Security Log

2019-2020 TCAP Assessments

District: _____ School: _____ Grade/Subject: _____

Room Number: _____ Test Administrator: _____Proctor: _____

All personnel, including the administrator or proctor assigned to this room, must complete this log when entering and exiting the room. Please be sure to indicate the time you entered the room and left the room.

Date	Subpart 1	Subpart 2	Subpart 3	Subpart 4	Time In	Time Out	Assigned Area of Room	Print Name	Signature