



Test Proctor Observation Log

Test Proctor Name (printed or typed): _____

Date: _____ Grade(s) Observed: _____ Subject Observed: _____

Instructions: Please note any odd or unusual occurrences observed during the test session. Please use additional sheets as required.

| Time: | Observation: |
|-------|--------------|
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If the chart above is left blank-

By checking this box, I certify that no odd or unusual occurrences or testing invalidations were observed during the test session.

-By signing this document, I acknowledge and certify that I will not divulge the contents of the test, generally or specifically, to anyone, nor will I copy any part of the test.

Signature

Date