2018 ACCESS for ELLs 2.0 Security Log

Room Number:_____ District:_____ School: _____

For personnel (School Test Coordinator, Test Administrators) assigned to monitor this room for ANY length of time, complete this log when entering and exiting the room.

Date	Test Level	Time In	Time Out	Print Name	Signature
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		
		a.m. p.m.	a.m. p.m.		