

_____ School District

SEATING CHART

School: _____

Test: _____

Room #: _____

Date: _____

We have verified that the students are seated according to the seating chart.

Test Administrator Printed Name

Proctor Printed Name

TA Signature

Proctor Signature

Test Coordinator: _____
Printed Name

Signature

_____ School District

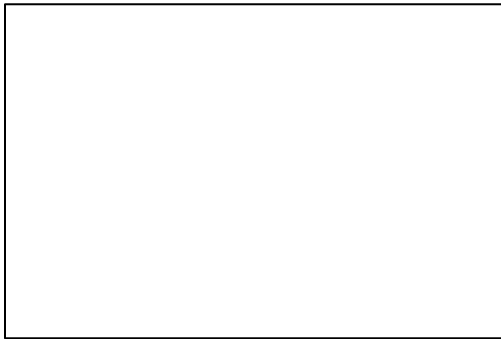
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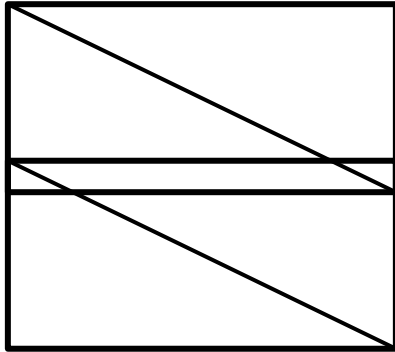
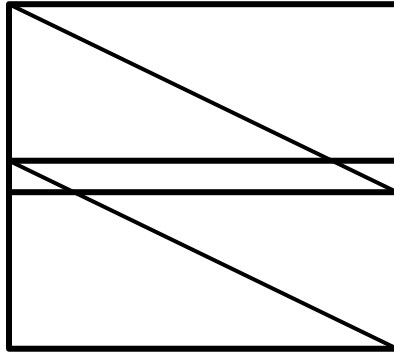
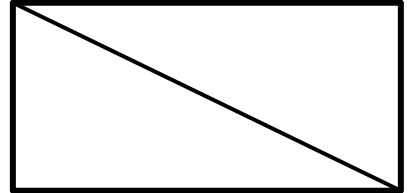
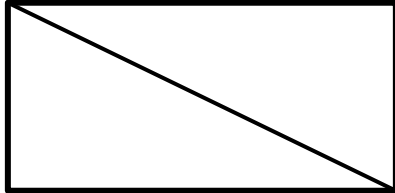
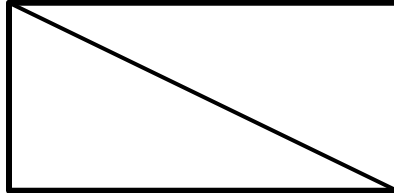
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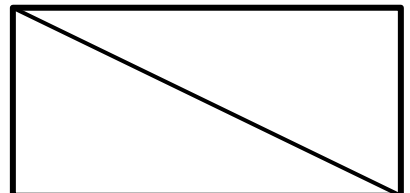
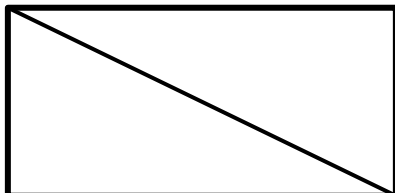
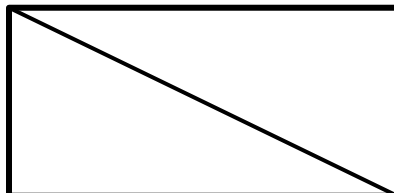
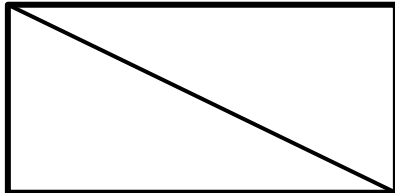
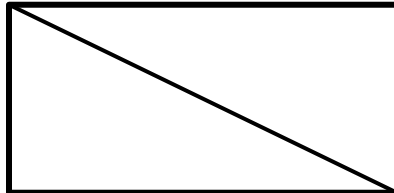
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DOOR A 1 HALL



LIBRARY FRONT
COUNTER



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