

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 Benchmark Examinations according to the instructions in the *District and School Test Coordinators' Manual*.

LEA #: --

District Name: _____

School Name: _____

Grade (**check ONLY one**): 3 4 5 6 7 8

Benchmark Examinations AFFIDAVIT 3 Test Administrator Security Form

I certify that I have not read, copied, reproduced, or released in any way the secure Benchmark Examinations test 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 April 2007 Test Administration Manuals for the ACTAAP Benchmark 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: _____

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

Signature: _____ Date Signed: _____

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

Signature: _____ Date Signed: _____

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