

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be completed and signed by both the District Superintendent and the District Test Coordinator. The affidavit must be returned with the **used** answer documents for the *Biology Mid-Year End-of-Course Examination* according to the instructions in the *District and School Test Coordinators' Manual*.

LEA #: -

District Name: _____

Mid-Year End-of-Course Examination for Biology 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 *Biology Mid-Year End-of-Course Examination* test booklets and answer documents. These individuals have also been informed that unless there is an approved accommodation, they are not allowed to read test items or students' responses to test items.

I certify that to my knowledge, no one in this district has read, copied, reproduced, or released in any way the secure *Biology Mid-Year End-of-Course Examination* items or students' responses to test items. As directed in the *District and School Test Coordinators' Manual* for the ACTAAP Mid-Year End-of-Course Examinations, all **used and unused** Biology test booklets and all **used** Biology answer documents have been packaged and returned to Questar.

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: _____