



Miami-Dade County Public Schools Pre-Monitoring Form

School _____

School # _____

Assessment Program _____

Test/Subject _____

Please mark your response to the following questions based on your observations and information provided by the School Assessment Coordinator. Ask to see any documentation referred to below.

		Yes	No	Not Observed
1.	Were materials being stored in a secured (locked) location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Were materials being stored in a location that allowed access to only a limited number of school personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was there documentation available to show how the school personnel had accounted for all of the testing materials?	<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