



Miami-Dade County Public Schools Monitoring Form For Use in Paper-Based Test (PBT) Administrations

School Name _____ School # _____

Assessment Program _____ Test Subject _____ Room # _____

Number of Students _____ Number of Proctors _____

Please check your response to each of the following questions based on your observations and information provided by the School Assessment Coordinator and/or Test Administrator. Ask to see any documentation referred to below.

		Yes	No	Not Observed	N/A
1.	Were materials being stored in a secured (locked) limited access location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Was there an organized plan for distributing materials to test administrators on the day of testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was documentation available to show how the school accounted for the assignments of materials to the test administrators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was the testing environment reasonably secured (security logs for monitors maintained, lack of visual cues, and electronic devices turned off and not within arm's reach)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Was the testing environment reasonably controlled (lighting, temperature, and seating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Were testing signs (Do Not Disturb, Session Signs, and Electronic Devices) posted and visible at all entrances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Were materials distributed to and collected from students on a one-at-a-time basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Was a seating chart used to record seating assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Was the adult-to-student ration 1 to 25 or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Was the testing environment as free from disturbance as possible during testing (bells were not rung and access to the intercom was limited to emergencies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Did the test administrator and/or proctor(s) circulate around the room while the students were working to ensure they were working on the right section of the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Did the test administrator read the directions for administering the test exactly as given in the test administrator's manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Were time limits strictly enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Were test materials secured immediately after testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Please explain any deviations from test security guidelines and procedures or any occurrences that may have seemed unusual.

_____ Print Monitor's Name _____ Monitor's Signature _____ Date