

## **Quality Assurance Checklist for Secure Testing**

District:
School:
Principal:
Building Coordinator:
Other Staff Assessment Observed
Date of Visit: Consultant(s):
Rooms Visited:
Questions/Concerns/Comments from Campus:
Secure Material Handling  Yes No N/A  1. Is there a designated secure store area for test materials?  Comments:
Monitoring Test Administration  Yes No N/A
Consultant Signature: