Sample Form

Superintendent’s Assurance of Proper Test Administration

Instructions: Superintendents may use this form to collect assurances from their principals that all test security requirements and test administration protocols will be met. This form should be kept on file in the district office. Do not submit this form to the Department or the testing contractor.

By signing below, I am assuring my superintendent that each of the following statements is true and accurate:

- I will read the Principal’s Administration Manual (PAM).
- I will comply with and enforce the test security requirements prescribed in the PAM.
- I am aware that the Department may observe my school during testing. If observers are sent to my school, I will grant them access to my school building and allow them to observe the test administration.
- I will authorize specific individuals to serve as test administrators, following the criteria in the PAM, and only these individuals will serve as test administrators.
- I will authorize specific individuals to have access to secure materials, following the criteria in the PAM, and only these individuals will have access to the secure materials.
- I will distribute Test Administrator’s Manuals to test administrators, and I will distribute test security requirements to individuals with access to secure materials. I will document their receipt of these materials.
- Consistent with the PAM, I will train test administrators and other individuals in my school with access to secure materials. I will document that they have been trained.
- I will inform you and the Department of any testing irregularities.

Principal’s Name: ________________________________
Principal’s Signature: ________________________________
Date: ________________________________