

# SEATING CHART



LEAP \_\_\_\_\_ ELDA \_\_\_\_\_ EXPLORE \_\_\_\_\_ Field Test \_\_\_\_\_  
 iLEAP \_\_\_\_\_ EOC \_\_\_\_\_ PLAN \_\_\_\_\_ Other (specify) \_\_\_\_\_  
 PARCC \_\_\_\_\_ LAA2 \_\_\_\_\_ ACT \_\_\_\_\_

School \_\_\_\_\_ Room No. \_\_\_\_\_ Date \_\_\_\_\_

Test subject/session \_\_\_\_\_ Test Administrator \_\_\_\_\_ TA# \_\_\_\_\_

- On the diagram, indicate doors, teacher desk, front of classroom
- Indicate first and last name of each student in test session
- NO cell phones or electronic devices permitted in the testing area

Proctor \_\_\_\_\_  
(if applicable)
