



FLORIDA DEPARTMENT OF EDUCATION

Office of Assessment
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Office of Independent Education and Parental Choice
Email: schoolchoice@fldoe.org
School Choice Information Hotline: 1-800-447-1636

PRIVATE SCHOOL APPLICATION TO ADMINISTER FLORIDA STATEWIDE ASSESSMENTS IN 2024–25

Complete this application and then scan and email the application and attachments to FLDOE.Assessment@fldoe.org. This email address cannot accept .zip files. Please do not physically mail applications to the Department.

This application is for eligible private schools to administer Florida’s statewide, standardized assessments as part of their norm-referenced assessments requirement. Private schools are **not** required to administer statewide, standardized assessments, though it is one available option. To view all assessments that may be used to meet this requirement, please visit the [Annual Assessment Requirement](#) webpage.

The application must be completed in its entirety and notarized to receive consideration. Please refer to the checklist on page 11. The application must be submitted no later than **March 1, 2024**, as established in Sections 1002.394(9)(c)2., 1002.395(8)(b)2., and 1002.40(7)(b)2., Florida Statutes (F.S.). Because the March 1 deadline is established in statute, late submissions will not be considered.

Any falsification of information, non-compliance with the Family Empowerment Scholarship Program, the Florida Tax Credit (FTC) Scholarship Program, or the Hope Scholarship Program, or failure to meet the program requirements or the established deadlines, will result in removal from consideration for or participation in the assessment program. **The application must be notarized.** If additional space is needed to respond to any statements, please attach a separate document with the statement number and the continuation of the response.

PRIVATE SCHOOL INFORMATION

School Name

Street Address

City State Zip County

Federal Employer Identification Number

If your school is registered as a private school with the Florida Department of Education (FDOE), provide the 4-digit school code:

Primary Contact*: _____

Primary Contact Email _____ Primary Contact Phone _____

Secondary Contact Name** _____

Secondary Contact Email _____ Secondary Contact Phone _____

School Phone _____ School Email _____

School Website _____

*** Your primary contact should also be the person who will be the School Assessment Coordinator.** The school assessment coordinator will be the primary point of contact for communicating with FDOE, will be the person expected to attend the required district training, and will be the person given access to secure sites used for test administration and the transference of secure documents.

****All applications must include contact information for two separate individuals to ensure expedient communication.**

Does the school currently participate in the Family Empowerment Scholarship Program? Yes No

- Provide the number of Family Empowerment Scholarship students enrolled in the school at the time of application: _____

Does the school currently participate in the FTC Scholarship Program? Yes No

- Provide the number of FTC Scholarship students enrolled in the school at the time of application: _____

Does the school currently participate in the Hope Scholarship Program? Yes No

- Provide the number of Hope Scholarship students enrolled in the school at the time of application: _____

If you answered NO to all three questions above, your school is NOT eligible to participate in the statewide assessment program for the 2024–25 school year.

NOTE: This application is designed for private schools wishing to administer the statewide, standardized general assessments in English Language Arts (ELA), Mathematics, Science, and Social Studies, including end-of-course (EOC) assessments in Algebra 1, Geometry, Biology 1, Civics, and U.S. History. If your school has students for whom participation in the general statewide assessment program is not appropriate, even with accommodations, and you would like for them to participate in the [Florida Alternate Assessment](#), please email FLDOE.Assessment@fldoe.org to request the supplemental application to administer the alternate assessment.

INSTRUCTIONS

- Read each statement in the application and initial next to each statement to indicate your agreement and understanding of the requirement. Handwritten initials are required. Use “0” or “N/A” for any fields that do not apply.
- Read all attachments (posted to the [Private School Opportunities for Statewide Assessments](#) page) and complete the signature page at the end of each attachment. **The signature pages must be attached to the final, submitted application.** Handwritten signatures are required.
- Complete all requests for additional information. The additional information can be handwritten, typed into the text boxes, or provided as an attachment.
- **Applications must be notarized to be considered complete.**

- **Only completed applications submitted no later than March 1, 2024, will be considered.** Note: The Office of Assessment will send an email confirmation upon receipt of your application. If you do not receive an email confirmation, contact the Office immediately to ensure your application is received by the deadline.

