Department of Education

# Security Log

Year_____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 |
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