Remote Proctoring Observation Log

Remote Test Proctor's Full Name (printed or typed): _____

Instructions: A log must be kept for each test session. Please ensure the log is filled out completely and is signed and dated.

Test Session Name (must match OSTP portal) _____ Test Date _____

Test Start Time_____ TA Name_____ Grade_____ Subject _____

STN	Room Check	Observations
	☐ No Prohibited Materials ☐ No Cell Phone ☐ Student Alone in Room ☐ Post Test Check	☐ Irregularity
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If the observation column above is left blank, check below:

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

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