Please circle all applicable test(s):
3-8 MAP    MST2    MKAS2    Pre-K    MKAS2 Post-K    SATP2-September
SATP2-December    SATP2-Mar/April    H.S. MAP December    U.S. History/Biology I-December
U.S. History/Biology I-May    MS-CPAS    H.S. MAP April/May    SATP1    ACT
MKAS 3rd April    MKAS2 3rd 14-15 Re-test    MKAS2 3rd 1st Re-test 15-16    MKAS2 3rd 2nd Re-test 15-16

A test awareness and preparation session will be conducted at ______________________________
TIME

On ______________________________ in ______________________________ to ______________________________
Date    Location

advise test administrators and proctors of their responsibilities in administering the:

__________________________________________________________________________.
Test

__________________________________________________________    ______________________________
School Test Coordinator    School

Appendix B: TRAINING AGENDA-MUST HAVE AGENDA
(Agenda should be detail oriented.)

Appendix B should follow, containing hand-outs, transparencies, or other materials used in training.
Please attach this information.