WIDA Alt Access

Test Security Staff Assurance Report — Post Testing

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.

Note exceptions and local actions taken.

_____

_____

_____

☐ Attachments submitted with this report.

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 ☐ NA

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

☐ Yes ☐ No

As documented, were students provided access to required accessibility features?

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

If assistive technologies or accommodated paper booklets were used, were student responses transcribed into a standard form test booklet or test vendor system, and was secure information removed from the testing device and network?

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

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

☐ Yes ☐ No ☐ NA

Have you submitted all school required documents to your SC?

☐ Yes ☐ No

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

☐ Yes ☐ No ☐ NA

*Not applicable (NA)

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 original 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.

Washington Office of Superintendent of
PUBLIC INSTRUCTION