

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be completed and signed by both the Building Principal and the School Test Coordinator. This affidavit is to be returned to the District Test Coordinator at the completion of testing. The affidavit must be returned with the appropriate grade's used answer documents according to the instructions in the *District and School Test Coordinators' Manual*. Please enter the following LEA number: 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 school SSID sheet and student pre-identification label. The last three digits are the school number.

LEA#: - - -

District Name: _____

School Name: _____

Check only one box:

Augmented Benchmark Examination
Grades 3-8

SAT 10
Grades K, 1, 2, & 9

Augmented Benchmark Examination and SAT 10

AFFIDAVIT 2

School Level Test Security Form

I certify that, to my knowledge, no one in this school building has read, copied, reproduced, or released in any way the secure Augmented Benchmark Examination and SAT 10 items or students' responses to test items. As directed in the ACTAAP *District and School Test Coordinators' Manual*, all used and unused test booklets and answer documents have been packaged and returned to the District Test Coordinator.

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.

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

Signature: _____ Date Signed: _____

Building Principal's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

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