Desoto County Schools

Appendix C

Please circle all applicable test(s):

3-8 MAP MST2 MKAS2 Pre-K MKAS2 Post-K ELPT

SATP2-December H.S. MAP December SATP2-May MS-CPAS H.S. MAP April/May

ACT MKAS2 3rd 1st Re-test MKAS2 3rd 2nd Re-test

_____ _____

Date Time of Administration

_____

School

Room	Test Administrator (full name)	Proctor (full name)	#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Hall Monitors/Computer Techs: _____

STC/Administrators/Extras: _____

Alternates-List all (full names):

Room	**Test Administrator**	**Proctor**
_____	_____	_____

Make-Up Testing Date/Time- List all (full names):

Room	**Test Administrator**	**Proctor**
_____	_____	_____