



EDUCATION ACHIEVEMENT
AUTHORITY of Michigan

ASSESSMENT COORDINATOR VERIFICATION

Name of Public School Academy: _____

Name of Assessment Coordinator: _____

- Assessment: Scantron Performance Series® ACT® Plan
 ACT® Explore MEAP®
 MI Merit Exam

Assessment Date(s): _____

Please enter the student enrollment for each grade tested in the appropriate grade:

Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8

I hereby certify:

- (i) That all of the rules and regulations of the specific student assessment listed on this form, as well as all requirements of both the public school academy's contract with the EAA and state law have been followed in the provision of this assessment; and
- (ii) I further certify that all of the documentation required to be maintained, whether under the rules of the assessment or under EAA policies, have been maintained and are available for review by the EAA; and
- (iii) That all data elements required to be gathered and submitted for a proper assessment are accurate.

I have sufficient knowledge of the facts provided on this form, and that the information contained herein is true and accurate.

Signature of Assessment Coordinator

Date

Printed Name

Title