



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 <i>Mark ALL that apply</i>	
<input type="radio"/> MEAP	<input type="radio"/> MEAP-Access
<input type="radio"/> MI-Access	<input type="radio"/> MME
<input type="radio"/> 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 <i>Mark ALL that apply</i>	
<input type="radio"/> District Coordinator	<input type="radio"/> Proctor
<input type="radio"/> School Coordinator, Test Supervisor, or Back-Up Test Supervisor	
<input type="radio"/> Accommodations Provider or Test Accommodations Coordinator	
<input type="radio"/> Assessment Administrator or Room Supervisor	
<input type="radio"/> Other	

5. Information Box
PLEASE PRINT—Use full names.
School Name: _____
District Name: _____

Directions

TO COMPLETE:

- Mark all corresponding bubble(s) next to the assessment program(s) for which you have one or more roles.
- 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.)
- Print the **SCHOOL** code. Enter leading zeros if necessary (for example, "01234"). Mark the corresponding bubbles.
- Mark all corresponding bubble(s) next to your role(s) in the assessment administration process (for example, District Coordinator, School Coordinator, etc.).
- 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.

