

**Private School Application to Administer
2016-17 Florida Statewide Assessments**

Attachment H: Required Security Agreements

- Refer to item number 22 in the 2016-17 application.
- Agreements and other necessary forms are included in each Test Administration Manual.
- Sign and return the signature page at the end of this attachment.

Test Administration and Security Agreement

Florida Department of Education Bureau of K–12 Student Assessment

Florida State Board of Education Rule 6A-10.042, FAC, was developed to meet the requirements of the Test Security Statute, s. 1008.24, F.S., and applies to anyone involved in the administration of a statewide assessment. The Rule prohibits activities that may threaten the integrity of the test. The Florida Test Security Statute and State Board of Education Rule are located in the appendices of each test administration manual. Examples of prohibited activities are listed below:

- Reading or viewing the passages or test items
- Revealing the passages or test items
- Copying the passages or test items
- Explaining or reading passages or test items for students
- Changing or otherwise interfering with student responses to test items
- Copying or reading student responses
- Causing achievement of schools to be inaccurately measured or reported

If any of the above examples are allowable accommodations for students with current IEPs, Section 504 plans, or ELL plans, test administrators are permitted to provide the accommodation(s) as described in each test administration manual.

All personnel are prohibited from examining or copying the test items and/or the contents of the test. The security of all test materials must be maintained before, during, and after the test administration. Please remember that after ANY administration, initial OR make-up, materials must be returned immediately to the school assessment coordinator and placed in locked storage. Secure materials should not remain in classrooms or be taken out of the building overnight.

The use of untrained test administrators increases the risk of test invalidation due to test irregularities or breaches in test security. Inappropriate actions by district or school personnel will result in further investigation, possible loss of teaching certification, and possible involvement of law enforcement agencies.

I, _____, understand that I must receive adequate training regarding the administration of statewide assessments and read the information and instructions provided in all applicable sections of the relevant test administration manual(s), including the Florida Test Security Statute and State Board of Education Rule. I agree to follow all test administration and security procedures outlined in the manual(s), Statute, and Rule.

Further, I will not reveal or disclose any information about the test items or engage in any acts that would violate the security of statewide assessments or cause student achievement to be inaccurately represented.

School Name and Number

Print Name

Date

Signature

Test Administrator Prohibited Activities Agreement

It is important for you, as a test administrator of a statewide assessment, to know that the following activities are prohibited. Engaging in such activities may result in an investigation, loss of teaching certification, and/or prosecution for violation of the law. Please read the following list of prohibited activities and sign your name on the signature line at the bottom of this page indicating that you understand these actions and their consequences.

I understand that before testing I may not:

- Leave test materials unattended
- Remove test materials from the school's campus
- Open and check through the test books
- Read test items
- Copy, photocopy, or photograph test content

I understand that during testing (including during breaks) I may not:

- Read test items or student responses as I monitor the room
- Assist students in answering test items
- Give students verbal cues ("you may want to re-check number 7") or non-verbal cues (pointing at a specific item)
- Give students more time than is allotted for the session (unless a student has an extended time accommodation)
- Encourage students to finish early
- Display or fail to cover visual aids (e.g., word lists, multiplication tables) that may help students
- Use my cell phone, check email, grade papers, or engage in other activities that will result in my attention not being on students at all times
- Leave the room unattended for any period of time
- Allow students to talk or cause disturbances
- Allow students to use cell phones or other electronic devices, even if they have already submitted their tests
- Instruct students to test in a session other than the one designated for that day/allotted testing time (going on to Session 2 during Session 1, reviewing work in Session 1 during Session 2)
- Coach students during testing regarding test-taking strategies
- Administer the assessment to my family members

I understand that after testing I may not:

- Leave test materials unattended
- Remove test materials from the school's campus
- Read through student test documents
- Change student answers
- Discuss the content of the test with anyone, including students or other school personnel
- Reveal the content of the test via electronic communication, including but not limited to email, text, or post to social media sites (Facebook, Twitter, Instagram, etc.)

If you are administering a test to students with flexible responding or flexible presentation accommodations that require you to read test items, you may not reveal, copy, or share the items, or use the test content during instruction after testing.

I acknowledge the information above and will not engage in any of the prohibited activities on this page.

Signature: _____ Date: _____

Return this agreement to your school assessment coordinator.

Test Materials Chain of Custody Form

The following information must be collected for each test administration at your school. This form may be duplicated for use by grade level and/or maintained as an electronic file (blank form available at FSAssessments.org), but the content of this form may NOT be altered.

Contact your district assessment coordinator if you have any questions.

Your name (school assessment coordinator): _____

District name: _____

School name: _____

School number: _____

Location of locked storage room: _____

Names of people with access to locked storage room/location:

1. _____

2. _____

3. _____

Date and time materials arrived at the school: _____

Date and time shrink-wrapped test material packages are opened: _____

Packages opened by: _____

Date and time materials are prepared (PreID labels applied, etc.): _____

Materials prepared by: _____

Date and time materials are packaged for return: _____

Materials packaged by: _____

Date and time materials are returned to the district: _____

Fold and Tear Carefully Along the Dotted Line

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SIGNATURE PAGE

I hereby confirm that I have read and will abide by Attachment H: Required Security Agreements.

Signature

Name – Please Print

Position

Date