



Miami-Dade County Public Schools Monitoring Form For Use in Computer-Based Test (CBT) Administrations

School Name _____ School # _____

Assessment Program _____ Test Subject _____ Room # _____

Number of Students _____ Number of Proctors _____ Number of Computer Workstations _____

Please check your response to each of the following questions based on your observations and information provided by the School Assessment Coordinator and/or Test Administrator.

		Yes	No	Not Observed	N/A
1.	Were materials being stored in a secured (locked), limited access location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Were CBT test tickets distributed to and collected from students on a one-at-a-time basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Did the test administrator display the session ID, the test group code, and seal code on the board, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Did the test administrator and/or proctor(s) circulate around the room while the students were working to actively observe the testing session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did the test administrator have a list of students assigned to test together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Was a seating chart used to record seating assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Did the test administrator read the directions for administering the test exactly as given in the test administrator's manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Were time limits strictly enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Were students prevented from viewing other students' computer screens during the testing session (i.e., placement of computers, visual blocks)? Please describe the method that was used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Were any students accidentally exited/paused from the CBT test session during your observation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10a. If yes, how many? _____ students				
	10b. If yes, were the exited/paused students resumed/approved into the test session within 3 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Were hand-held calculators provided for students to use during the testing session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Did students have sufficient room to use the CBT work folders, worksheets, or planning sheets during the testing session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Were paper reference sheets or Periodic Table of Elements provided for students to use during the testing session, as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Were all test materials collected and secured immediately after testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Did the test administrator or proctor verify that students had submitted their responses prior to dismissing them from the test session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Please explain any procedures or occurrences that may have seemed unusual on the back of this form.

_____ Print Monitor's Name

_____ Monitor's Signature

_____ Date