



Validation Form for Recording of Student Responses

School	Assessment	Date
Student	Domain/Content Area	Grade/Course
GTID	Scribe/Test Examiner	Witness/Observer

Georgia Milestones ACCESS for ELLs	_____	I have scribed/recorded the student's responses into the corresponding online form for the student listed above.
	<i>Initials</i>	
	_____	The recorded responses reflect the same responses exactly as indicated by the student during test administration.
	<i>Initials</i>	
_____	I have submitted and returned the scribed answer document and the student's test booklet as directed.	
<i>Initials</i>		
In the event there is no witness in a testing session, the School Test Coordinator must sign this document to acknowledge the receipt of this attestation from the Test Examiner.		

OR

Georgia Milestones ACCESS for ELLs	_____	I have transcribed the student's responses from a <i>Braille, Large Print or Standard Test Booklet</i> into the corresponding online form for the student listed above.
	<i>Initials</i>	
	_____	The student's answer document reflects the same responses exactly as provided by the student. I performed the transcription in the presence of another GaPSC certified employee serving as a witness.
	<i>Initials</i>	
_____	I have submitted the transcribed answer document and returned the student's test booklet as directed.	
<i>Initials</i>		
_____	I performed the transcription in the presence of another GaPSC certified employee serving as a witness.	
<i>Initials</i>		

OR

Georgia Alternate Assessment (GAA 2.0)	_____	I have recorded the student's responses into a corresponding online form for the student listed above.
	<i>Initials</i>	
	_____	The recorded responses reflect the same responses exactly as indicated by the student during test administration.
	<i>Initials</i>	
_____	I have submitted all student responses and returned the <i>Student Test Booklet</i> as directed.	
<i>Initials</i>		
In the event there is no observer in a testing session, the School Test Coordinator must sign this document to acknowledge the receipt of this attestation from the Test Examiner.		

*Print Name of GaPSC-Certified Scribe or
Test Examiner*

*Signature of GaPSC-Certified Scribe or
Test Examiner*

*Print Name of GaPSC-Certified Witness or
School Test Coordinator*

*Signature of GaPSC-Certified Witness or
School Test Coordinator*

Retain a copy of this form for your school/system records