

ASSESSMENT TEST COORDINATOR AND SECURITY AGREEMENT SCHOOL YEAR 2019 - 2020



Name of District or Charter: _____ District Entity Number: _____

Superintendents and Charter Representatives are responsible for all testing activities and the security of the State Assessment Tests (AIMS Science, AIMS A Science, Statewide Assessment for ELA and Math, MSAA and AZELLA Placement and AZELLA Reassessment Tests) within their district/charter. An accurate Assessment Test Coordinator and Security Agreement Document for School Year 2019-2020 must be on file with the Assessment Section of the Arizona Department of Education (ADE).

Superintendents and Charter Representatives are allowed to designate a District Test Coordinator to act on their behalf as stated in State Board of Education Rule R7-2-310. If no test coordinator is designated, the Superintendent or Head of District will serve as the test coordinator. All District Test Coordinators are expected to serve in this role for the entire school year.

Each district or charter may select a separate individual for each of the required State Assessments. These individuals are responsible for the timely completion of all the testing activities within their district/charter for their specific State Assessment. These activities include but are not limited to:

1. Completing pre-test workshops or trainings, as mandated for the specific test administrations.
2. Serving as a liaison between the Arizona Department of Education (ADE), district/charter personnel, and current test contractor.
3. Ordering of all required test materials.
4. Maintaining and monitoring the security of all assessment materials.
5. Coordinating, distributing, and collecting all test materials for all schools for the district/charter.
6. Training and assisting faculty at all testing sites.
7. Checking ADE website and testing portals regularly for testing updates.

As Superintendent/Charter Representative or District Test Coordinator, I acknowledge that all State Assessment Tests are secure tests and I agree to the following conditions concerning the security of the State Assessment Tests.

1. All necessary security precautions shall be in place to safeguard test materials.
 - a. Access to paper test books, answer documents, test booklets, paper-based assessments, online tests, and all other secure ancillary documents is restricted.
 - b. All persons having access to the secure test materials, other than students to whom the tests are administered, shall sign for each testing program a School Year 2019-2020 staff test security agreement, which will be kept on file locally for 6 years.
 - i. Building administrators shall maintain the agreements signed by building staff.
 - ii. Superintendents/Charter Representatives shall maintain the agreements signed by building administrators.
 - iii. The Assessment Section of ADE shall maintain the agreements signed by Superintendents and Charter Representatives.
 - c. A list of students who responded to any portion of each test must be kept on file, with the names of the test administrator(s) and test proctors(s) who were in the test room during the test administration.
 - d. All secure test materials including secure ancillary test materials shall be kept under lock and key **except during training, test preparation, and actual test times when distributed to students.**
 - i. Secure test materials shall be delivered to test administrators no sooner than the date of testing, except during pre-assessment training.
 - ii. Students shall not be permitted to remove test materials including scratch paper from the testing room except under supervision of staff.
 - e. All secure student documents shall not be examined, read, or reviewed by anyone other than the student unless in compliance with the appropriate Administration Directions.
 - i. No secure test materials shall be used for instruction before or after test administration.
 - ii. No content or items of the test shall be disclosed nor allowed to be discussed or disclosed.

- iii. No student response or notations (including stray marks) on a student test booklet, answer document, or computer responses can be changed (or erased) and will be submitted for scoring exactly as completed by student.
 - iv. No reporting of any students' answer choices based on previous experience outside the test administration.
 - f. Upon completion of testing, all test materials, including student data sheets and/or secure testing materials including the appropriate Manuals and Administration Directions shall be returned to the designated District Test Coordinator.
2. All usernames and passwords used for State Assessments are unique to individuals and shall not be shared.
 3. The Superintendent or Charter Representative shall develop, distribute, and enforce disciplinary procedures for the violation of test security by staff.
 4. *Test Preparation and Administration Practices*, the guidelines approved by the State Board of Education in January 2003 and updated December 2007, shall be followed.
 5. All instructions in the Coordinator Manuals and Administration Directions for each State Assessment, which include reading the directions to students exactly as scripted, shall be followed.

By signing my name to this document, I am assuring the Arizona Department of Education that I will abide by the above conditions and that anyone I supervise, who will have access to the State Assessment Tests for School Year 2019-2020, will also abide by the above conditions and I certify that the individuals named below are authorized to act on my behalf as district test coordinator for each of the State Assessments. **If any of the individuals designated below are unable to complete any activities, including participating in a pre-test training, I will attend and complete in his/her place.**

Name of Superintendent or Charter Representative: _____

Email: _____

Superintendent/Charter Representative's Signature: _____ Date: _____

Achievement Testing District Test Coordinator – *This person will be responsible for the AIMS Science and Statewide Assessment for ELA and Math.*

First Name: _____ Last Name: _____

Email: _____

Work Phone #: _____ Extension (if required): _____

Cell Phone Number (optional only): _____

Signature: _____ Date: _____

Alternate Assessment District Test Coordinator – *This person will be responsible for the AIMS A Science and MSAA.*

First Name: _____ Last Name: _____

Email: _____

Work Phone #: _____ Extension (if required): _____

Cell Phone Number (optional only): _____

Signature: _____ Date: _____

AZELLA District Test Coordinator – *This person will be responsible for all AZELLA Placement and AZELLA Reassessment.*

First Name: _____ Last Name: _____

Email: _____

Work Phone #: _____ Extension (if required): _____

Cell Phone Number (optional only): _____

Signature: _____ Date: _____

Email this form back to the Testing Inbox testing@azed.gov.