



**Principal's Certification**  
**Adherence to Prescribed Test Administration Procedures**

**Check the appropriate response. Give a full explanation for all items for which the response was "NO." Attach the explanation on an additional sheet.**

**Test Administration:** \_\_\_\_\_

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Test materials were properly inventoried and stored in a <u>secure location</u> prior to test administration. This is inclusive of online testing tickets/log-ins.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. A building level official was responsible for test material distribution and storage while materials were in the school and was held accountable for all test booklets sent to the building.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. This school adhered to all written regulations and procedures relating to testing and test administration, including the distribution and collection of test materials, test security, use of test results, and department testing dates established in the <b>Student Assessment Handbook, System and School Test Coordinators' Manual(s), Assessment Guides</b> , and assessment supplements and correspondence. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. If any possible unethical behavior occurred regarding testing policies and procedures, the Professional Standards Commission has been notified.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The principal reviewed and approved test administration plans.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Building level personnel were oriented to appropriate administration procedures.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Students with disabilities or students who received ESOL services received accommodations in accordance with their IEPs, IAPs, or ELL/TPC Plan.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. All students appropriately participated in the Statewide Student Assessment Program.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. System and/or building administrative personnel monitored testing sites.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. The school has accounted for testing materials in accordance with instruction in the Student Assessment Handbook, School Test Coordinators' Manual(s), and Assessment Guides.   |

\_\_\_\_\_  
School

\_\_\_\_\_  
School Test Coordinator (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal (Signature)

\_\_\_\_\_  
Date

Return this completed form to the System Test Coordinator when test materials are verified and returned.

System Test Coordinators should copy and distribute this form to all Principals prior to **each** administration. Principals should sign the form and return to the System Test Coordinator once all materials are verified and returned to the system. System Test Coordinators should receive a signed copy of this form after **each** administration. **This form must be retained at the system level for 5 years.**