

# 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 writing answer documents according to the instructions in the *Writing Prompt Field Test—Test Administration Manual*.

LEA #: -

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

Grade (check **one or both**, as applicable):  4  8

## ***Writing Prompt Field Test*** **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 *Writing Prompt Field Test* answer documents. These individuals have also been informed that unless there is an approved accommodation, they are not allowed to read the writing prompts, or students' responses to the writing prompts.

I certify that to my knowledge, no one in this district has read, copied, reproduced, or released in any way the secure *Writing Prompt Field Test* writing prompts or students' responses to the writing prompts. As directed in the April 2007 ACTAAP *Writing Prompt Field Test—Test Administration Manual* for the ACTAAP *Writing Prompt Field Test*, all **used and unused** 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: \_\_\_\_\_