

BEA Form 5

TEST BOOKLET QUANTITY and COMPLETENESS  
VERIFICATION SHEET

Name of School: \_\_\_\_\_  
School ID: \_\_\_\_\_

Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
District: \_\_\_\_\_

PRE-TEST

1. How many test booklets were allotted to your testing center  
as indicated in the Packing Guide, including buffer? \_\_\_\_\_
2. Upon opening of boxes, are the test materials:  
\_\_\_\_\_ complete \_\_\_\_\_ incomplete \_\_\_\_\_ with excess
3. If incomplete, how many are lacking/missing? \_\_\_\_\_
4. What is/are the Serial Number/s?  
\_\_\_\_\_
5. If excess, how many? \_\_\_\_\_
6. What is/are the Serial Number/s?  
\_\_\_\_\_

POST-TEST

1. After retrieval, are the test booklets complete? \_\_\_\_\_
2. If not, how many are missing/lacking? \_\_\_\_\_
3. What is/are the Serial Number/s? \_\_\_\_\_  
\_\_\_\_\_

Prepared by:

\_\_\_\_\_  
Signature over Printed Name of School Testing Coordinator (STC)

Attested by:

\_\_\_\_\_  
Signature over Printed Name of Chief Examiner

\_\_\_\_\_  
School

**NOTE: This form is to be submitted separately to the DTC.**

BEA Form 6

ANSWER SHEET QUANTITY and COMPLETENESS  
VERIFICATION SHEET

Name of School: \_\_\_\_\_  
School ID: \_\_\_\_\_

Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
District: \_\_\_\_\_

PRE-TEST

1. How many answer sheets were allotted to your testing center  
as indicated in the Packing Guide, including buffer? \_\_\_\_\_
2. Upon opening of boxes, are the test materials:  
\_\_\_\_\_ complete \_\_\_\_\_ incomplete \_\_\_\_\_ with excess
3. If incomplete, how many are lacking/missing? \_\_\_\_\_
4. What is/are the Serial Number/s?  
\_\_\_\_\_
5. If excess, how many? \_\_\_\_\_
6. What is/are the Serial Number/s?  
\_\_\_\_\_

POST-TEST

1. After retrieval, are the answer sheets complete? \_\_\_\_\_
2. If not, how many are missing/lacking? \_\_\_\_\_
3. What is/are the Serial Number/s? \_\_\_\_\_  
\_\_\_\_\_

Prepared by:

\_\_\_\_\_  
Signature over Printed Name of School Testing Coordinator (STC)

Attested by:

\_\_\_\_\_  
Signature over Printed Name of Chief Examiner

\_\_\_\_\_  
School

**NOTE: This form is to be submitted separately to the DTC.**