

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

Arkansas Alternate Portfolio Assessment for Students with Disabilities AFFIDAVIT

This affidavit must be completed and signed by the Certified Test Administrator [teacher completing the portfolio(s)], Building Test Coordinator, LEA Supervisor, District Test Coordinator, and Superintendent. This affidavit is to be returned to the District Test Coordinator at the time the portfolio assessments are completed. The affidavit must be returned with the appropriate grade(s) or course(s) checked. Only one signed copy is needed per teacher.

LEA#: --

District Name: _____

School Name: _____

Check all that apply: Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8
 Grade 9 Mathematics Grade 10 Science Grade 11 Literacy

I certify that, to my knowledge,

- 1) the contents of the portfolio(s) are the authentic work of the student(s) as designated by the student's IEP;
- 2) I did not fabricate, alter, or modify evidence including, but not limited to, student work samples, products, photographs, digital video or digital audio recordings;
- 3) I have followed all administration procedures, protocols, and requirements of the Arkansas Alternate Portfolio Assessment; and
- 4) I did not misrepresent a student's involvement in the tasks or his/her performance.

District Personnel	Name (Print)	Signature	Date
Certified Test Administrator [teacher completing the portfolio(s)]			
Building Test Administrator			
LEA Supervisor			
District Test Coordinator			
Superintendent			

This form must be completed for each teacher submitting portfolios in the district with all the signatures. Complete and place copies directly behind the District and School Transmittal Forms in Box #1 of the return portfolio shipment.