



Intra-District School-to-School Chain-of-Custody Form for Accommodated Test Materials *Updated October 2021*
New Jersey Student Learning Assessments (NJSLA)
New Jersey Graduation Proficiency Assessment (NJGPA)

Instructions

This form must be completed by the appropriate School Test Coordinators (STC) when students who are using secure accommodated test materials move from one school to another school within the same district before they have completed all required units. This form documents that these materials were successfully transferred from the former school to the current school.

Schools must follow the procedure outlined below.

- The District Test Coordinator (DTC) must pick up the secure accommodated test materials from the former STC and hand deliver the materials to the current STC as soon as possible to ensure the student can complete testing within the prescribed testing window.
- When the DTC picks up the materials, they must complete columns 1 through 6. The former STC must complete column 7, then sign and date the form.
- When the DTC hand delivers the materials to the current STC, the current STC must complete column 8, then sign and date the form.
- The current STC must provide a copy of the form to the DTC.
- The DTC must upload the completed form to PearsonAccess^{next} within five school days.
- The DTC must then email the Support Request ID, provided upon successful upload, to the appropriate statewide assessment 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 STC Initial	8 Current STC Initial

Certification

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

_____ Date _____
 (Print) Former School Test Coordinator

_____ Date _____
 (Print) Current School Test Coordinator

 (Signature) Former School Test Coordinator

 (Signature) Current School Test Coordinator

_____ Ext. _____
 Former CDS Code Former Contact Phone Number

_____ Ext. _____
 Current CDS Code Current Contact Phone Number