SSAT Room Record—Standard

A separate SSAT Room Record must be completed and returned for **EACH** room and for each administration regardless of size.

Test Center Code: _____ Date: ___/___/___

Room Name/Number: _____

Number of Students in this Room: _____

Were any Testing Accommodations Provided in this Room? ☐ Yes ☐ No

Completed by: _____ (Please print)

Signed by: _____

List All Proctors (& Accommodation Assistants) in this Room:

_____   _____

_____   _____

Were test takers allowed open access to hallways during breaks?

☐ Yes, the hallways were clear of non-test takers

☐ No, others were in the hallways

Circle each item to confirm it meets requirements.

Emergency Prep OK • Phone Access & Know When to Call 911 • Know Fire Escape Routes • Know How/When to "shelter in place" *Fire, Severe Weather, Violent Threat, Medical Emergency*	**Clock Visible and Temperature OK**	**Desks Big Enough**	**Desk Spacing OK**
Proctor Checklist for Admitting Students Used	**Materials Kept Secure**	**Script Used**	**Sign/Area Used** — Prohibited Items / **Sign/Area Used** — Snacks

Note Exact Start/End Times Used:

Test Section	Time	1.5x Time	Start time	End Time
Writing Sample	25	40	:	:
Break	10	10	:	:
Quantitative	30	45	:	:
Break (1.5x only)	N/A	5	:	:
Reading	40	60	:	:
Break	10	10	:	:
Verbal	30	45	:	:
Break (1.5x only)	N/A	5	:	:
Quantitative	30	45	:	:
Experimental	15	N/A	:	:

Continue on back

START TIME	STOP TIME 20 min section	25 min section	30 min section	40 min section	45 min section
:00	:20	:25	:30	:40	:45
:01	:21	:26	:31	:41	:46
:02	:22	:27	:32	:42	:47
:03	:23	:28	:33	:43	:48
:04	:24	:29	:34	:44	:49
:05	:25	:30	:35	:45	:50
:06	:26	:31	:36	:46	:51
:07	:27	:32	:37	:47	:52
:08	:28	:33	:38	:48	:53
:09	:29	:34	:39	:49	:54
:10	:30	:35	:40	:50	:55
:11	:31	:36	:41	:51	:56
:12	:32	:37	:42	:52	:57
:13	:33	:38	:43	:53	:58
:14	:34	:39	:44	:54	:59
:15	:35	:40	:45	:55	:00
:16	:36	:41	:46	:56	:01
:17	:37	:42	:47	:57	:02
:18	:38	:43	:48	:58	:03
:19	:39	:44	:49	:59	:04
:20	:40	:45	:50	:00	:05
:21	:41	:46	:51	:01	:06
:22	:42	:47	:52	:02	:07
:23	:43	:48	:53	:03	:08
:24	:44	:49	:54	:04	:09
:25	:45	:50	:55	:05	:10
:26	:46	:51	:56	:06	:11
:27	:47	:52	:57	:07	:12
:28	:48	:53	:58	:08	:13
:29	:49	:54	:59	:09	:14
:30	:50	:55	:00	:10	:15
:31	:51	:56	:01	:11	:16
:32	:52	:57	:02	:12	:17
:33	:53	:58	:03	:13	:18
:34	:54	:59	:04	:14	:19
:35	:55	:00	:05	:15	:20
:36	:56	:01	:06	:16	:21
:37	:57	:02	:07	:17	:22
:38	:58	:03	:08	:18	:23
:39	:59	:04	:09	:19	:24
:40	:00	:05	:10	:20	:25
:41	:01	:06	:11	:21	:26
:42	:02	:07	:12	:22	:27
:43	:03	:08	:13	:23	:28
:44	:04	:09	:14	:24	:29
:45	:05	:10	:15	:25	:30
:46	:06	:11	:16	:26	:31
:47	:07	:12	:17	:27	:32
:48	:08	:13	:18	:28	:33
:49	:09	:14	:19	:29	:34
:50	:10	:15	:20	:30	:35
:51	:11	:16	:21	:31	:36
:52	:12	:17	:22	:32	:37
:53	:13	:18	:23	:33	:38
:54	:14	:19	:24	:34	:39
:55	:15	:20	:25	:35	:40
:56	:16	:21	:26	:36	:41
:57	:17	:22	:27	:37	:42
:58	:18	:23	:28	:38	:43
:59	:19	:24	:29	:39	:44

Test Day Information

**Use of this form is REQUIRED**

Test Day Information

Room Layout

- Use the grid below to show the general layout of the testing room.
- Use the key at the top right for symbols to use for required items.
- Draw/note other significant room elements.
- Irregularities: Note the location/name of any test taker who had an irregularity.
- Optional: You may additionally use this area as a seating chart.

Key
P: Prohibited items Area
S: Snacks Area
D: Doors
X: Student Desk
C: Clock
↑: Direction Test Takers Face

Example:
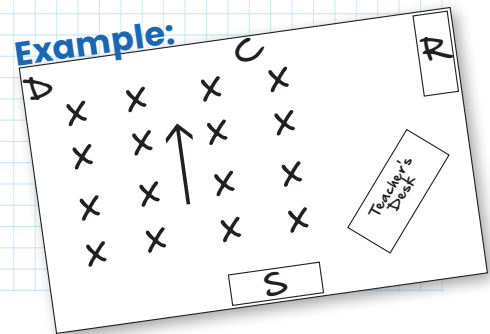
Irregularity Notes (must be transferred to MAP after testing)

Student:	
Irregularity	
Action Taken:	
Section/Time:	
Notes	

Student:	
Irregularity	
Action Taken:	
Section/Time:	
Notes	

Student:	
Irregularity	
Action Taken:	
Section/Time:	
Notes	

Confirmation

I affirm that all information provided on this room record is complete and accurate.

I received _____ test books from the test administrator and returned _____ test books.
(skip this if acting as administrator and proctor).

I affirm that during this administration I followed all rules and guidelines.

Print proctor name_____ Proctor Signature_____

**After testing: provide this room record to the test center administrator
to be returned in the test materials return bag.**