

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

LEA #: --

District Name: _____

School Name: _____

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

Writing Prompt Field Test **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 *Writing Prompt Field Test* writing prompts or students' responses to the writing prompts. As directed in the April 2007 *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 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: _____