MASSACHUSETTS
Department of Elementary and Secondary Education

MCAS Nondisclosure Acknowledgment

Background

In order to ensure the security and validity of the Massachusetts Comprehensive Assessment System (MCAS) tests, the Massachusetts Department of Elementary and Secondary Education (DESE) requires that all individuals authorized by their principals to administer MCAS tests to students with disabilities or EL students who require any of the test administration accommodations listed below review and understand the terms of this nondisclosure acknowledgment.

This form must be signed by test administrators who are administering MCAS tests to students with disabilities or EL students using accommodations A2, A3.1, A3.2, A3.3, A5, A6.1, A8, A10.1, A10.2, A11, A12, A13, A14, and A15; special access accommodations SAA1.2, SAA2, SAA3.1, and SAA3.2; and English learner accommodations EL3.2, EL4.1, and EL4.2. These accommodations require the test administrator to view secure material in the form of either test content or student responses. This form should be distributed to, and signed by, test administrators before they view secure test material. Since no other individuals in schools are authorized to view secure MCAS test content, signing this form is not required for any other staff.

Acknowledgment

- With the exception of test questions publicly released by DESE, all MCAS test questions are secure and confidential. The materials are specifically excluded from the Massachusetts Public Records Law. **(G. L. c. 4, § 7(26) (l))** Therefore, I agree not to reproduce, discuss, or in any way release or distribute test questions and associated materials.
- If I have a concern with a test question (e.g., I think there is a flaw in a question or am uncomfortable with the content of a question for a non-academic reason), I will follow instructions in the TAM to inform my principal, who will contact DESE for consultation.
- I further agree to refrain from using any knowledge of MCAS test questions to prepare students for testing or provide them with any information that might give them an advantage in answering questions.

By signing below as a test administrator for students with disabilities or EL students who require one of the accommodations listed above, I acknowledge and accept that I am bound by the terms of this acknowledgment prohibiting the disclosure of information regarding secure test content.

Name: _____

Test To Be Administered: _____

District and School: _____

Signature: _____ Date: _____

Return the form to your principal, who will keep this signed form in the school files for three years. Do not submit this form to DESE or the testing contractor.

last updated September 2026