



**Central Interior Distance Education**  
**CENTRE FOR LEARNING ALTERNATIVES**  
**SCHOOL DISTRICT NO. 57 (PRINCE GEORGE)**



3400 Westwood Drive, Prince George, B.C.  
V2N1S1 Toll Free: 1-800-661-7515

Phone: (250) 564-6574 Fax: (250) 563-5487  
www.cides.bc.ca

Dear Student:

**RE: Test Supervisor Policy**

To ensure the security of our Test Procedures and eliminate any question regarding the validity of test results, the following policy is to be followed:

- 1) All Test Supervision must normally take place at a public Elementary or Secondary school, private school, and be under the supervision of Administrative Staff.
- 2) If suitable supervision, as outlined in No. 1 cannot be arranged, the following alternate supervision locations will be accepted:
  - a) Nearest College office
  - b) Nearest Continuing Education Department office
  - c) Nearest Public Library

Where possible, please choose one of the above locations, and discuss this policy with a school, college or library administrator or designate before completing the attached form and returning it to our office in the enclosed stamped envelope.

If your local school, college, or library is unable to provide this voluntary service, please contact us to make alternate arrangements.

Thank you for your cooperation,

Yours truly,

Mr. Chris Molcak  
Principal

Enclosure: Test Supervisor Letter



**TEST SUPERVISOR**

Student Name	Course
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I, \_\_\_\_\_, agree to the following conditions concerning Test Supervision of Distance Education courses:

- The test will remain in the envelope until the time for the examination and it will be opened by me in the presence of the student.
- The student will not be left alone while the test is being written and the student will not have access to books, notes, manuscripts, or other materials except those called for in the test.
- The time allowed for completion of the test is indicated on the test paper and it will be observed.
- At the conclusion of the test, I will sign my name in the space provided on the front of the test and the test will be mailed in the envelope provided for the purpose.
- I am an adult. I am not related to the student for whom I am supervising the test nor do I live at the same address. I am not a Distance Education student.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_