**HSE Site Monitoring Template**

**Date of site monitoring visit:** Click or tap here to enter text.

**Test center/site address:** Click here to enter text.

**Testing center number (if applicable):** Click here to enter text.

**If an addendum site, check the following box**.

**Test coordinator name:** Click here to enter text.

**Test coordinator phone/email:** Click or tap here to enter text.

**Names & phone number of trained examiners:** Click here to enter text.

**ABE programs partnered with:** Click here to enter text.

**Type of Testing**

For this site, check all that apply.

Testing is available:

During the daytime  In the evening

On weekdays  On the weekend

By drop-in  By appointment

In group sessions  In individual sessions

**Notes:** Click here to enter text.

**Registration**

**Person responsible for registration system data entry:** Click here to enter text.

Check all that apply:

Phone registration is available  In-person registration is available

**Amount charged for test:** $ Click here to enter text.

**Forms of payment accepted:** Click here to enter text.

**When are fees collected?** Click here to enter text.

**Notes:** Click here to enter text.

**Testing Room**

Check all that apply:

Paper-based testing (PBT) **Max # of PBT examinees**: Click here to enter text.

Computer-based testing (CBT) **Max # of CBT examinees:** Click here to enter text.

**Seating style**: Click here to enter text.

**Other uses of testing room:** Click here to enter text.

The following items must be physically checked and verified by the site monitor:

|  |  |
| --- | --- |
| Completed exit interviews | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Acceptable forms of identification | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Proof of Indiana residency | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Tests stored in a secure, locked area with restricted access while not in use | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Identification of examinee is  confirmed during registration and the day of the test | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| All materials are properly collected as mandated | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Entire testing room can be viewed from any location | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| At least five (5) feet or partitions between examinee workstations | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| A clock clearly visible from all examinee workstations | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Room free from distractions | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Lighting | Acceptable  Needs Improvement  Unacceptable  **Notes**: Click here to enter text. |
| Heat/AC/ventilation | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Access to facilities | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Local policy and emergency plan | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| Inventory conducted | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |
| No tests stored at addendum sites | Acceptable  Needs Improvement  Unacceptable  **Notes:** Click here to enter text. |

**Signature of Monitor:**

**Date:** Click here to enter text.