

Auditor:

1. This protocol is to be completed after the classroom observation.
 2. Rather than conduct a verbal interview, it is acceptable to allow the STC to read and complete this form. However, in the event that the STC has questions or needs clarification, you must remain with the STC while she or he completes the form.
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Virginia Standards of Learning Assessments
ENGLISH: WRITING TEST

POST-TEST SCHOOL TEST COORDINATOR (STC)
PROTOCOL

General Information

Date:	_____ (Month, Day, Year)
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School:	_____
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Division:	_____
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STC Name:	_____
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STC Signature:	_____
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My signature indicates that I have reviewed this document.

Auditor's Name:	_____
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Auditor Signature:	_____
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AUDITOR: In your completion of this protocol, did you meet with the STC only?

☐ Yes

☐ No If "no", who else was in attendance?

Name

Position

NOTE: The STC is to begin on page 2.

Information about Your Training Prior to Testing

1. Did your DDOT provide specific training for you regarding the SOL Writing test? ☐ Yes ☐ No

When was the training held? _____ (Month, Day, Year)

Were you provided training on:

- | | | |
|---|------------------------------|-----------------------------|
| Your overall responsibilities as the STC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Security requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Test dates and schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participation of students with disabilities and/or | | |
| Limited-English proficient students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coding demographic information on the students' answer documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Conducting test administration in standardized conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of Proctors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Identifying and handling testing irregularities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Handling emergencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Completing the SSID sheet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Assembling materials after testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Were there any aspects of your training that you felt were particularly effective in preparing you for this administration?

If more training was needed, please provide specific suggestions:

Information about Your Activities and Preparation Prior to Testing

2. Have you read the *STC Manual*? ☐ Yes ☐ No

3. Have you read an *Examiner's Manual*? ☐ Yes ☐ No

4. Have you collected completed *Examiner's Test Security Agreements* from all Examiners and Proctors? ☐ Yes ☐ No

5. On what date did your DDOT deliver the secure test materials to your school?
_____ (Month, Day, Year)

6. Did your DDOT deliver the *SOL School Test Booklet/Writing Prompt Transmittal Form* to you with secure test materials? ☐ Yes ☐ No

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7.	Did you conduct an inventory of secure materials as described in the <i>STC Manual</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																							
8.	After your receipt of the secure test materials, did you find and report any discrepancies or shortages of materials to your DDOT? If yes, how were they resolved? <i>Comments:</i> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																							
9.	Since your receipt of the secure materials, have they been stored in a secure location except when in use in actual testing sessions? Where? <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																							
10.	Did you provide training to Examiners on: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="text-align: right;">Their responsibilities for this test?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Security requirements?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Test dates and schedule?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Preparation of the testing site(s)?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Participation of students with disabilities and/or Limited-English proficient students?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Coding of demographic information on the students' answer booklets?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Conducting test administration in standardized conditions?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Use of Proctors in the testing site(s)?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Identifying and handling testing irregularities?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Handling emergencies?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Completing the SSID sheet?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Organizing and packing materials after testing?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> <tr> <td style="text-align: right;">Dealing with students who needed more time to complete the test?</td> <td style="text-align: center;"><input type="checkbox"/> Yes</td> <td style="text-align: center;"><input type="checkbox"/> No</td> </tr> </table> <p style="margin-top: 10px;">Were there activities that you felt were particularly effective in preparing your school for this administration?</p> <hr/> <hr/> <hr/>			Their responsibilities for this test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Test dates and schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Preparation of the testing site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Participation of students with disabilities and/or Limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Coding of demographic information on the students' answer booklets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Use of Proctors in the testing site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Identifying and handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Handling emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Completing the SSID sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organizing and packing materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dealing with students who needed more time to complete the test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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11.	Did you distribute <i>Examiner's Manuals</i> to Examiners for their review prior to testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																							
12.	Did you distribute answer documents to Examiners prior to testing to allow them time to complete demographic information? <div style="text-align: right; margin-right: 20px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A </div> <p style="margin-top: 10px;">If not completed by Examiners, who completed the following sections of the students' demographic pages?</p> <table style="width: 100%;"> <tr> <td style="width: 40%;">Limited English Proficient?</td> <td><hr/></td> </tr> <tr> <td>Disability Status?</td> <td><hr/></td> </tr> <tr> <td>Special Test Accommodations?</td> <td><hr/></td> </tr> <tr> <td>Testing Status?</td> <td><hr/></td> </tr> <tr> <td>SOA Adjustment?</td> <td><hr/></td> </tr> <tr> <td>Title I?</td> <td><hr/></td> </tr> </table>			Limited English Proficient?	<hr/>	Disability Status?	<hr/>	Special Test Accommodations?	<hr/>	Testing Status?	<hr/>	SOA Adjustment?	<hr/>	Title I?	<hr/>																											
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13. Did you encounter any difficulties in scheduling today's test sessions? ☐ Yes ☐ No
If so, how did you handle them?

