**Certification of Proper Test Administration – AT Device for Speech-to-Text**

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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| **Testing Accommodation—Speech-to-Text for Written Responses**Assistive Technology (AT) Device Setup: Spell check and single word-prediction tools may be enabled. For ELA writing items, grammar tools must be disabled. Students must NOT access the internet or open any other applications. Other installed programs may not be accessed during testing.Procedure:1. **Student** **will** use the voice recognition software/Speech-to-Text feature to draft response. Student may edit response within the software and inform the test administrator when they are finished editing.
2. **Online Testing: Authorized Test Administrator will transcribe**—type into the online platform test response area—student’s response verbatim, copying exactly what the student captured on their AT device.
3. **As needed, student may finalize their response** within the online platform using the tools that are part of the item/platform. Response must be saved or submitted before moving on to the next item or task.
4. **Paper Testing**: Print student’s response for later transcribing into the online test engine/scoring.
5. Immediately after completing the test and submitting all responses for scoring, **the AT device must be cleared** including responses saved to the Cloud. All test responses and data captured during the testing session must be deleted from the device/Cloud.
6. 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 tools, features, or applications on the AT device, and the submitted responses are the student’s own.
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***I (Test Administrator), certify that I administered the assessment to the student identified on this form who used approved assistive technology (device and program) to complete responses to constructed response/ELA writing items. I further certify that the responses submitted for scoring are the student’s own, described procedures were followed, and the student did not employ any prohibited aids (tools, features), nor was the device used to access any communication, media or other non-permissible functions during testing.***

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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.