misgridded answers
- Test-taker recorded answers in book
- Test-taker needed second answer sheet
- Test-taker became ill
- Test-taker chose to cancel scores
- Test-taker had a CD player or calculator malfunction
- Test-taker impersonated another test-taker
- Test-taker worked after time called Minutes: \_\_\_\_\_
- Test-taker worked on wrong section Minutes: \_\_\_\_\_
- Test-taker used an unauthorized aid (e.g., calculator)
- Test-taker left early/left without permission
- Test-taker gave or received help  
(Provide other test-taker's name in COMMENTS section on Page 3)
- Test-taker used a cell phone/PDA/unapproved electronic device
- Test-taker removed or attempted to remove test materials  
Test Book Serial # \_\_\_\_\_
- Test-taker obtained improper access to test/part of test
- Test-taker failed to follow any other test administration regulations
- Test-taker disrupted test causing testing to start/end late
  - 1-2 minutes
  - 3-4 minutes
  - 5-7 minutes
  - 8 minutes or more

**Other Issue:**

- Other: \_\_\_\_\_

**8. TEST QUESTION AMBIGUITY INFORMATION:**

Fill in the circle in front of each case that applies. Use the COMMENTS section on page 3 to describe the test-taker's concerns.

- No correct answer
- Wording is ambiguous
- Other: \_\_\_\_\_
- More than one correct answer
- Not enough information to answer question

Test-Taker's Name: \_\_\_\_\_

Test-Taker's E-mail Address: \_\_\_\_\_

Test-Taker's Mailing Address: \_\_\_\_\_

Serial #: \_\_\_\_\_ Test Section #: \_\_\_\_\_ Test Question #: \_\_\_\_\_



