WIDA Alt ACCESS

Test Security Staff Assurance Report — Prior to Testing

Washington Comprehensive Assessment Program (WCAP)

Staff Member Si	gnature:		School:		
Staff Member N	ame:		Month:	Day:	Year:
document. I will activities that wo	understand the non-disc l not read, reveal, or dis- ould violate the security of ported. I state that the ab	close information about the state assessments	out secure test con s or cause student a	tent, and I wachievement t	ill not engage in o be inaccurately
	and your school's Test Se	ecurity and Building P	lan & chain of cus	stody for all s	ecure material?
☐ Yes ☐	and understand the train			•	t Directions?
complete. Submi	t be signed twice: Once it the completed report w	rith signature to your S	SC.		after testing is
secure test mater	be completed by staff whrials. All " No and N/A " taken" box and reported	" responses to questio	ns must be explain		
•	ove activities are needed vide the accessibility feats.				, ,
CopyingDevelopiAssistingChangingCopying	ag and/or revealing secure to secure test content; and or knowingly using instractudents with the interpretag, altering, or otherwise interpretagor reading student response secure assessment materials	ructional resources derive ation of test questions, p erfering with student resp s; or	assages, or tasks; onses;	content;	
	activities include,		ited to:		
All persons having or by any mean performance tas authorized to do and after each descriptions of the	ng direct or indirect access as disclosing secure test ks and/or the contents of so by OSPI. The security testing session. RCW he penalties for the unauthognized professional standard	ss to secure test matericontent, including, but students' online test y of all state assessment 28A.635.040, RCW morized review, use, or	al are prohibited firut not limited to, sts or test/answer nt materials must large 42.56.250, and disclosure of test of	test question booklets, unl be maintained WAC 181-6 content and flo	ns, passages, or ess specifically before, during, 87-060 provide
Administration:	☐ Fall ☐ Spring				
	☐ WIDA Screener				
Assessment:	☐ Smarter Balanced☐ WCAS	☐ Smarter Balanced☐ WIDA ACCESS	Off-Grade Level ☐ WIDA Alterna		IM

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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-custo	ody?	
☐ 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 a	n approved a	Iternate sche	dule?
☐ Yes ☐ No			
As documented, were students provided access to required access	sibility featur	es?	
Yes No NA		al £ 4la	- 44 l4:2
Were materials that might help students answer test questions co ☐ Yes ☐ No ☐ NA	overea or rem	ovea from th	e test location?
If assistive technologies or accommodated paper booklets were	used were s	tudont rocno	neoe transcribod
into a standard form test booklet or test vendor system, and was so		-	
device and network?		cionicinoved	inom the testing
☐ Yes ☐ No ☐ NA			
Did you check out and check in test materials to students, includi	ng ancillary m	naterials?	
☐ Yes ☐ No ☐ NA	,		
Have you reported all security improprieties, test incidents, and r	equested app	eals to your S	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 and Building Plan?	the chain-of	-custody in y	our Test Security
□ Yes □ No □ NA			
*Not applicable (NA)			
I have read and understand the non-disclosure restrictions that apply in this document. I did not read, reveal, or disclose information ab in activities that would violate the security of the state assessinaccurately represented or reported. I state that the above information	out secure test ments or caus	t content, and se student ac	I did not engage hievement to be
Staff Member Name:	Month:	Day:	Year:
Staff Member Signature:	School:		

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.

