

State of Texas
County of _____

Texas Education Agency
2009 Student Assessment Program

Oath of Test Security and Confidentiality for Test Administrator (Administration Specific)

Please indicate the applicable administration (check one):

March April May June July October

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the State Assessment Program. Initial and date each statement below and sign in *Section 1* **BEFORE** handling any secure test materials:

Initials Date
____ / ____ / ____

I have received training on testing procedures specific to the administration indicated above. If conducting an oral administration, I have received training on testing procedures specific to an oral administration; and

____ / ____ / ____

I have read and understand the test administrator manuals governing this administration, and I understand my responsibilities concerning the administration of this test.

Section 1: FOR ALL TEST ADMINISTRATORS

IN WITNESS WHEREOF I affix my hand on this the _____ day of _____, 20____.

Signature of Test Administrator

Printed Name of Test Administrator

County-District Number

District Name

Campus Name

Area Code/Telephone #

AFTER all testing for this administration has been concluded, initial, sign, and date the applicable statements below and return the oath to the campus coordinator. All individuals who administered a state assessment must complete *Section 2*. Individuals who conducted an oral administration of a state assessment must also complete *Section 3*.

Section 2: FOR ALL TEST ADMINISTRATORS

I do hereby certify, warrant, and affirm that I have fully complied with all the requirements governing the State Assessment Program and that I have reported any suspected violations of test security or confidentiality to the campus testing coordinator.

Signature of Test Administrator

Date

Section 3: FOR TEST ADMINISTRATORS WHO CONDUCTED ORAL ADMINISTRATION(S);

All test administrators are not permitted to discuss the content of or copy any part of any test in the state assessment program. Individuals who give oral administrations of confidential state assessments have an added responsibility of maintaining confidentiality due to the viewing access they are granted for this type of accommodation. As a reminder of this responsibility, individuals who give oral administrations are required to specifically confirm compliance with state confidentiality requirements by initialing to the left of each statement below.

_____ I have not and will not divulge the contents of the test, generally or specifically, to anyone.

_____ I have not copied any part of the test.

I do hereby certify, warrant, and affirm that I have fully complied with all oral administration requirements governing the State Assessment Program.

Signature of Test Administrator

Date

Test administrators must sign an oath for each test administration.



State of Texas
County of _____

Texas Education Agency
2009 Student Assessment Program

Oath of Test Security and Confidentiality for Test Administrator (General)

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the State Assessment Program and do hereby certify the following:

(Initial and date each statement upon completion.)

Initials Date
____ / ____ / ____ I have received training on general test administration procedures, and I understand my responsibilities concerning the administration of state assessments.

(Initial to the left of each statement.)

- Initials
- _____ I am aware that testing procedures require me to actively monitor during test administrations;
 - _____ I understand my responsibilities as a test administrator, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures;
 - _____ I understand my obligations concerning the security and confidentiality of this test, and I am aware of the range of penalties that may result from a violation of test security and confidentiality; and
 - _____ I am aware of my obligation to report any suspected violations of test security or confidentiality to the campus testing coordinator.

I do hereby further certify, warrant, and affirm that I will faithfully and fully comply with all requirements concerning test security and confidentiality. Initial and sign this form **before** handling any secure test materials.

IN WITNESS WHEREOF I affix my hand on this the _____ day of _____, 20_____.

_____ Signature of Test Administrator	_____ Printed Name of Test Administrator	_____ County-District Number
_____ District Name	_____ Campus Name	_____ Area Code/Telephone #