



2021-2022 School Year

ACKNOWLEDGMENT OF PROFESSIONAL OR CLASSIFIED (ESP) WCSD PERSONNEL

A PRIMER FOR TESTING: POLICIES AND PROFESSIONAL EXPECTATIONS

Washoe County School District

My initials next to each statement and signature on this form certify that I have read A Primer for Testing: Policies and Professional Expectations for the 2021-2022 school year and that I understand and will comply with the information it contains related to proper test security and test administration.

(PRINCIPAL)

I am the principal/site administrator and accept personal responsibility for all materials required for the administration of all state and district prescribed assessments and the supervision of the administration and security of those examinations.

(ALL employees: Read and acknowledge each statement with your initials.)

Table with 10 rows of statements for acknowledgment, each with a blank line for initials. Statements include: 1) I accept responsibility for reading, understanding, and carrying out the procedures for specific tests... 2) I understand and will abide by and promote strict observance of all rules pertaining to electronic devices... 3) I will not READ, REVIEW or DISCUSS SECURE TEST ITEMS unless expressly authorized... 4) I will not COPY, DISTRIBUTE, TEACH, or in any way publicize SECURE TEST AND/OR EXAMINATION ITEMS... 5) I will not PHOTOGRAPH, RECORD, or in any way TRANSMIT part or all of a test or testing session... 6) I will not be in the testing room with nor will I administer or proctor state or district assessments for any student who is a family member... 7) I will ensure all students enrolled in my class(es) and/or students under my supervision fully participate in all mandatory district and state assessments... 8) I understand that it is inappropriate to use scores from interim assessments or state accountability assessments for grades reported on the academic report card. 9) I understand my professional and ethical responsibilities and the potential consequences that may result from my failure to observe and carry out the requirements of the state, district and school test security plans. 10) I understand and agree to carry out my duties and responsibilities for test security and confidentiality, and the proper administration of assessments in the WCSD (district) and NDE (state) testing programs. TRAINING I have received and read the Primer document and viewed the annual Primer training on policies, professional expectations and test security provided by the district and the principal of this school. TRAINING I agree to read or view and comply with procedures presented in test security and test administration training materials prepared by the Nevada Department of Education. TRAINING I will participate in refresher training presented by the principal of this school or their designee prior to administering, proctoring, observing or in any way assisting with each test administration in the WCSD (district) or NDE (state) testing programs.

This page must be signed and submitted to the principal at each school where you will assist with testing. Submit as a printed copy or PDF. Do not submit as a photo image. \*To use digital signature, first download the fillable form from the district website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position/Title \_\_\_\_\_

School \_\_\_\_\_ NV Educator License?  NO  YES

Note: The school principal will retain signed copies of this acknowledgement form, signature logs and copies of training materials for a period of three years in the school's locked test storage cabinet. Signed acknowledgment and confidentiality forms and associated training documentation may be requested in response to questions or in connection with a testing irregularity.