

New Jersey DLM Test Security Agreement 2014–2015 Support Staff Present During DLM Test Administration

This form is to be used for staff providing an authorized and necessary medical, behavioral, and/or safety support role to students, and those authorized to translate the test into a signed or foreign language. *These staff members are not to administer the DLM test, and must under the direction of the Test Administrator at all times. He/she may not be left unattended with any secure test materials.*

As the authorized and necessary student support person, I understand that my role during the DLM test administration is strictly limited to the non-testing needs of the student. I acknowledge that my presence during the test is simply to provide translations or medical, behavioral, and/or safety support, and not to give any test support.

I acknowledge that I may not assist the student in any way with the test including but not limited to helping the student respond to the test questions, using the manipulatives, documenting responses, etc.

I agree not to purposely view the computer screen unless I am translating the test. I agree not to disclose any information acquired during the test administration(s), either orally, electronically, or in writing. I also agree not to interact with any secure test documents.

I understand that I may not administer a test, and will only provide student support in the presence of the test administrator at all times during an administration.

I understand that it is my professional responsibility to ensure compliance with all Department of Education, district, school, and DLM test policies, and that failure to comply may result in professional and/or financial consequences including but not limited to: revocation of licensure and credentials, dismissal from employment, and/or any other disciplinary actions imposed.

By signing below I confirm that I understand and will adhere to all policies defined here and conveyed by the DLM NJ training materials – specifically all relevant slides contained in Parts One – Three of the NJ PowerPoint presentations. I acknowledge that failure to adhere to the testing policies will invalidate a student’s score, will result in a security breach, and that professional consequences may be imposed.

Signed: _____ Print Name: _____

Position: _____ Date: _____

School Name: _____ CDS Code: _____

A signed copy of this form must be given to the District Assessment Coordinator prior to April 13, 2015.

This blank form may be photocopied.