

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 **scoreable** materials for the *Mid-Year Geometry and Biology End-of-Course Examinations* according to the instructions in the District and School Test Coordinators' Manual.

LEA #: -

District Name: _____

Course (check **either or both** as applicable): Geometry Biology

Mid-Year End-of-Course Examinations for Geometry and Biology 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 the Mid-Year End-of-Course Examinations of the secure nature of these tests. These individuals have also been informed that unless there is an approved accommodation, 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 *Mid-Year Geometry* and/or *Biology End-of-Course Examinations* 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 Mid-Year End-of-Course Examinations items or students' responses to test items. As directed in the District and School Test Coordinators' Manual for the ACTAAP Mid-Year End-of-Course Examinations, all **used and unused** test booklets and all **used** answer documents for Geometry and/or Biology 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: _____

