NSW GOVERNMENT Education

High Performing Students Team

Opportunity Class Placement Test

2020

Test to be held on Wednesday 18 November 2020

Test administration record

This document is an important record of the conduct of the test in the government school listed below.

The supervisor should ensure that all sections of the 'Test administration record' are completed in detail.

School:.....

Supervisor: .....

Page 8 of this document must be signed by the school principal.

This administration record must be packed and returned in the 'Test administration envelope' after the test.

Supervisors' declaration of confidentiality
Opportunity Class Placement Test
18 November 2020

Supervisor name: _____ Signature: _____
(Please print)

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Supervisor name: _____ Signature: _____

Question booklet package opening form

To be completed by the supervisor at the time of opening the question booklet packs (including any special question booklets).

Sealed packs of question booklets must be opened only when students are seated and ready to begin the test (i.e. after 9.00 am).

I declare that the tamper-evident security packages of question booklets were sealed until opened for distribution when all students were seated and ready to begin the test.

Comment: (if applicable) _____

Supervisor's signature: _____

The undersigned witnessed the opening of the packages of question booklets.

Time opened	Witness (please print)	Name (print clearly)	Signature	Position	Office use only: checked by HPST
9. _ _ am	Supervisor			Supervisor	
9. _ _ am	Witness 1				

Clear zip-lock plastic bag containing the answer booklets must be opened before the test as you need to check they have student details printed on them. Spare answer booklets are opened only as they are required.

Test timetable report form

Please record here the exact starting and finishing times of each of the tests.

It is vital to record test times accurately to show the correct duration of the tests. The times should be the same as those shown on the board during the tests.

Test	Time allowed	Starting time	Finishing time	Confirmed and signed by supervisor	Confirmed and signed by witness	Office use only: checked by HPST
Guided practice questions	5 minutes					
Timed practice test	6 minutes					
Part 1	30 minutes					
Break	10 minutes approximately					
Part 2	30 minutes					

- I declare that students were given exactly 30 minutes to complete Part 1 and exactly 30 minutes to complete Part 2 of the test.

- I have checked that the times recorded above are accurate and correspond to the exact times required for Parts 1 and 2 of the test.

- I have taken a photo of the test timetable shown on the board.

Name of supervisor (please print): _____

Supervisor's signature: _____

Name of witness (please print): _____

Witness' signature: _____

Test centre incident report

Incidents or problems during the administration of the Opportunity Class Placement Test which may affect the performance of two or more students must be recorded in detail. These incidents may include:

- interruptions
- disputes
- timetable problems
- excessive noise
- allegations of cheating
- loss of question booklets or answer booklets
- bomb scares
- anaphylaxis incidents.

If there is more than one incident please complete a separate incident report for each one. Use extra paper if you need to.

Note: Report any loss of a question or answer booklet to the Team immediately.

INCIDENT 1

Nature of incident: _____

_____

_____

_____

_____

_____

Students affected: (include application numbers) _____

_____

_____

Time and duration of incident: _____

Action taken: _____

_____

_____

_____

Continue over the page if you have a second incident.

Test centre incident report (continued)

INCIDENT 2

Nature of incident: _____

Students affected: (include application numbers) _____

Time and duration of incident: _____

Action taken: _____

Invigilator's comments

The Leader of the High Performing Students Team values feedback about any aspect of the conduct of the Opportunity Class Placement Test, including suggestions for improvements.

Principal's certification of supervision

I certify that the invigilators listed below:

- supervised the Opportunity Class Placement Test which was conducted at this school on Wednesday 18 November 2020
- had no close relatives taking the test at this school, as far as I am aware, and
- performed their duties satisfactorily.

Principal's comment if applicable

_____

_____

_____

Principal's name (please print) _____School_____

Principal's signature_____ Date _____

Name (print given and family name)

Supervisor: _____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____

Supervisor:_____