

SEATING CHART



LEAP 2025 ELPT State Placement Test Magnet Testing
 LEAP 2025 HS EOC GEE LAA2
 LEAP Connect ACT WorkKeys Other

School _____ Room No. _____ Date _____

Test subject _____ Test Administrator _____ TA# _____

- On the diagram, indicate doors, teacher desk, front of classroom
- Indicate first and last name of each student in test session
- NO cell phones or electronic devices permitted in testing area

Proctor _____
(if applicable)
