Florida
Statewide Assessments

SECURITY LOG

Fall/Winter 2020 Florida Statewide Assessments

District: _____ School: _____ Test Administrator: _____

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

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 purpose for being in the testing room (e.g., test administrator, proctor, principal observation, technology issue).

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