

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be signed by all Test Administrators (persons who administer or help administer the test) and returned to the School Test Coordinator. The affidavit must be returned to the District Test Coordinator upon completion of testing. The affidavit must be returned with the **scoreable** materials for the *Mid-Year Algebra I End-of-Course Examination* according to the instructions in the District and School Test Coordinators' Manual.

LEA #: --

District Name: _____

School Name: _____

Mid-Year End-of-Course Examination for Algebra I AFFIDAVIT 3 Test Administrator Security Form

I certify that I have not read, copied, reproduced, or released in any way the secure Mid-Year End-of-Course Examinations items or students' responses to test items. I have not conducted any inappropriate test preparation activities with students that would invalidate the test results or give them an unfair advantage over others. As directed in the District and School Test Coordinators' Manual, all **used and unused** test booklets and all **used and unused** answer documents have been packaged and returned to the School Test Coordinator.

I have read the statements above and understand that I am certifying that they are true. I understand that violating any of the Arkansas Department of Education's test security procedures could result in revocation of my license.

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

Test Administrator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

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