

## Instructions

This form must be completed by the appropriate District Test Coordinators (DTC) when students who are using secure accommodated test materials move from one district to another before they have completed all required units. This form documents that these materials were successfully transferred from the former district to the current district. **Once transferred, the former district is not responsible for returning the secure accommodated test materials; the current district is responsible for returning the materials to the assessment vendor.** 

Districts must select one of the **following two options** for transferring secure accommodated test materials from the former district to the current district:

- Option 1 The former DTC sends the secure accommodated test materials to the current DTC via traceable overnight delivery (i.e., FedEx, USPS, or UPS) to ensure the student can complete testing within the prescribed testing window. The former DTC must complete columns 1 through 7, then sign and date the form. The former DTC must include a copy of the form in the shipment. Upon receipt of the shipment, the current DTC must complete column 8 and send a copy of the completed form to the former DTC. The current DTC must also upload the form to PearsonAccess<sup>next</sup> (PAN) and email the Support Request ID, provided upon successful upload, to the appropriate State Assessments Program Coordinator. Since this form contains personally identifiable information such as the student's name, it must never be transmitted via email.
- **Option 2** The former DTC must hand deliver the secure accommodated test materials to the current DTC as soon as possible to ensure the student can complete testing within the prescribed testing window. The former DTC must complete columns 1 through 7 and present this form to the current DTC who must complete column 8, then sign and date the form. The current DTC must provide a copy of the form to the former DTC. The current DTC must also upload the form to PAN and email the Support Request ID, provided upon successful upload, to the appropriate State Assessments Program Coordinator. Since this form contains personally identifiable information such as the student's name, it must never be transmitted via email.

Assessment:	NJSLA	NJGPA		Testing Window: Spring	Summer	Fall	
1 Secure Document Type	2 Security Number	3 Grade	4 Test	5 Student Name	6 NJ SID #	7 Former DTC Initial	8 Current DTC Initial

## Certification

I hereby certify that the receipt of all secure accommodated test materials has been transferred and verified.

(Print) Former District Test Coord	dinator Date	(Print) Current District Test Coor	dinator Date	
(Signature) Former District Test Coordinator		(Signature) Current District Test Coordinator		
Former CDS Code	ext: Former DTC Contact Number	Current CDS Code	ext: Current DTC Contact Number	