



BIE Science Assessment Principal's Verification Form

Purpose of Form: This form is completed by the principal to declare that school staff have been provided with test security training and assessment policy guidance as required by BIE.

Procedure for Completing:

- Principal verifies all activities took place by placing a check mark in each box.
- Principal completes and signs form.
- Keep a copy for school site records and submit a copy to district office within 10 business days of the end of testing for each semester.
- Both school and district must keep for five (5) years.
- Form is not submitted to BIE.

I verify that the following is true for all state-mandated testing for the semester.

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| | The School Principal(s), School Test Coordinator(s) (STC), Test Administrators (TAs), Proctors, Hall Monitors, and any staff who handled tests received test security training by the STC prior to testing each semester. Sign-in sheets with printed name, signature, and position of each attendee will be retained at the School level for five (5) years. |
| | All staff followed set procedures for storage, chain of custody, and return of all testing materials to the contractor in accordance with the BIE policies and packing and shipping instructions in the Test Coordinator Manual (TCM). |
| | All TAs administering the Science assessments met training requirements for administration. All training certificates will be retained at School level for five (5) years. |
| | All STCs and TAs met licensure requirements. |
| | Students received assigned accommodations as prescribed on IEPs, 504 Plans, and/or EL Plans. |
| | STCs properly reported possible test irregularities to BIE within three (3) days of the event. Tests were voided or scores invalidated for any students who received inappropriate accommodations, were discovered with electronic equipment on their person, or who were administered the test inappropriately. |

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|-------------------------|----------------|----------------------|-------|
| Principal Printed Name: | | Principal Signature: | |
| School Code: | | School Name: | |
| District Code: | District Name: | | Date: |