2009 CELLA Security Log

Room Number:_____District:_____ School: _____

For personnel (school coordinator, test administrators) assigned to monitor this room for ANY length of time: Complete this log when entering and exiting the room. Please indicate your assigned area of the testing room (e.g., entire room, first three rows, back of room, etc.).

Date	Test Level Listening & Speaking	Test Level Reading & Writing	Time In	Time Out	Print Name	Signature