

MAP® Growth™ Cyber Proctor Continuous Monitoring Certification

2024-2025

Name of School: _____

The purpose of this form is to certify that all of the MAP Growth test administration requirements for remote test administration established by The Center for Charter Schools were fulfilled. This form must be completed daily by each staff member who proctors the MAP Growth assessment.

For every test I proctored today, I certify that I:

- Visually monitored every student via webcam the entire time the student tested.
- Ensured the student was visible in the webcam prior to test launch.
- Authenticated each student as the person who should be taking the assessment at assessment launch and during the exam. Authentication could be facial recognition, voice recognition, fingerprint, keyboard pattern, etc.
- Proctored no more than 20 students per test session.
- Had the ability to communicate with test takers (email, instant messaging, phone, etc.) during test administration.
- Did not provide students instructions or hints on the test content.
- Ensured students did not use other resources (internet, dictionary, etc.) for assistance on the assessment.

Certification:

I hereby certify the information contained on this form is true to the best of my knowledge:

_____	_____	_____
Name of Proctor	Title	Date of Test Administration

Submission:

Please submit the completed form to the Center via Epicenter, per the Master Calendar of Reporting Requirements.

- Fall – October 23, 2024**
- Spring – June 4, 2025**

For more information, please contact:

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