

# GED Testing Program Surveillance Log

DATE OF TESTING: \_\_\_\_\_

<b>CHIEF/ALTERNATE EXAMINER NAME:</b>	<b>EXAMINER/PROCTOR NAME:</b>
<b>EXAMINER/PROCTOR NAME:</b>	<b>EXAMINER/PROCTOR NAME:</b>
<b>EXAMINER/PROCTOR NAME:</b>	<b>EXAMINER/PROCTOR NAME:</b>

	LANGUAGE ARTS, READING 65MINUTES		SCIENCE 80 MINUTES		SOCIAL STUDIES 70 MINUTES	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN	TIME OUT	TIME IN	TIME OUT	TIME IN