**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 isconfirmed 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.