___ 1. I understand that I am responsible for notifying FDOE of any changes to the information provided in this application (e.g., staff, tests to be administered) and that not doing so may result in removal from consideration to participate in the statewide assessment program.

___ 2. I have read and understand sections 1002.394, 1002.395, and 1002.40, F.S. (**Attachment A**), which outline the requirements for participation. I have also included the Attachment A signature page in this application.

___ 3. I have read, understand, and agree to the Test Security Policies and Procedures (**Attachment B**), the Florida Test Security Statutes, and State Board of Education Test Security Rule (**Attachment C**). I have also included the Attachment B and C signature pages in this application.

___ 4. I have communicated our intent to apply to participate in Florida’s statewide assessments in 2024–25 to the staff at my school.

(4a) Describe how you have communicated this information to staff at your school. FDOE reserves the right to contact school staff to confirm this has been communicated.

Description of Communication:

___ 5. I have communicated our intent to apply to participate in Florida’s statewide assessments in 2024–25 to the parents/guardians at my school.

(5a) Describe how you have communicated this information to parents/guardians at your school.

Description of Communication:

___ 6. I anticipate having at least one Family Empowerment Scholarship student, FTC Scholarship student, or Hope Scholarship student who will be enrolled in my school in 2024–25.

(6a) Provide the number of Family Empowerment Scholarship students who may be enrolled in your school in 2024–25 (adjusted for graduation/promotion):

(6b) Provide the number of FTC Scholarship students who may be enrolled in your school in 2024–25 (adjusted for graduation/promotion):

(6c) Provide the number of Hope Scholarship students who may be enrolled in your school in 2024–25 (adjusted for graduation/promotion):

___ 7. I agree that my school will comply with FDOE’s testing schedule and with the specific testing windows established by the public school district in which my private school resides, as applicable. Private schools must adhere to the district’s testing deadlines. (See **Attachment D** for the current 2024–25 statewide testing schedule.) I have also included the Attachment D signature page in this application.

___ 8. I confirm that my school has an adequate number of rooms that are suitable for testing (e.g., comfortable seating, good lighting, sufficient workspace, adequate ventilation, free of distractions, an appropriate temperature). I will follow the directions provided in the appropriate test administration manual regarding test room preparation.

- ___ 9. I have reviewed the sample test administration manual (**Attachment E**) and understand the expectations, policies, and procedures for testing. I have also included the Attachment E signature page in this application.
- ___ 10. For all administrations at my school, my testing staff and I will read the appropriate manual(s) and any additional instructions from FDOE and the school district. We agree to follow all instructions.
- ___ 11. If approved to participate, I confirm that the school will uphold and make students and parents/guardians aware of the following testing policies in addition to any others that may be specified in the test administration manuals:

___ (11a) **ELECTRONIC DEVICES POLICY:** Students are not permitted to have any electronic devices, including, but not limited to, cell phones, smartphones, tablets, smartwatches, and cameras at any time during testing or during breaks (e.g., restroom), **even if they are turned off or students do not use them.** If a student is found with an electronic device or is found using Bluetooth/wireless headphones/earbuds during testing, his or her test will be invalidated.

___ (11b) **LEAVING CAMPUS:** If students leave campus before completing a test session (e.g., for lunch, an appointment), they will not be allowed to return to that session. Students and parents/guardians should be aware of this policy. If a student does not feel well on the day of testing, it may be best for the student to wait and be tested on a make-up day.

___ (11c) **TESTING RULES ACKNOWLEDGMENT:** All tests include a Testing Rules Acknowledgment that reads: "I understand the testing rules that were just read to me. If I do not follow these rules, my test score may be invalidated." Prior to testing, test administrators read the rules to students, and students acknowledge that they understand the testing rules by clicking a checkbox beside the statement in the secure browser or signing below the statement in their test documents.

