

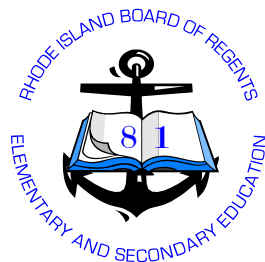
# AFFIRMATION OF TEST SECURITY

(This form **MUST** be completed by **ALL STAFF** who administer NECAP Assessments or who otherwise come into contact with test materials)

The Rhode Island State Assessment Program, using the NECAP State Assessments, measures and reports the educational performance of all enrolled students in grades 3 – 8 and 11 and provides summaries at the school-, district-, and state-levels. To do this with validity, accuracy and fairness, all educational and support staff who handle test materials are expected to comply with the following *Test Security Expectations*:

- Prior to testing, between test sessions, and after testing has been completed, all test booklets and answer booklets must be stored in a locked and secure area which shall be the responsibility of the school principal to supervise.
- No one may photocopy, hand-copy or otherwise reproduce all or any part of the test booklets or answer booklets.
- Prior to testing, between testing sessions, and following testing, staff must avoid exposing students in any way to any of the test questions or sharing the test questions in any way with any persons. Frequently, test questions are reused to assist the equating of test results from year to year. *This does not prohibit the use of released items and practice tests that are specifically designated as sample or practice materials.*
- No staff person shall knowingly engage in activities that will adversely affect the validity, reliability, or fairness of the tests used in the Rhode Island State Assessment Program.
- All test booklets for the NECAP State Assessments are numbered and must be returned following the completion of testing. Proper test administration and the return of all test booklets and answer booklets will be acknowledged in writing by the school principal.
- All personnel who handle test materials are expected to read and follow the test administration and security instructions and procedures provided by the Rhode Island State Assessment Program for the NECAP assessments.

***I affirm that I have read and understand these Test Security Expectations.***



Deborah A. Gist  
Commissioner

**Name (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School:** \_\_\_\_\_