

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be completed and signed by both the Superintendent and the District Test Coordinator. It must be returned with the used test booklets (grades K–2) and answer documents (grades 3–9) for the district according to the instructions in the *District and School Test Coordinators' Manual*. Please enter the LEA number as follows: first digit is the region code (provided by ADE), digits two and three are the county code, and digits four and five are the district code. This number is pre-printed on the District/School/Classroom Identification (Header) Sheet.

LEA#: – –

District Name: _____

Grade (check **all** that apply): K 1 2 3 4 5 6 7 8 9

Augmented Benchmark Examinations, METROPOLITAN8, and SAT 10 AFFIDAVIT 1 District Level Test Security Form

I certify that I have informed all District and Building (School) Test Coordinators, and all persons who give or help give these tests, of the secure nature of the Augmented Benchmark Examinations, METROPOLITAN8, and SAT 10 test booklets and *Test Administration Manuals* (grades K–2). These individuals have also been informed that unless there is an approved accommodation or test administration directions stipulating reading aloud, they are not allowed to read test items.

I certify that to my knowledge, no one in this district has read, copied, reproduced, or released in any way the secure Augmented Benchmark Examinations, METROPOLITAN8, or SAT 10 items. As directed in the ACTAAP *District and School Test Coordinators' Manual*, all test booklets and secure *Test Administration Manuals* have been packaged and returned to Pearson.

I have read the statements above and understand that I am certifying that they are true. I understand that violating any of the Arkansas Department of Education's test security procedures could result in revocation of my license.

District Superintendent's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

District Test Coordinator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____