___ (11d) **WORKING INDEPENDENTLY:** Students are responsible for doing their own work during the test and for protecting their answers from being seen by others. If students are caught cheating during testing, their tests will be invalidated. In addition, FDOE employs Caveon Test Security to analyze student test results to detect unusually similar answer patterns. Students' tests within a school that are found to have extremely similar answer patterns will be invalidated.

___ (11e) **DISCUSSING TEST CONTENT AFTER TESTING:** The last portion of the testing rules read to students before they affirm the Testing Rules Acknowledgment states that because the content of all statewide assessments is secure, students may not discuss or reveal details about the test content (including test items, responses, passages, and prompts) after the test. Please make sure that students understand this policy prior to testing and remind them that "discussing" test content includes any kind of electronic communication, such as texting, emailing, posting to social media, or sharing online.

While students may not share information about secure test content after testing, this policy is not intended to prevent students from discussing their testing experiences with their parents/families.

- ___ 12. I agree that my school has a secure location to store test materials before, during, and after testing. This secure location must remain locked, and no more than three people may have access to the location.

(12a) Describe your school's locked storage (e.g., a locked file cabinet in the principal's office) and list the three people who have access to this locked storage.

Description of Locked Storage	Names of Up to Three People Who Have Access
<div style="background-color: #cccccc; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<div style="background-color: #cccccc; width: 100px; height: 20px; margin-bottom: 5px;"></div>

- ___ 13. I understand and, if approved to participate, will ensure that all school personnel, regardless of whether they directly assist in the test administration, understand that the activities listed below are prohibited. **Please remember that inappropriate actions by school personnel can result in student or classroom invalidations, loss of Florida teaching certification (if applicable), and/or involvement of law enforcement.**

Examples of prohibited activities include, but are not limited to, the list below (initial by each):

- ___ (13a) reading or viewing the passages or test items before, during, or after testing
- ___ (13b) revealing the passages or test items
- ___ (13c) copying the passages or test items
- ___ (13d) explaining or reading the passages or test items for students
- ___ (13e) changing or otherwise interfering with student responses to test items
- ___ (13f) copying or reading student responses
- ___ (13g) causing achievement of schools to be inaccurately measured or reported

NOTE: If students with current Individual Education Plans (IEPs), Section 504 plans, or English Language Learner (ELL) plans have allowable accommodations documented, test administrators may provide accommodations as described in Appendix A of each test administration manual.

- ___ 14. I will notify the district assessment office and/or FDOE, as appropriate, of any testing irregularity, security breach, or suspected misconduct related to testing.
- ___ 15. In the event of a security breach or suspected misconduct related to testing, I will comply with the school district, FDOE, and law enforcement in any investigations. An investigation may include, but is not limited to, searches and interviews of staff and students at the site and access to files.
- ___ 16. I understand that student results are subject to analysis and data forensics to uphold the fairness and validity of the assessment. (The assessment contractor analyzes responses for anomalies, such as an improbably high incidence of similarity among responses in a testing group, an unusual number of erasures, and substantial gains or losses between administrations.) If student scores are found to be anomalous, I understand that student scores will be withheld and will not be reported.
- ___ 17. I agree that my school will assign a staff member to serve as the school assessment coordinator. This person will be responsible for all of the following (initial by each):
 - ___ (17a) attending the district training
 - ___ (17b) complying with all district instructions
 - ___ (17c) following all state and district testing policies and procedures
 - ___ (17d) communicating policies and procedures to private school staff
 - ___ (17e) ensuring that students and parents/guardians are aware that the school will participate in Florida's statewide assessments
 - ___ (17f) training educators as test administrators for each testing room
 - ___ (17g) training and assigning proctors for each testing room
 - ___ (17h) retrieving test materials from the district
 - ___ (17i) storing test materials in a secure location

- ___ (17j) returning test materials, packaged as shown in the test administration manual, to the district per the schedule provided by the district
- ___ (17k) following all instructions outlined in the test administration manual, provided by the district, and provided by FDOE

___ 18. I understand that the school assessment coordinator for my school will be required to attend the district training and is, in turn, responsible for training all school personnel who will be involved in test administration. Only employees who have received the appropriate training may handle test materials and serve as test administrators. Training requirements are specified in the *School Assessment Coordinator Responsibilities Before Testing* section of the test administration manual. User guides and resources are available on the Florida Statewide Assessment Portal (<https://flfast.org/index.html>).

