OEAA Security Compliance Form

I, the undersigned, do certify and attest to all of the following:

I have had access to a printed or electronic copy of the *Professional Assessment & Accountability Practices for Educators* as published by the Office of Educational Assessment and Accountability (OEAA) of the Michigan Department of Education (MDE); and

I have read the sections applicable to assessment security, preparation, and administration; and

I have read the section regarding the duties and responsibilities of my role in the assessment process; and

I have followed the practices as they relate to my role in the current assessment.

Date: _____

Signature: _____

Printed Name: _____

Note: An electronic copy of the *Professional Assessment & Accountability Practices for Educators* is available on the Internet at **http://michigan.gov/oeaa**. For further information, contact the Michigan Department of Education, Office of Educational Assessment and Accountability, 608 W. Allegan St., P.O. Box 30008, Lansing, MI, 48909, or call toll-free 1-877-560-8378.

1. Assessment Programs ***Mark ALL that apply***

◯ MEAP ◯ MEAP-Access ◯ MI-Access ◯ MME ◯ ELPA

2. District

1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

3. School

1	2	3	4	5
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

4. Assessment Roles ***Mark ALL that apply***

◯ District Coordinator ◯ Proctor
◯ School Coordinator, Test Supervisor, or Back-Up Test Supervisor
◯ Accommodations Provider or Test Accommodations Coordinator
◯ Assessment Administrator or Room Supervisor ◯ Other

5. Information Box

PLEASE PRINT—Use full names.

School Name: _____

District Name: _____

Directions

TO COMPLETE:

1. Mark all corresponding bubble(s) next to the assessment program(s) for which you have one or more roles.
2. Print the **DISTRICT** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles. (Note: District Coordinators mark district code only; skip Step 3.)
3. Print the **SCHOOL** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles.
4. Mark all corresponding bubble(s) next to your role(s) in the assessment administration process (for example, District Coordinator, School Coordinator, etc.).
5. In the area under **Information Box**, district coordinators print district name **only**. All others print **both district** name and **school** name on the lines provided.

IMPORTANT:
Districts must keep all completed Security Compliance Forms on file at their district for a period of one year following the assessment window. Do NOT return completed forms to the testing contractor.

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