**Certification of Proper Test Administration – Audio/Amplification Device**

Nevada Department of Education and Washoe County School District

State and Local Assessment Programs

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| **Student:** |  | **State ID:** |  |
| **School:** |  | **Grade Level:** |  |

Description & Procedure:

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| **Audio/Amplification Device; Deaf/Hard of Hearing**  In compliance with this student’s IEP, Section 504 Plan, and/or Health Plan, and in accordance with these guidelines, student may maintain possession of their audio enhancement/transmission device in the secure testing environment including a mobile phone or similar communications capable electronics.   1. Free-standing technology, including a mobile phone or other electronic amplification device, must be set up prior to starting the test to ensure only the necessary application is active for providing audio enhancement/transmission. Internet access must be disabled. 2. The free-standing device should be placed within the required proximity of the student for the application to function, but out of reach of other students. 3. Student should be seated where the test administrator may easily monitor the student and free-standing device. 4. Phone or other electronic device must not be used to access any features other than those required to provide the audio enhancement/transmission. Access to non-permissible features or applications on the device by anyone in the testing room during test administration will result in a testing irregularity. 5. At the conclusion of testing, the Test Administrator must **certify in writing** that the named student and others in the testing room did not access any non-permissible features/applications on the device. |

***I (Test Administrator), certify that I administered the assessment to the student identified on this form. I further certify that described procedures were followed, and the student and others in the testing room did not access any prohibited tools or features on the device, nor was the device used to access any communication, media or other non-permissible functions during the testing period.***

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| **Assessment Name** | **Test Administrator** (Print Name) | **Signature** | **Date** |
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Test Administrator > Return completed form to School Principal or Test Coordinator.

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| **School Principal:** |  |

Post Testing: School Principal/Test Coordinator—Retain this signed form for three years with the school’s test security documentation.