Test Security Staff Assurance Report — Post Testing WIDA SCREENER

Immediately alert your SC of any testing incident or security breach. The SC must consult with the District Test Coordinator as soon as an incident is discovered, or suspected, for guidance regarding the investigation and possible score invalidation.

All **No** responses must be explained in the **Note Exceptions and Local Action Taken** section below. The **Not Applicable** box is used when a situation does not apply to the administration and no further information is necessary.

Did you follow your school's Test Security and Building Plan and chain-of-custody?

☐ Yes ☐ No

Did you always keep test materials secure while in your custody?

☐ Yes ☐ No ☐ Not Applicable

Did testing occur during your school's approved schedule or on an approved alternate schedule?

☐ Yes ☐ No

Were students provided access to all required accessibility features, as documented?

☐ Yes ☐ No ☐ Not Applicable

Were any materials that might help students answer test questions covered or removed from the test location?

☐ Yes ☐ No ☐ Not Applicable

If accommodated paper booklets were used, were student responses transcribed into a standard form test booklet?

☐ Yes ☐ No ☐ Not Applicable

If assistive technologies were used was secure information removed from the testing device and network?

☐ Yes ☐ No ☐ Not Applicable

Did you check out and check in all test materials, including ancillary materials, to students?

☐ Yes ☐ No ☐ Not Applicable

Have you reported all test incidents and requested all appeals to your SC?

☐ Yes ☐ No ☐ Not Applicable

Have all secure test materials been returned to your SC, following the chain-of-custody in your Test Security and Building Plan?

☐ Yes ☐ No ☐ Not Applicable

Note exceptions and local actions taken.

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☐ Attachments submitted with this report.

I have read and understand the non-disclosure restrictions that apply to secure assessment materials, as described in this document. I did not read, reveal, or disclose information about secure test content, and I did not engage in activities that would violate the security of the state assessments or cause student achievement to be inaccurately represented or reported. I state that the above information is true and correct to the best of my ability.

Staff Member Name:_____ **Month:**_____ **Day:**_____ **Year:**

Staff Member Signature: _____

Submit both pages of this report (completed with wet or electronic signature) to the School Test Coordinator for retention. Retain a copy for your records. This report should be retained at school or district and available for audit, according to district retention policy.