

TABE Training
Regional TABE Trainer Site Report
(To be completed after observing TABE administration)

Date: _____ **Site or administrator observed:** _____

1. Was the area in which the TABE was administered appropriate for testing (free of outside distractions, well-lit, etc.)? Yes No

If not, what should be changed? _____

2. Did the TABE administrator read the directions exactly as written in the manual? Yes No

3. Did the TABE administrator time each section of the test accurately? Yes No

4. Did the TABE administrator provide accommodations appropriately (if requested)? Yes No N/A

5. Was the Locator scored accurately? Yes No N/A

6. Were appropriate TABE levels given to each student? Yes No

7. Was an accurate scale score determined? Yes No

8. Did any test score out of accurate range? Yes No

9. Has the TABE administrator been given instructions to be able to determine if this happens and what to do if it does? Yes No

10. Were the tests stored securely? Yes No

11. Would you recommend any further training for this TABE administrator? Yes No

If yes, what? _____

Regional TABE Trainer: _____