⚠ Please complete, scan, and return this form to forms@cmec.ca.

Test Administrator Name:

Please complete as shown:

Please complete as shown:

Test Administrator Position:

Test Administrat

	Timi	ing of Test and Questionnaire Sessions
START	END	
(a) 8:20AM	9:00AM	Administrative tasks (e.g., assigning computers to students, preparation of students, instructions)
9:05AM	^(b) 9:50AM	Part 1 of the test
(a) 10:00AM	(b) 10:10AM	Preparation of students for part 2
(a) 10:10AM	(b) 11:00AM	Part 2 of the test
(a) 11:30AM	(b) 12:00PM	Student Questionnaire

Continued on next page...



dents leavi	X Yes, please explain	7
Brief cons	struction noise towards the end of Part 2.	
	ndicate that there were any particular problems with the test (e.g., test too difficult or uggling with any particular task)?	Number of students affected
⊠ Nο	Yes, please explain	N/A
	ny problems with the testing materials (e.g., errors or omissions in the Student Tracking ient supply of materials)?	Number of students affected
⋈ No	Yes, please explain	N/A
e there ar	ny technical problems that prevented data collection from any of the students?	Number
∭ No	Yes, please explain and provide the student line number	affected
-	ical problems, such as speed of the test software or malfunctioning keyboards/mice, he testing that seemed to frustrate students or prevent them from giving their best	Number student affected
○ No <u>′es - two</u> device.	Yes, please explain and provide the student line number students (line number 2 and 6) had lagging issues with their	
e there ar itional bre	ny students requiring special accommodations (e.g., additional time, use of scribe, raks)? Xes, please specify the accommodation(s) provided and the student line number	Number of students affected
		1 1