

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 Augmented Benchmark Examination and SAT 10 used answer documents according to the instructions in the *Test Administration 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: _____

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

Augmented Benchmark Examination 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 Examination and SAT 10 items, writing prompts, or students' responses to test items or writing prompts. 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 Manual*, all **used and unused** test booklets and answer documents 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: _____

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(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: _____

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