

South Dakota Department of Education Test Security Agreement/Affidavit 2020

For Parents/Guardians of Students with Public School Exemption:

1. I acknowledge that the SAT 10 Ab (Home School) is a secure assessment and agree to the following conditions of use to ensure test security.
 - a. I will take all necessary precautions to safeguard all test materials by limiting access to persons within the school district or agency with a responsible, professional interest in the test's security.
 - b. The names of all persons having access to the materials will be kept on file.
 - c. No portion of the testing materials may be reproduced.
2. I will keep all testing materials in a secure in a secure location, except on actual testing dates, limiting access to responsible for their security.
 - a. Test materials will be kept secure until they are actually distributed to students.
 - b. In no case will students be permitted to remove test materials from the room where testing takes place.
 - c. I will ensure that any calculators used during the assessment will be within the guidelines in the Directions for Administration.
3. I will not disclose or allow to be disclosed the contents of the testing instrument.
4. Upon completion of testing, I will return all test materials to be the designated test coordinator of the school district, who will in turn return all test materials for scoring to Pearson NCS.
5. During the test administration, plan for and ensure the appropriate use of procedures for students with disabilities, 504 and/or limited English proficiency as documented on their individual education plan.

By completing and signing my name to this document, I am assuring Pearson and SDDOE that I and anyone having access to the test materials will abide by the Test Security Agreement/Affidavit conditions.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Title: _____

Date: _____

Test Materials Checked Out – Please initial and indicate number provided.

Number of Gr. 4 books & Answer Documents ____ Number of Directions ____

Number of Gr. 8 books & Answer Documents ____ Number of Directions ____

Number of Gr. 11 books & Answer Documents ____ Number of Directions ____

Date Checked In: _____

I verify that all materials issued to _____ have been returned to _____ (name of School District).

Test Coordinator Signature: _____

Send a copy of each agreement to SD DOE Office of Assessment, 800 Governors Drive, Pierre, SD 57501 no later than **May 15, 2020**. Keep the originals on file at the district.