



## 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:

*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.

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-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