

# 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. One (1) copy of this affidavit must be returned with the **scoreable** materials for the Augmented Benchmark Examinations at grades 3–8 and one (1) copy must also be returned with the **scoreable** materials for The Iowa Tests at grades K–2 and 9 according to the instructions in the District and School Test Coordinators' Manual.

LEA #: -

District Name: \_\_\_\_\_

Grade (check ALL that apply):  K  1  2  3  4  5  6  7  8  9

## Augmented Benchmark Examinations and The Iowa Tests<sup>®</sup> AFFIDAVIT 1 District Level Test Security Form

I certify that I have informed all District and Building (School) Test Coordinators, and all persons who administer or help administer these tests, of the secure nature of the Augmented Benchmark Examinations and The Iowa Tests test booklets and Test Administration Manuals for grades K–2. These individuals have also been informed that unless there is an approved accommodation or test administration directions stipulating read aloud, they are not allowed to read test items or students' responses to test items.

I certify that all Building/School Test Coordinators, Building Principals, Test Administrators, and all persons who administer or help administer the Augmented Benchmark Examinations and The Iowa Tests have signed Affidavit 2 or Affidavit 3, as appropriate, and that all affidavits have been returned to Questar.

I certify that to my knowledge, no one in this district has read, copied, reproduced, or released in any way the secure items or students' responses to test items from the Augmented Benchmark Examinations or The Iowa Tests. As directed in the ACTAAP District and School Test Coordinators' Manual, all **used and unused** test booklets, all **used and unused** Test Administration Manuals for grades K–2, all **used** answer documents and consumable test booklets, all completed Student Not Tested Forms, all scratch paper at grades 1 and 2, and all Mathematics Reference Sheets for grades 3–8 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: \_\_\_\_\_