Worcester Public Schools
Superintendent’s Assurance of Proper Test Administration Protocol

Instructions: The superintendent or designee should use this form to collect assurances from the principals that all test security requirements and test administration protocols will be met. This form should be used to guide the conversation with principals during school visits prior to testing. The purpose of performing these visits is to provide additional support to school staff in preparation for testing, answer any questions and identify any unmet needs prior to testing. This form will be kept on file in the Office of Research and Accountability. Forms should not be submitted to the Department or the testing contractor.

School/Test Site: ____________________________
Superintendent/Designee Name: ____________________________

☐ Principal will or has read the Principal’s Administration Manual (PAM).

☐ Principal has participated in one of the Department’s training sessions in February 2013 on MCAS test security and test administration protocols. (Date: _______ Location: _______________)

☐ Principal is aware of all deadlines and dates associated with testing (see “Spring 2013 MCAS Testing Schedule and Administration Deadlines”) and will develop and distribute a local testing schedule within state testing windows.

☐ Principal will comply with and enforce the test security requirements prescribed in the PAM and at the Department’s training. He/she will develop local policies and procedures to ensure proper test security at all times and will communicate these policies for building staff. (see PAM p. 26)

☐ Principal 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 (list staff names and roles below)

   Name: ____________________________  Role/Title______________________________
   Name: ____________________________  Role/Title______________________________
   Name: ____________________________  Role/Title______________________________

☐ Principal has identified a locked storage location for storing MCAS materials when tests are not being administered (see PAM p. 2 for state definition). Access will be restricted to this location during testing to only those personnel authorized to have access to secure materials.

   Location: ____________________________

☐ Principal has a plan for monitoring the receipt and return of all test materials, including the completion of the Materials Summary form and Principal’s Certification of Proper Test Administration, collection of packing slips and use of internal track forms (PAM p. 32–33). The location of secure materials will be documented at all times. Principals must be able to account for and return all secure materials that are shipped to the school. (see “Internal Tracking Form” – if not using this form, provide the form that will be used)

☐ Consistent with the PAM, principal will train test administrators, including potential substitutes, and other individuals in the school with access to secure materials. He/she will also distribute Test Administrator’s Manuals and test security requirements to these individuals. The principal will document that they have been trained and received appropriate test materials and will submit this information to the Office of Research and Accountability ([Fax number redacted]) (see form “MCAS Signature form”)

☐ Principal will authorize specific individuals to serve as test administrators, following the criteria in the PAM, and only these individuals will serve as test administrators. (see PAM p. 22–23)
☐ Principal has identified appropriate testing spaces for all students, including those receiving accommodations. These locations should be free from noise, distractions, adequately lit, ventilated and furnish so that students can work comfortable and without disruptions. Prior to testing, principal will ensure that all materials related to testing content will be covered or removed. (see PAM p. 23)

☐ Principal has a plan for identifying and preparing for students with disabilities who require accommodations for testing according to their last approved IEP or 504 plan.

☐ Principal has or will identify staff who provide accommodations during testing. All staff providing accommodations will receive appropriate training consistent with state policies and procedures.

☐ Principal will collect signed MCAS Nondisclosure Agreements from staff providing accommodations 11, 12, 14, 16, 17, 19, 23, 24, 26, 27, and 29 prior to their viewing of secure test materials. Signed agreements must be kept on file for three years. (See “MCAS Nondisclosure Agreement”)

☐ Principal has or will acquire all the necessary materials for testing, such as # 2 pencils, English language dictionaries, calculators, reference sheets, rulers and toolkits. (see PAM p. 24)

Indicate any additional materials needed, if any: __________________________________________________________

☐ Principal has developed a plan to prevent the presence of prohibited materials during testing and is aware of materials that are permitted after a student has turned in test materials. Examples of prohibited materials include cell phones, electronic dictionaries, e-book readers, calculators, spelling or grammar checkers, or any device that provides internet access. (See PAM p. 25 for complete list)

☐ Principal will maintain and if necessary update the record of test administrators and their students for each session, including make-up and test completion sessions.

☐ Principal will inform the district and the Department of any testing irregularities and is aware of procedures for doing so. (see p. 7)

   District Contact: [redacted name, telephone number, and email address]

   State: Office of Student Assessment (781-338-3625)

☐ Principal is aware that the Department or district staff may observe my school during testing. If observers are sent to my school, they will be granted access to the school building and allow them to observe the test administration.

☐ Questions or requests that require additional follow up:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

By signing below, the principal assures the superintendent that each of the above statements is true and accurate:

Date: __________________________________________________________

Principal/Test Site Administrator Name: __________________________________________________________

Principal/Test Site Administrator Signature: ______________________________________________________