



NYS HSE TESTING CENTER APPROVAL CHECKLIST

PLEASE PRINT CLEARLY IN INK

Date of visit: _____

| | | | |
|--|---|----------------------------------|---|
| NAME OF CONTRACTING AGENCY (department of education, school district, BOCES, college or university, etc.): | | | |
| NAME OF TEST SITE: | | | |
| ADDRESS OF CONTRACTING AGENCY: | | / ADDRESS OF TEST SITE: | |
| City | | State | Zip Code |
| Paper Based Testing: | | Computer Based Testing: | |
| Total # testing center capacity: | Testing capacity for each room/location (list room/s and capacity of each): | Total # testing center capacity: | Testing capacity for each room/location (list room/s and capacity of each): |
| Location where Paper based test materials will be stored: | | | |

| | | | Comments (<i>*if "No", must comment</i>): |
|---|---|---|---|
| 1 | Is the location(s) easily accessible to Examinees? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 2 | Is the location(s) accessible to Examinees with disabilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 3 | Is there adequate space so that seating can be staggered to preclude cheating? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 4 | Can the Coordinator/Examiner walk between rows of desks? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 5 | Is each testing location clean? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 6 | Is there sufficient heating/lighting/ventilation for comfortable seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 7 | Is there a desk for the Coordinator/Examiner to use for supplies and materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 8 | Is the location in an area of the building that will be quiet for testing? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |

| | | | Comments (<i>*if "No", must comment</i>): |
|-----|--|---|---|
| 9 | Is there a visible clock in each location? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 10 | Are there limited exits from each location for security purposes? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 11 | Will each location be free of distractions, interruptions, and external noises? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 12 | Does each location have an appropriate area available for Examinees to place non-essential items such as hats, overcoats, books, electronic devices, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 13 | If testing will occur when school is out, are there ways to contact emergency personnel? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 14 | Will someone else be in the building during testing sessions? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 15 | During the test, will all wall posters (with informational content) or other such items in the testing area be removed or screened from view? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 16a | Is there interim storage in each testing location? | <input type="checkbox"/> Yes <input type="checkbox"/> No* | |
| 16b | How and where will materials be stored during testing? | Must describe: | |

HSE COMPUTER BASED TESTING CHECKLIST (ONLY WHERE REQUIRED)

| | | Comments <i>(*if "No", must comment):</i> |
|---|---|---|
| 1 | Are computer workstations arranged such that Examinees are 4 to 5 feet apart, preferably with partitions between them? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 2 | Is there sufficient counter space at each station for the Examinee to work on? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 3 | Is the computer testing center clean, well lit, quiet, and free from distractions? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 4 | Is there a separate area for staff to work without distracting Examinees? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 5 | Is there adequate space for the Coordinator/Examiner to monitor the test administration? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 6 | During the test, will all wall posters (with informational content) or other such items in the testing area be removed or screened from view? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 7 | Are all the computers operational? (Have staff turn the computers on to see if they are operational.) | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| 8 | Is there staff capable of computer troubleshooting available during the testing session? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |

Recommendation

- Approved
- *Disapproved
- *More Information

*Clearly state reason(s):

| | | |
|-------------------------|------------------------------|-------------------------|
| Date: ____/____/____ | SED Reviewer (please print): | SED Reviewer Signature: |
|-------------------------|------------------------------|-------------------------|