

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be signed by all Test Administrators (persons who give or help give the test) and returned to the School Test Coordinator. The affidavit must be returned to the District Test Coordinator upon completion of testing. The affidavit must be returned with the used test booklets (grades K–2) and answer documents (grades 3–9) according to the instructions in the *Test Administration Manuals*. Please enter the LEA number as follows: 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 District/School/Classroom Identification (Header) Sheet. The last three digits are the school number.

LEA#: - - -

District Name: _____

School Name: _____

Grade (check **one**): K 1 2 3 4 5 6 7 8 9

Augmented Benchmark Examinations, METROPOLITAN8, and SAT 10 AFFIDAVIT 3 Test Administrator Security Form

I certify that I have not read, copied, reproduced, or released in any way the secure Augmented Benchmark Examinations, METROPOLITAN8, or SAT 10 items. I have not conducted any inappropriate test preparation activities with students that would invalidate the test results or give them an unfair advantage over others. As directed in the *Test Administration Manuals*, all **used and unused** test booklets and secure *Test Administration Manuals* have been packaged and returned to the School 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.

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____