



Florida Standards Alternate Assessment Administrator Observation Form

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

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)?	