(18a) Provide the names and certification numbers (if applicable) of all educators who will be employed at your school in 2024–25 who may serve as test administrators.

Names and Certification Numbers of Educators:

Name	Certification Number (if applicable)

Check this box if additional educators/certification numbers are included in a separate attachment to the application.

___ 19. I agree that the required number of proctors will be assigned to the testing rooms according to the guidelines below. I understand that proctors must not handle secure test materials.

Number of Students	Proctors Required
1–25 Students	Test Administrator*
26–50 Students	Test Administrator and 1 Proctor
51–75 Students	Test Administrator and 2 Proctors

*FDOE **strongly recommends** that proctors be assigned to rooms with 25 or fewer students whenever possible.

___ 20. I agree that my school is aware of and will sign all of the necessary security agreements provided in the test administration manuals (examples of which are included as part of **Attachment F**) and will comply with the security measures defined therein. I have also included the Attachment F signature page in this application.

___ 21. If approved to participate, I understand that I must work with the school district to receive my school’s secure test materials before testing and to return them after testing, and that this may involve retrieving materials from and returning them to a location specified by the district. Materials must be retrieved from and returned to the district in a timely manner.

Computer-Based Assessments

During the 2024–25 school year, **all** Florida statewide, standardized assessments will be administered as computer-based assessments. Only students who have an applicable, documented need may be tested using paper-based accommodations. **The Department will not approve full schools to test on paper.**

Additionally, while kindergarten through grade 10 ELA Reading and kindergarten through grade 8 Mathematics are part of the FAST progress monitoring system, which is administered to public school students three times per year, private schools are not able to administer kindergarten through grade 2 assessments and may only administer the third administration, which occurs in the spring, of applicable FAST assessments to their students.

- ___ 22. I confirm that my school has an adequate number of rooms that are suitable for testing (e.g., comfortable seating, good lighting, sufficient workspace, adequately ventilated, free of distractions, an appropriate temperature). For computer-based test administrations, sufficient workspace should be provided for students to use scratch paper, planning sheets, worksheets, and work folders (blank pages to plan writing responses, take notes, and/or work mathematics problems). Students must not be able to easily view other students' computer or device screens or materials. If necessary, you may use visual blocks (e.g., file folders taped to the sides of computer screens).
- ___ 23. I agree that my school will assign a technology coordinator. Instructions will be provided for most of the tasks, but a basic knowledge of the school's network and technology are essential. This person will be responsible for all of the following (initial by each):
- ___ (23a) attending the district training
 - ___ (23b) complying with all district instructions
 - ___ (23c) following all state and district testing policies and procedures
 - ___ (23d) communicating policies and procedures to private school staff
 - ___ (23e) analyzing the school's infrastructure to ensure it can handle computer-based testing
 - ___ (23f) ensuring that all computers meet the system specifications for computer-based testing
 - ___ (23g) installing the secure browser on each computer or on the network
 - ___ (23h) conducting an infrastructure trial
 - ___ (23i) resolving any issues that arise during testing
 - ___ (23j) following all instructions outlined in the test administration manual and technology coordinator resources provided by the district and by FDOE
- ___ 24. I confirm that my school has a sufficient number of computers that meet the current system specifications to test all students within the testing window identified by FDOE and by my district. I have also included the Attachment H signature page in this application.

(24a) Describe the ability of your school to participate in computer-based testing by providing the number of computers/devices that meet the Supported Systems & Requirements specifications indicated in **Attachment G**.

Number of Computers/Devices That Meet the Supported Systems & Requirements Specifications:

(24b) Describe the computers/devices that your school will use in order to participate in computer-based testing (e.g., type of device, operating system), including the specific type of computer/device and operating system. If your school will use multiple types of devices and/or operating systems, please list all types.

