



## Florida Standards Alternate Assessment Administrator Observation Form

|  |                                |
|--|--------------------------------|
| District Name _____  | School Name _____              |
| Teacher's Name _____   | Grade _____ Content Area _____ |
| Administrator's Name _____   | Signature _____                |
| Date of Observation _____  |                                |
| <p>Directions: At a minimum, please observe two item sets being administered and then complete the checklist. An item set consists of three tasks.</p> |                                |

| Yes                      | No                       | Administration Criteria   | Comments |
|--------------------------|--------------------------|---|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the assessment individually administered to the student (only one student assessed at a time)?   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the test administered in an area amenable to concentrating, - a quiet area away from distractions?   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Did the teacher make attempts to ensure that the student remained engaged in the assessment process?   |          |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Did the teacher have all materials accessible to the student (e.g., booklets, teacher-gathered items, counters)?                                       |          |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Did the teacher record the student's response during the test administration?  |          |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Did the teacher follow proper school security protocol (i.e. return assessment components to the designated secure location following administration)? |          |