

ACTAAP

Arkansas Comprehensive Testing, Assessment and Accountability Program

This affidavit must be completed and signed by both the District Superintendent and the District Test Coordinator. The affidavit must be returned with the used **WRITING** answer documents according to the instructions in the *Test Administration Manual*.

LEA #: --

District Name: _____

Grade (check **all** that apply): 3 4 5 6 7 8

Benchmark Examinations - Writing AFFIDAVIT 1 District Level Test Security Form

I certify that I have informed all District and Building (School) Test Coordinators, and all persons who give or help give these tests, of the secure nature of the Benchmark Examinations writing answer documents. These individuals have also been informed that unless there is an approved accommodation, they are not allowed to read writing prompts or students' responses to writing prompts.

I certify that, to my knowledge, no one in this district has read, copied, reproduced, or released in any way the secure Benchmark Examinations writing prompts or students' responses to writing prompts. As directed in the ACTAAP Benchmark Examinations *Test Administration Manual* for writing, all writing answer documents (used and unused) have been packaged and returned to Questar.

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.

District Superintendent's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

District Test Coordinator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____