Description of Computers/Devices and Operating Systems:

The Department offers an infrastructure trial test to ensure the school’s infrastructure can run and support the testing platform and to confirm that each device is configured properly for testing. You are **required** to conduct an infrastructure trial test prior to testing (if accepted to the program) to verify that your network can successfully administer the computer-based test(s) specified and to ensure each device is properly configured.

School districts are not responsible for providing technical support to private schools. Private schools are responsible for verifying that they meet technical specifications and can support the testing platform(s).

Refer to the infrastructure trial guide at <https://flfast.org/resources/manuals-and-user-guides/infrastructure-trial-guide> and current technical requirements at [https://flfast.org/tech-guide.html#Supported Devices](https://flfast.org/tech-guide.html#Supported_Devices). The infrastructure trial test also requires the installation of a secure browser, which may be downloaded at <https://flfast.org/secure-browsers.html>.

- ___ 25. I understand that only students who regularly use certain accommodations in the classroom as part of a documented educational plan may be provided allowable accommodations on statewide assessments. (For a description of allowable accommodations on statewide assessments, refer to **Attachment H**.) I also understand that a limited amount of materials are available for paper-based accommodations and have entered accurate numbers in the testing chart in this application (see item 26 below). I have also included the Attachment H signature page in this application.

(25a) Describe the types of accommodations offered to students at your school (e.g., extra time, flexible setting). Also include any accommodated materials, such as large print or braille documents or screen readers, that are used by students at your school who would participate in the statewide assessments.

Description of Accommodations:

- ___ 26. I have identified the assessment(s) that we would like to administer at our school in 2024–25 and the projected number of participating students in column 27a in the table on the following page.
- For each test the school plans to administer, provide the number of students who will participate in each administration in the table on the following page. Students may only participate in grade-appropriate subject tests. (For example, use this year’s grade 4 class to estimate the number of grade 5 students.) **Enter “0” if your school will not offer the grade/subject assessment.** Please be aware that FDOE will compare these numbers to the annual private school survey for accuracy. **In addition, all schools must provide details about any paper-based accommodations required for students. If approved to participate, you will be required to provide supporting documentation demonstrating the need for the paper accommodations.**

Apply to administer only those assessments that are appropriate for student populations at your school (e.g., lower grades schools should not apply to administer EOC assessments if not appropriate). **If approved to participate, those assessments MUST be administered to all students in that grade level/subject at your school (e.g., if approved to administer the Grade 7 Mathematics assessment, ALL grade 7 students must participate in the Grade 7 Mathematics Assessment).**

Administration Window*	Grade/Subject	Projected Number of Students to Participate	Projected Number of Students Requiring Accommodations (regular print, large print, braille, one-item-per-page)**
September/October 2024	Algebra 1 EOC		
September/October 2024	Geometry EOC		
September/October 2024	U.S. History EOC		
September/October 2024	Biology 1 EOC		
September/October 2024	Civics EOC		
December 2024	Algebra 1 EOC		
December 2024	Geometry EOC		
December 2024	U.S. History EOC		
December 2024	Biology 1 EOC		
December 2024	Civics EOC		
March/April 2024	Grade 4 Writing		
March/April 2024	Grade 5 Writing		
March/April 2024	Grade 6 Writing		
March/April 2024	Grade 7 Writing		
March/April 2024	Grade 8 Writing		
March/April 2024	Grade 9 Writing		
March/April 2024	Grade 10 Writing		
May 2025	Grade 3 ELA Reading		
May 2025	Grade 3 Mathematics		
May 2025	Grade 4 ELA Reading		
May 2025	Grade 4 Mathematics		
May 2025	Grade 5 ELA Reading		
May 2025	Grade 5 Mathematics		
May 2025	Grade 5 Science		
May 2025	Grade 6 ELA Reading		
May 2025	Grade 6 Mathematics		
May 2025	Grade 7 ELA Reading		
May 2025	Grade 7 Mathematics		
May 2025	Grade 8 ELA Reading		
May 2025	Grade 8 Mathematics		
May 2025	Grade 8 Science		
May 2025	Grade 9 ELA Reading		
May 2025	Grade 10 ELA Reading		
May 2025	Algebra 1 EOC		
May 2025	Geometry EOC		
May 2025	U.S. History EOC		
May 2025	Biology 1 EOC		
May 2025	Civics EOC		
July 2025	Algebra 1 EOC		
July 2025	Geometry EOC		
July 2025	U.S. History EOC		
July 2025	Biology 1 EOC		
July 2025	Civics EOC		

