

# 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
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity
	<input type="checkbox"/> No Prohibited Materials <input type="checkbox"/> No Cell Phone <input type="checkbox"/> Student Alone in Room <input type="checkbox"/> Post Test Check	<input type="checkbox"/> Irregularity

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