District Assessment Management System
Assessment Coordinator's Report

Please fill in all categories. Do not leave any fields blank.

School **Name** **Date**

1. Please indicate date assessment materials arrived at your school.

A. TerraNova

2. Please indicate date assessments were completed.

A. TerraNova

3. Please describe any problems experienced with assessment during administration.

4. Please indicate date assessment materials were mailed to CTB.

A. TerraNova

5. Did your school receive TerraNova assessment results. (select one) Yes No

If not, enter tracking code

If yes, enter date

6. Please describe location where assessments are securely stored in your school.

7. Please describe any enrollment changes (increase/decrease) during the assessment window.

8. Please indicate date assessment security form was signed and sent to District ISS.