

This form must be completed and returned electronically to the Assessment Unit upon completion of the Spring 2017 CMAS and CoAlt: ELA, Math, Science and Social Studies assessments. Return the completed form in the **Assessment Forms** folder on **CDE Assessment Syncplicity** with a file name indicating the **district name, form name, and the date on which the document was saved** (e.g., District A_Post Test Compliance_050517).

Date of this Report:		
District Assessment Coordinator Name:		
Title:		
District Name and Code:		
DAC Phone:DAC E	mail:	
Assessment:		
CMAS: ELA and Math (PARCC)	CoAlt: EL	A and Math (DLM)
Total number of misadministered tests Number of students affected		
Total number of major misadministrations		
CMAS: Science and Social Studies	CoAlt: Sc	ience and Social Studies
Total number of misadministered tests		
Total number of major misadministrations		
By signing below, you certify that the administration	n of the indicated assessment(s) of	complies with all procedures as described in the
Spring 2017 CMAS and CoAlt Procedures Manual, P.	ARCC Test Coordinator Manual, T	est Administrator Manuals, and/or CoAlt
Examiner's Manuals and that all secure materials h	ave been returned to the assess	ment vendor.
DAC Printed Name	DAC Signature	 Date