

**VALIDATION FORM FOR TRANSPOSING ANSWER DOCUMENTS**

School \_\_\_\_\_ Student \_\_\_\_\_ Grade \_\_\_\_\_  
Test \_\_\_\_\_ Date \_\_\_\_\_

A) I have transposed the student's responses from a Large Print \_\_\_ or Braille \_\_\_ test OR due to a *Marks* above.

For transposing documents due to accommodations

\_\_\_\_\_ (initials)

The student's answer document reflects the same responses as the student's test booklet. I performed the transposition in the presence of another certified employee serving as a witness. \_\_\_\_\_ (initials)

I have submitted the transposed answer document for scoring and returned the test booklet as directed. \_\_\_\_\_ (initials)

**OR**

B) I have transposed the student's responses from the student's test booklet/original answer document to a scorable student answer document for the student listed above. \_\_\_\_\_ (initials)

For transposing documents due to damage, other

Reason for transposition:

The student's answer document reflects the same responses as the student's test booklet/original answer document. I performed the transposition in the presence of another certified employee serving as a witness. \_\_\_\_\_ (initials)

I have submitted the transposed answer document for scoring and returned the student's test booklet as directed. \_\_\_\_\_ (initials)

\_\_\_\_\_  
Name of Person Transposing

\_\_\_\_\_  
Signature of Person Transposing

\_\_\_\_\_  
Name of Certified Witness

\_\_\_\_\_  
Signature of Certified Witness

**Retain a copy of this form for your school/system records**