

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**RETURNED SCHOOL EXPERIENCE SURVEYS VERIFICATION**  
**2014-2015**

School: \_\_\_\_\_ ESC \_\_\_\_\_ Loc. Code \_\_\_\_\_

Principal: \_\_\_\_\_  
 Name (type or print) Signature Date

Point Person: \_\_\_\_\_  
 Name (type or print) Signature Date

\_\_\_\_\_ Contact Number \_\_\_\_\_ Extension

Complete **two** copies of this form and bring to the school's Testing Center with the school's student and parent surveys. One copy is for the Testing Center and one copy will be stamped as your receipt.

Testing Center:     South     Central     Valley     West

Check that documents are packaged according to the Survey Administration Instructions. Indicate the number of boxes being delivered to the testing center. <sup>1</sup>	TO BE COMPLETED BY SCHOOL	FOR TESTING CENTER USE ONLY
Elementary Student Surveys Boxes		
Secondary Student Surveys Boxes		
Parent Surveys Boxes		

FOR TESTING CENTER USE ONLY		
No. of Student Envelopes Received: _____	Received by: _____	Date: _____
No. of Parent Envelopes Received: _____		
No. of Boxes Received: _____		

<sup>1</sup> Subject to verification by the testing center.