

District Testing Coordinator's Required Documentation of Test Security Checklist

- Work with your superintendent to report any **noncompliance with testing procedures** or **potential security violations**, by providing written details as soon as you become aware of them.

It is the responsibility of the superintendent, on behalf of any and all school principals, to report in writing, all potential violations of the Rhode Island Department of Education's test administration or security procedures, to:

Dr. Kevon R. Tucker-Seeley
Office of Instruction, Assessment and Curriculum
Rhode Island Department of Education
255 Westminster Street
Providence, RI 02903
Telephone: 222-8494
Fax: 222-3605

OR

Email: kevon.tucker-seeley@ride.ri.gov

The Rhode Island Department of Education shall investigate all potential violations.

- At the conclusion of testing, work with each principal to ensure that all appropriate personnel have signed Affirmation of Test Security Forms, to be kept by district administration.
- Each district will also provide and maintain the following documentation:

Keep at District *	Forward to RIDE Office of Instruction, Assessment & Accountability	Documents
1	0	<i>Principal's Certification of Proper Test Administration</i> , for each grade found online at: http://www.iservices.measuredprogress.org
1	0	Affirmation of Test Security Forms signed by each test administrator and any others who handled or had contact with secure test materials, for each grade
1	1	Written details, IF ANY, about issues or concerns regarding noncompliance with testing procedures or potential security violations
1	1	District Testing Coordinator's Summary Affirmation Sheet, signed .

* Keep on file by the district until the close of next year's test administration.

**District Testing Coordinator's
Summary Affirmation of Test Security Form
RHODE ISLAND NECAP ASSESSMENT PROGRAM
May 2011**

I, _____, hereby affirm that to the best of my knowledge all schools for which I am responsible have disseminated, collected, and returned all NECAP assessment materials in accordance with the guidelines provided by the Rhode Island Department of Education. I understand that by signing this document, I am affirming that, to the best of my knowledge, the test security procedures have been followed, that no retention of test booklets has occurred, and that test administration guidelines and procedures have been followed, specifically noting any exceptions or problems on an attached letter signed by the Superintendent.* I further acknowledge that I understand that should such affirmation and assurances be intentionally false, submission of the affirmation may constitute submission of a false document to a public agency in violation of R.I.G.L. 11-18-1. If it is demonstrated that this affirmation is false, I may be subject to investigation of, and/or revocation of my professional certification pursuant to R.I.G.L. 16-11-4 which permits revocation of certificates "for cause."

Signature of District Testing Coordinator

Date

Name of District

* If any exceptions or problems have occurred, a letter of explanation signed by the superintendent must accompany this form.

Note: If a letter of explanation is attached, please check here:

This form is to be forwarded by May 31, 2011, to:

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Rhode Island Department of Education
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Providence, RI 02903
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