

SAIL INVIGILATION REQUEST FORM

STUDENT INFORMATION
First Name:

An Invigilator must be a certified BCTF teacher. Your invigilator cannot be a relative, close friend or your tutor. The SAIL course teacher reserves the right to deny the authorization of an invigilator.

SAIL Course(s):

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	Last Name:	SAIL Teacher:	
	Phone Number:	SAIL Teacher Email:	
	Email Address:		
	If the student is under 19 years old	I	
	Parent/guardian First Name:	Phone Number:	
	Parent/guardian Last Name:	Email Address:	
To ensu	re the integrity of our online exams	, the invigilator is responsible for:	
•	Providing a quiet, safe space for the	e student to write the exam in their school.	
•	Providing a computer for them to	write the exam.	
•	Ensuring that the student does no	t have access to their phone or a personal computer.	
•	Actively watch the student write the paper throughout the exam.	e exam, ensuring you position yourself in full view of the student's screen	
•	Ensuring the student does not acc	ess the Internet.	
•	Ensuring that no personal electronics or headphones are used during the exam.		
•	Unless otherwise stated, ensuring	the student does not use notebooks or textbooks.	
-	Ensuring the exam password is no	shared with the student.	
∎ INVIGIL	Ensuring that no scrap paper and cATOR INFORMATION	or notes leave the exam room with the student	
	First Name:	Email Address:	
	Last Name:	School Phone Number:	
	Current School District:	Phone Number:	
	Current School Name:		
teacher	, not a family member, or close frie	to the above criteria and acknowledge that I am a current BCTF and of the student and I am not currently tutoring the student. As the and conditions and will ensure exam integrity as outlined above.	
Invigilator's Signature:		Date:	
	The invigilator must sign this	form and email it directly to the teacher to their school district email.	



or