Florida
Standards Assessments

SECURITY LOG

Fall/Winter 2017 FSA Assessments

District: _____ School: _____ Administration: _____

Room Number: _____ Assessment: _____ Test Group Code(s)/Session ID(s): _____

Personnel (e.g., test administrator, proctor) assigned to monitor this room for **any** length of time must complete this log when entering and exiting the room. Please be sure to indicate your assigned area of the testing room (e.g., first three rows, back of the room).

DATE	SESSION 1	SESSION 2	TIME IN	TIME OUT	ASSIGNED AREA OF ROOM	PRINT NAME	SIGNATURE