**2023-24 Daily Inventory Control Form For Interim Assessments – Testing Program: o CAASPP   o ELPAC**

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|   | School  |    | Region  |    | Loc. Code  |    | CDS Code 19-64733  |   |

The CAASPP/ELPAC Coordinator checks student logon credentials out to TEs/TAs and collects the log on credentials at the end of testing DAILY. Use this Inventory Control Form to monitor daily check out and check in of logon credentials. A separate Inventory Control Form is available for ELPAC materials.

1. Test Examiner counts and enters the number of logon credentials being checked out from the CAASPP/ELPAC Coordinator
2. ELPAC Coordinator counts enters the number of logon credentials being returned by the Text Examiner
3. TEs/TAs Initials to confirm that all logon credentials checked out were returned as documented by the CAASPP/ELPAC Coordinator.

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| --- | --- | --- | --- | --- | --- | --- |
| **Test Examiner (TE) / Test Administrator (TA)**  |  **Test Date**   | **Date:**  | **Date:**  | **Date:**  | **Date:**  | **Date:**  |
| 1   | Checked Out (Count)  |   |   |   |   |   |
| Checked In (Count)  |   |   |   |   |   |
| Examiner’s Initials  |   |   |   |   |   |
| 2   | Checked Out (Count)  |   |   |   |   |   |
| Checked In (Count)  |   |   |   |   |   |
| Examiner’s Initials  |   |   |   |   |   |
| 3   | Checked Out (Count)  |   |   |   |   |   |
| Checked In (Count)  |   |   |   |   |   |
| Examiner’s Initials  |   |   |   |   |   |
| 4   | Checked Out (Count)  |   |   |   |   |   |
| Checked In (Count)  |   |   |   |   |   |
| Examiner’s Initials  |   |   |   |   |   |
| 5   | Checked Out (Count)  |   |   |   |   |   |
| Checked In (Count)  |   |   |   |   |   |
| Examiner’s Initials  |   |   |   |   |   |

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|   | By signing this document, I certify that all Logon Credentials were distributed and collected daily following secure district protocols.  If logon credentials were not returned, I followed district procedures established by the Student Testing Branch to locate the lost logon credentials and officially document such incident.  |   |
|   |     |    |    |    |    |   |
|   | CAASPP/ ELPAC Coordinator’s Name (type or print)   |    | Signature   |    | Date   |   |