

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** answer documents for the *Geometry* and/or *Algebra I End-of-Course Examinations* according to the instructions in the *District and School Test Coordinators' Manual*.

LEA #: --

District Name: _____

School Name: _____

Course (**check ONLY one**): Geometry Algebra I

End-of-Course Examinations for Geometry and Algebra I AFFIDAVIT 3 Test Administrator Security Form

I certify that I have not read, copied, reproduced, or released in any way the secure End-of-Course Examinations test items or students' responses to test 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 April 2008 Test Administration Manuals for the ACTAAP End-of-Course Examinations, all **used and unused** test booklets, all **used and unused** answer documents, and all 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: _____

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(PRINT OR TYPE)

Signature: _____ Date Signed: _____

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