



## Test Proctor Observation Log

Test Proctor Full Name (printed or typed): \_\_\_\_\_

Instructions: Please note any odd or unusual occurrences observed during the test session. Please use additional sheets as required. One sheet may be used for multiple test session observations.

Date:	Time:	Grade:	Subject:	Section:	Observation:

*If the observation 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