

Appendix 2- Proctor Security Log

SECURITY LOG P.E.R.T. TESTING

District:			_ School:		Room Number: Test	
Group Co	ode:					
Personnel (ator, proctors)		or the room for ANY lengt	h of time must complete thi	s log
			d area of the testin	g room (e.g., first three row	ys, back of the room).	
DATE	TIME IN	TIME OUT	ASSIGNED AREA OF ROOM	PRINT NAME	SIGNATURE	