



## Miami-Dade County Public Schools Pre- and Post-Monitoring Form

School \_\_\_\_\_

School # \_\_\_\_\_

Assessment Program \_\_\_\_\_

Test/Subject \_\_\_\_\_

Please mark your response to the following questions based on your observations and information provided by the School Assessment Coordinator. Ask to see any documentation referred to below.

		Yes	No	Not Observed
1.	Were materials being stored in a secured (locked) location?			
2.	Were materials being stored in a location that allowed access to only a limited number of school personnel?			
3.	Was there documentation available to show how the school personnel had accounted for all of the testing materials?			

Comments: Please explain any deviations from test security guidelines and procedures or any occurrences that may have seemed unusual.

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\_\_\_\_\_  
Print Monitor's Name

\_\_\_\_\_  
Monitor's Signature

\_\_\_\_\_  
Date