

**CELLA 2009**  
***RETURN INSTRUCTIONS***  
***for District Coordinators ONLY***  
***Important Timelines for Returning Test Materials***

Testing Complete	K2 Material Pickup (No later than)
April 17 <sup>th</sup>	April 22 <sup>nd</sup>
April 24 <sup>th</sup>	May 1 <sup>st</sup>
May 1 <sup>st</sup>	May 8 <sup>th</sup>
May 8 <sup>th</sup>	May 15 <sup>th</sup>
May 15 <sup>th</sup>	May 22 <sup>nd</sup>

***PLEASE REVIEW THE RETURN INSTRUCTIONS CAREFULLY***

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***ANY ERRORS IN PACKING MAY CAUSE DELAYS IN  
PROCESSING SCORE REPORTS***

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**CELLA District Coordinator Responsibilities**

Verify the school coordinator correctly labeled and numbered the boxes from the school

- No photocopied return labels
- Label counts reflect the **CORRECT BOX TYPE**

**Box Types**

Orange Label	TO BE SCORED
Green Label	NOT TO BE SCORED
White Label	Large Print and/or Braille
District Coordinator ONLY	Non-Secure Material

# CELLA 2009

## *RETURN INSTRUCTIONS*

### CELLA District Coordinator Responsibilities

#### Materials Return List

Log the quantity of box types you are returning on the Materials Returns List

Make sufficient copies of the Materials Return List

**MATERIALS RETURN LIST**  
**2009 CELLA**

District Name/Number: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Instructions: Complete this form when preparing boxes for return to ETS. Fill in the number of boxes per label color for each school and 2) the number(s) of the pallet(s) on which these boxes are placed. Copy this form to enter additional schools.

Fax this list to ETS at (866) 387-2598 on the day of pickup. File the original for your records.

SCHOOL NAME/NUMBER	# of ORANGE-Labeled Boxes	# of GREEN-Labeled Boxes	# of WHITE-Labeled Boxes	PALLET #	COMMENTS

SCHOOL NAME/NUMBER	# of ORANGE-Labeled Boxes	# of GREEN-Labeled Boxes	# of WHITE-Labeled Boxes	PALLET #	COMMENTS
Sunshine Elementary/0042	12		1		
		25			
Sunshine HS/3006	8		0		
		19			

**CELLA 2009**  
***RETURN INSTRUCTIONS***  
**CELLA District Coordinator Responsibilities**

**District Coordinator ONLY Boxes**

Open **ALL** boxes, review the **Records of Required Administration**, and notify the FDOE if **ANY** secure CELLA materials are missing

Verify the Security Logs are complete

**DO NOT DESTROY** any non-secure material, **UNTIL SCORES HAVE BEEN REPORTED**

Ensure **NO SCORABLE or SECURE** material are in the boxes

**Return Material to ETS**

Contact **K2 Logistics** to schedule a pickup, and provide the pick up location and box counts **(888-886-0780)**

Designate a person to be **AVAILABLE** at the pickup site on the scheduled date

At the time of pickup, **FAX** the completed **CELLA Materials Return List** to ETS Customer Service (866-387-2598)

# CELLA 2009

## RETURN INSTRUCTIONS

### CELLA District Coordinator Responsibilities

Bill of Lading is provided by the K2 Logistics Driver at time of pick up. The District Coordinator or designated warehouse staff need to complete:

- A. The Scorable Box Count (White Boxes with Orange Labels. include the Large Print/Braille Scorable Boxes)
- B. Non Scorable Box Count (Brown Boxes with Green Labels)
- C. Their name, signature, date and total box count on the bill of lading.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">DATE</td></tr> <tr><td style="padding: 2px;">TRACKING#</td></tr> <tr><td style="padding: 2px;">PROJECT</td></tr> </table>	DATE	TRACKING#	PROJECT	<b style="color: green;">Assessments Bill of Lading</b>		<small>K2 LOGISTICS 2782 Eagandale Blvd, Suite 101 Eagan, MN 55121 888-886-0780 <a href="http://www.k2logistics.com">www.k2logistics.com</a> <i>Delivering Solutions. Exceeding Expectations</i></small>	
DATE							
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>SHIPPER</b>             STREET ADDRESS             CITY, STATE, ZIP             ATTN:            PHONE:            ID#         </td> <td style="width: 50%; padding: 5px;"> <b>CONSIGNEE</b>             STREET ADDRESS             CITY, STATE, ZIP             ATTN:            PHONE:            REF#         </td> </tr> </table>		<b>SHIPPER</b>  STREET ADDRESS  CITY, STATE, ZIP  ATTN: PHONE: ID#	<b>CONSIGNEE</b>  STREET ADDRESS  CITY, STATE, ZIP  ATTN: PHONE: REF#	<p style="text-align: center;"><b>Bill of Lading Directions:</b></p> <p><i>Test Administrator:</i> Fill in Scorable and Non-Scorable Box Counts. You <b><u>MUST</u></b> fill in Test Administrators information at the bottom of this form including Total Box Count</p> <p><i>Driver:</i> <b><u>YOU MUST VERIFY TOTAL BOX COUNT ONLY</u></b> Sign this form and enter pickup date, time and total box count in the Space provided on the bottom of this Bill</p>			
<b>SHIPPER</b>  STREET ADDRESS  CITY, STATE, ZIP  ATTN: PHONE: ID#	<b>CONSIGNEE</b>  STREET ADDRESS  CITY, STATE, ZIP  ATTN: PHONE: REF#						
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<b style="color: green;">SENSITIVE MATERIALS – HANDLE WITH CARE!</b> <small>Original for Test Administrators</small>							