The University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency Program
89 Washington Ave., Room 460 EBA
Albany, New York 12234
(518) 474-5906

NYS HSE TESTING CENTER APPROVAL CHECKLIST

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

			Comments *(if "No", must comment):*
9	Is there a visible clock in each location?	☐ Yes ☐ No*	
10	Are there limited exits from each location for security purposes?	☐ Yes ☐ No*	
11	Will each location be free of distractions, interruptions, and external noises?	☐ Yes ☐ 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.?	☐ Yes ☐ No*	
13	If testing will occur when school is out, are there ways to contact emergency personnel?	☐ Yes ☐ No*	
14	Will someone else be in the building during testing sessions?	☐ Yes ☐ 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?	☐ Yes ☐ No*	
16a	Is there interim storage in each testing location?	☐ Yes ☐ No*	
16b	How and where will materials be stored during testing?	*Must describe:*	

HSE COMPUTER BASED TESTING CHECKLIST (ONLY WHERE REQUIRED)

			Comments *(if "No", must comment):*
1	Are computer workstations arranged such that Examinees are 4 to 5 feet apart, preferably with partitions between them?	☐ Yes ☐ No*	
2	Is there sufficient counter space at each station for the Examinee to work on?	☐ Yes ☐ No*	
3	Is the computer testing center clean, well lit, quiet, and free from distractions?	☐ Yes ☐ No*	
4	Is there a separate area for staff to work without distracting Examinees?	☐ Yes ☐ No*	
5	Is there adequate space for the Coordinator/Examiner to monitor the test administration?	☐ Yes ☐ 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?	☐ Yes ☐ No*	
7	Are all the computers operational? (Have staff turn the computers on to see if they are operational.)	☐ Yes ☐ No*	
8	Is there staff capable of computer troubleshooting available during the testing session?	☐ Yes ☐ No*	

Recommendation

☐ Approved ☐ *Disapproved ☐ *More Information	*Clearly state reason(s):

Date: ___/___/_____	RAEN or SED Reviewer Name:	RAEN or SED Reviewer Email: