

# 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 Benchmark Examinations according to the instructions in the *District and School Test Coordinators' Manual*.

LEA #: -

District Name: \_\_\_\_\_

Grade (check **all** that apply):  3  4  5  6  7  8

## Benchmark Examinations 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 Benchmark Examinations 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, writing prompts, or students' responses to test items or writing prompts.

I certify that to my knowledge, no one in this district has read, copied, reproduced, or released in any way the secure Benchmark Examinations items, writing prompts, or students' responses to test items or writing prompts. As directed in the April 2007 ACTAAP *District and School Test Coordinators' Manual* for the ACTAAP Benchmark Examinations, all **used and unused** test booklets and **used** 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: \_\_\_\_\_