* Administration windows are approximate and are subject to change. The district will provide the actual administration windows for each assessment. To reduce the risk of item exposure, all schools within a district, including private schools, must administer tests according to the same schedule.

** Only students with a documented need will be able to receive paper-based accommodations. If approved to participate, private schools will be required to provide documentation of the need in order to receive paper-based assessments.

I hereby confirm that the information provided in this application is accurate. I understand that any falsification of information, non-compliance with the Family Empowerment Scholarship Program, FTC Scholarship Program, or the Hope Scholarship Program or failure to meet the established deadlines will result in removal from consideration for approval to participate in the statewide assessment program.

(Signature)

(Name – Please Print)

(Position)

NOTARY PUBLIC SECTION

STATE OF FLORIDA, County of _____

Sworn to or affirmed and subscribed before me this _____ day of _____, 20____, by _____
(name of person making statement).

(Signature of Notary Public)

(Name of Notary Public)

(NOTARY SEAL)

Personally Known____ OR Produced Identification____

Type of Identification Produced_____

Remember to attach the following signature pages:

- **Attachment A:** Sections 1002.394, 1002.395 and 1002.40, Florida Statutes
- **Attachment B:** Test Security Policies and Procedures
- **Attachment C:** Florida Test Security Statutes and State Board of Education Test Security Rule
- **Attachment D:** 2024–25 Test Administration Schedule
- **Attachment E:** Sample Test Administration Manual
- **Attachment F:** Required Security Agreements
- **Attachment G:** System Requirements for Computer-Based Testing
- **Attachment H:** Statewide Assessments Accommodations Guide (Information Regarding Allowable Accommodations on Statewide Assessments)

Before submitting your application, please ensure you have responded to each statement completely by referring to the checklist on the following page. Incomplete applications or applications submitted after March 1, 2024, will not be considered. Remember that you must print and sign the signature page of each attachment and include the signed pages with your application. Documents with digital signatures will not be accepted.

Application Checklist:

- ___ 1. I have completed the Private School Information Section on page 1.
- ___ 2. I have provided my initials next to each statement (#1-#26) to indicate my agreement or understanding.
- ___ 3. I have provided a thorough narrative for each statement that requires elaboration.
 - Statement 4a Described our school’s communications with our staff regarding this program
 - Statement 5a Described our school’s communications with our parents/guardians regarding this program
 - Statement 6a Listed the expected number of Family Empowerment Scholarship students to be enrolled at my school in 2024-25
 - Statement 6b Listed the expected number of FTC Scholarship students to be enrolled at my school in 2024-25
 - Statement 6c Listed the expected number of Hope Scholarship students to be enrolled at my school in 2024-25
 - Statement 12a Described my school’s secure, locked storage and listed the three individuals who will have access
 - Statement 17a Described all of the accommodations offered to students at my school, if applicable
 - Statement 18a Provided the names and certification numbers (if applicable) of all personnel at my school who may serve as test administrators
 - Statement 24a Provided the number of computers that meet Supported System & Requirements specifications, if applicable
 - Statement 24b Provided a description of computers/devices, if applicable
 - Statement 26 Identified each assessment my school would like to administer, including the projected number of students and needed accommodations
- ___ 4. I have signed each of the required signature pages (Attachments A-H) and included them with my application.
- ___ 5. I have completed the signature and notary section on page 10 of this application.

FOR FDOE USE ONLY

Eligibility

___ Application is complete and is approved to move forward for consideration.

Evaluated by _____ Date _____

Application Decision

___ Approved

___ Denied Reason _____

Entered by _____ Date _____