

MSDWT Teacher Signature – Test Security Local Assessments

This form must be signed by any staff member responsible for the handling, administration, scoring, storage, transport, or development of assessments used in the Student Achievement and Growth Measure as part of the MSDWT Teacher Evaluation System.

I have read and understand the General Statement on Testing Security Procedures and Expectations outlined in the Teacher Evaluation Guidebook of the MSD of Washington Township. I understand that, through my submission of student assessment data (either through physical or electronic means) to my evaluator, I am indicating that the information is correct and represents each student's performance. I understand that, through my submission of assessment data I am indicating that I have followed all expectations outlined in the MSDWT Testing Procedures and Expectations. If my student assessment, used for teacher evaluation purposes, is a state administered assessment, I am indicating that I have read and understand the IDOE Code of Ethical Practices. I understand that noncompliance with the IDOE Code of Ethical Practices or MSDWT Testing Procedures and Expectations may result in disciplinary action up to and including dismissal.

Please print your name, sign, and return to the appropriate administrator.

Print Name: _____

Signature: _____

Position: _____ Date: _____

School: _____

This form is valid for the duration of the teacher's employment with the MSD of Washington Township. This form shall be maintained on file by MSDWT Corporation.

The district may require employees to review Procedures and Expectations and sign this form annually.