FLORIDA DEPARTMENT OF
EDUCATION
fldoe.org

SECURITY LOG
Spring/Summer 2024 Florida Statewide Assessments

District: _____ School: _____ Test Administrator: _____

Room Number: _____ Subject/Grade: _____ Session ID/Test Group Code (if applicable): _____

Personnel in the testing room for **any** length of time must complete this log when entering and exiting the room. Please be sure to indicate your role or purpose for being in the testing room (e.g., proctor, test administrator, principal observation, technology issue).

Date	Session 1	Session 2	Time In	Time Out	Role/Purpose in the Room	Print Name	Signature