

OSA Assessment Security Compliance Form

This document is designed to ensure that all individuals involved with the handling of any Michigan assessments understand the secure nature of the assessments and will comply with the security guidelines as stated in the **Assessment Integrity Guide** and assessment administrator manuals. By signing this document, you certify that you understand and will comply with all security guidelines as stated in the **Assessment Integrity Guide** and assessment administrator manuals.

Directions

TO COMPLETE:

1. Mark the corresponding box(es) next to your role(s) for the current assessment administration (for example, District Coordinator, Building Coordinator, etc.).
2. In the area under Educational Entity, district coordinators print district name only. All others print both district name and school name on the lines provided. If known, please provide school and district codes.
3. Date and sign the bottom of this page.

IMPORTANT:

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

1. Assessment Roles (Mark ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> District Coordinator | <input type="checkbox"/> Proctor |
| <input type="checkbox"/> Technology Coordinator | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> Building Coordinator, Test Supervisor, or Back-Up Test Supervisor | <input type="checkbox"/> District Administrator |
| <input type="checkbox"/> Accommodations/SSD Provider or Test Accommodations Coordinator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assessment Administrator or Room Supervisor | |

2. Educational Entity (PLEASE PRINT – Use full names)

School Name: _____ School Code: _____
District Name: _____ District Code: _____

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

I have had access to a printed or electronic copy of the **Assessment Integrity Guide** as published by the Office of Standards and Assessment (OSA) 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 found in the current assessment manual(s) as they relate to my role.

Date: _____ School Year: _____

Signature: _____ Printed Name: _____

Note: Electronic copies of the **Assessment Integrity Guide** and assessment administrator manuals are available at www.michigan.gov/baa. For further information, contact the Michigan Department of Education, Office of Standards and Assessment (OSA), 608 W. Allegan St., P.O. Box 30008, Lansing, MI, 48909, call toll-free **877-560-8378**, or e-mail baa@michigan.gov.