

## TEST SECURITY/CONFIDENTIALITY AGREEMENT

I acknowledge that I may have access to secure test materials for the sole purpose of administering the test(s) associated with the **NAME OF ASSESSMENT**. I understand that these materials are secure and that it is my professional responsibility as noted in the **document to reference for your state or organization's Code of Ethics** to protect the security of the test(s) as follows:

1. I understand that coaching students during testing, altering responses, or interfering with responses in any way is prohibited. **(Link to Policy document, if you have one, for the definition of coaching.)**
2. I understand that students are not allowed access to test questions prior to testing and are not allowed access to answers at any time.
3. I understand that test administrators, proctors, and students are not allowed to possess and/or use any electronic communication device, including but not limited to cell phones and personal digital assistance devices, during the administration of scheduled statewide tests. I will not divulge the contents of the tests, generally or specifically, to anyone.
4. I will not conduct any inappropriate test preparation, copy items, or take notes from or about any part of the test.
5. I will not permit any other person to access the test materials unless so authorized by the school test coordinator.
6. I understand that at least two trained people must be present from the time test are distributed until test materials are returned to the secure area. **(If applicable in your state or organization.)**
7. I have been trained and understand test security violations and the consequences as noted in the **REFERENCE POLICY AND/OR CODE, IF APPLICABLE**
8. I understand the procedures covered in the training session (s) conducted by the school test coordinator and/or district test coordinator.
9. I am familiar with and will adhere to the procedures outlined in the District/School Test Security Plan **(if applicable in your district/organization)**.
10. I understand that reading any portion of a test that measures reading comprehension is a non-allowable accommodation that invalidates a student's test results **(if applicable in your district/organization)**.
11. If asked to read a test for which reading is an allowable accommodation, I hereby acknowledge that I am about to receive confidential/secure information and that I understand that at no time will these secure materials be made available for any other use or exposure to others by copies, actual access, written notes, or oral discussion of specific content of said materials. I also agree that I will not discuss any secure confidential materials relative to test content during or following the completion of my responsibilities **(if applicable in your district/organization)**.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20XX.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

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Street Address

City, State, and Zip Code