**Information about Activities
Conducted Today**

14. Was it necessary for you to break packages of test booklets in order to complete their distribution to Examiners? ☐ Yes ☐ No
15. Were any secure materials delivered to any Examiner prior to this morning? ☐ Yes ☐ No
- 16 (a) **FOR THE MULTIPLE-CHOICE COMPONENT ONLY:** Did you use the *SOL Examiner's Test Booklet Transmittal Form/Affidavit* to distribute secure test booklets to Examiners? ☐ Yes ☐ No
- 16 (b) **FOR THE DIRECT WRITING COMPONENT ONLY:** Did you use the *SOL Examiner's Writing Prompt Transmittal Form/Affidavit* to distribute writing prompts to Examiners? ☐ Yes ☐ No
17. In what ways did you monitor today's test sessions?

18. What procedure is in place for handling students who don't finish a test in the allotted time? Please include a description of what is done if it is necessary for a student to eat lunch prior to completing a test.

19. What instructions or procedures are in place that will help Examiners prevent or cope with possible interruptions (such as students going to the restroom)?

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20.	<p>To date, what kind(s) of testing irregularities have been reported to you? <i>(Check any that may apply.)</i></p> <p><input type="checkbox"/> Student became ill during a testing session.</p> <p><input type="checkbox"/> Student was observed cheating during the testing session.</p> <p><input type="checkbox"/> Any adult appeared to provide improper assistance to student.</p> <p><input type="checkbox"/> An excessive disturbance or disruption occurred.</p> <p><input type="checkbox"/> A student's test booklet, writing prompt, or used answer document is missing.</p> <p><input type="checkbox"/> Any unused/unassigned test booklet, writing prompt, or answer document is missing.</p> <p><input type="checkbox"/> Any other situation occurred that might affect a student's score.</p> <p>_____</p> <p>_____</p> <p>Was the situation(s) checked above reported promptly to your DDOT?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What procedure do your Examiners follow to report irregularities to you?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>COMMENT AS NECESSARY BELOW:</p> <p>_____</p> <p>_____</p> <p>_____</p>
21.	<p>Did each Examiner deliver secure test materials, including the students' answer booklets, to you immediately after the conclusion of his/her testing session? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If "yes", skip question 22 -- go to question 23.)</i></p>
22.	<p>Was the Examiner(s) who retained the materials instructed to place them in locked storage immediately after the testing session? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What assistance did you provide to Examiners to ensure that testing materials were kept secure?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>If any Examiner has retained the secure materials, have you made arrangements for him/her to return them no later than the end of the day? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
23.	<p>Are the directions in the STC Manual clear as to how you are to verify receipt of all test materials from the Examiners? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**Information about Activities Conducted
and/or Planned Subsequent to
Today's Testing Session(s)**

24. Are you prepared to establish a make-up test session(s) for students who missed today's test administration? ☐ Yes ☐ No

Who typically administers make-up tests to students in your school?

25. Has your DDOT provided instruction regarding disposition of materials listed in Section 6.5 of the STC Manual (*STC Manual, Examiner's Manuals*, unused and/or damaged answer booklets)? ☐ Yes ☐ No

The STC's Suggestions

26. In what way could test materials be packaged differently to make your job easier?

27. What specific suggestions do you have for improvement of the *STC Manual*?

28. In regard to future administrations of the SOL Writing test, what information or training would you like to see to help make test administration go more smoothly?

29. What suggestions do you have in regard to procedures prescribed in the STC Manual and Examiner's Manual for distribution, collection, and assembly of test materials?

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- 30.** As a result of your experiences in the Fall 2002 administration of the SOL tests, what changes would you consider making in your own procedures for the next administration?

PLEASE REVIEW FOR COMPLETENESS, THEN SIGN ON PAGE 1.

*NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT
WITH THE DDOT .*

THANK YOU!