



Proposal for Off-Site Administration: Part 1 of 2

Alaska WorkKeys Event State Testing: November 7 – 18, 2011

The DTC must complete this form for a school, in the instance that one or more off-site locations are necessary to administer this assessment in accordance with Alaska WorkKeys Regulation 4 AAC 06.717. Part 1 and Part 2 are necessary to receive approval for use of any off-site location. They may be submitted separately and ACT may grant preliminary approval based on the submission of Part 1, but both parts must be submitted by September 16, for final approval. The DTC must receive written authorization from ACT before any off-site location may be used. Please fill out one form for every testing site needed on a per-school basis.

1. District and High School Information

DTC Name:		DTC Phone:									
District Name:											
School Name:		ACT High School Code:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
Street Address:											
City:		State:	AK								
		ZIP:									

2. Off-site Location Information

Complete all questions in detail. If off-site testing will take place at multiple facilities or multiple buildings at the same facility, photocopy this section and complete one for each different off-site location. Number them location #1, location #2, etc.

A	Is this site on the list of approved Alternate Test Centers for Alaska?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B	Proposed Off-Site Location #: _____ of _____	
C	Institution/Facility or Building Name: _____	
	Building Street Address: _____	
	City, State, Zip: _____	
D	Off-site location is what type of institution/facility (check one): <input type="checkbox"/> Public high school <input type="checkbox"/> Technical high school <input type="checkbox"/> Community building <input type="checkbox"/> Church <input type="checkbox"/> 2-year community college <input type="checkbox"/> 4-year college/university <input type="checkbox"/> Other (provide description): _____	
E	Will students from this school be the only students testing at the off-site location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, explain which other students will be testing at the location and provide detailed arrangements for ensuring that the test materials from this school will be kept separate.	
F	Will there be any other events or activities taking place at this location on test day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G	<i>Isolation from Public Access:</i> Describe the provisions for ensuring restriction of public access and uninterrupted quiet during the test sessions. If any test rooms have telephones in or near them, indicate plans to ensure they do not ring during testing.	



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K	<p>What size tables or desks will be used and how many students per room? <i>Note: Classrooms of 15-30 examinees are preferred. If large rooms must be used, no more than 100 examinees in one room is preferred. If you plan to test more than 100 examinees in one room, please contact ACT Test Administration for guidance. (There must be one proctor for every 25 examinees in the room after the first 25.) Lapboards are not permitted. All examinees in a room must face the same direction and must be seated a minimum of 3 feet apart, side-to-side and front-to-back (5 feet apart if multiple-level seating). There may be only ONE examinee at a round table of any size; only TWO examinees along one side of an 8-foot table; if seating two examinees along one side of a 6-foot table, a 3-foot aisle space is required between tables.</i></p>
L	<p>Describe where students will go for breaks; location and number of restrooms for the number of students (cannot be IN the test room itself).</p>
M	<p><i>Test Day Communication.</i> Describe provisions for testing staff to consult with ACT or AKEED as necessary on test day to resolve irregularities or to communicate with the school's main office to handle disruptions or dismissed students.</p>

Sign and Return Part 1

DTC's Signature: _____ **Date:** _____

Please submit this proposal (Part 1) by September 16, 2011, to ACT via one of the following means:

Fax: 319/337-1019

E-mail: WorkKeysEvent@ACT.org

Mail: ACT State Testing – (48)
 301 ACT Drive
 P.O. Box 168
 Iowa City, IA 52243-0168

For specific questions regarding completing this proposal, please contact ACT Test Administration at 800/553-6244, ext. 2800, or send an e-mail to WorkKeysEvent@act.org.

(Please keep a copy of your completed proposal for your files.)



Proposal for Off-Site Administration: Part 2 of 2

Alaska WorkKeys Event State Testing: November 7 – 18, 2011

Use this form (Part 2) to describe specific information about staff, students, and processes at the off-site location. *Note: You must submit Part 1 of this proposal prior to, or with, Part 2. ACT cannot process Part 2 alone.*

1. District and High School Information (same as Part 1)

School Name:		ACT High School Code:							
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2. Off-site Location Information (same as Part 1)

Proposed Off-Site Location #:	
	of
Institution/Facility or Building Name:	

3. Testing Information

Fill in information for each test date that the off-site location will be used. Attach additional pages if necessary.

Testing Date	Number of Students to Test with Standard Time	Number of Students to Test with Accommodations

4. Testing Staff

Provide the names and titles of school staff who will administer testing at the off-site location. One room supervisor is required for every test room. In addition, for standard time testing, one proctor is required for every 25 students (or portion thereof) in each room after the first 25. Attach additional pages if necessary.

Staff Member Name	School Title (e.g., Counselor)

Describe how the DTC, Test Supervisor, or TAC will train the off-site staff for testing.



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Sign and Return Part 2

DTC's Signature: _____ **Date:** _____

Please submit this proposal (Part 2) by September 16, 2011, to ACT via one of the following means:

Fax: 319/337-1019

E-mail: WorkKeysEvent@ACT.org

Mail: ACT State Testing – (48)
301 ACT Drive
P.O. Box 168
Iowa City, IA 52243-0168

For specific questions regarding completing this proposal, please contact ACT Test Administration at 800/553-6244, ext. 2800, or send an e-mail to WorkKeysEvent@act.org.

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