Brownsville ISD - **STAAR Alternate 2** Seating Chart

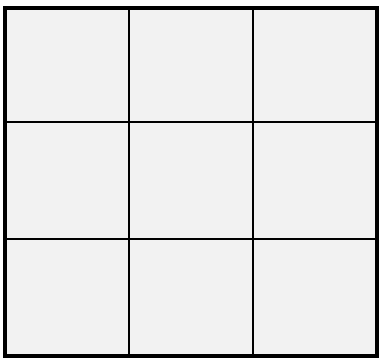
Campus: _____ Room: _____ Student Name : _____

Test Administrator #1 : _____ Student ID#: _____

Test Administrator #2 : _____ Grade Level: _____

Instructions for the grid below:

1. Mark the location of the test administrator(s) by placing an "X" in the margin surrounding the grid.
2. Mark the student's location with an "S".
3. Mark the location of any entrances into the testing area.



Date	Subject	Start Time	Medical Stop	Medical Resume	Lunch Stop	Lunch Resume	Test Booklet #	Form #	End Time