



# OSA 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 *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: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Note: Electronic copies of the *Assessment Integrity Guide* and assessment administrator manuals are available at [www.michigan.gov/baa](http://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](mailto:baa@michigan.gov).

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

Pilots or Field Tests     MEAP     MEAP-Access     MI-Access     MME     WIDA

**2. Assessment Roles** (Mark ALL that apply)

<input type="checkbox"/> District Coordinator	<input type="checkbox"/> Proctor	<input type="checkbox"/> Item Writer
<input type="checkbox"/> School Coordinator, Test Supervisor, or Back-Up Test Supervisor	<input type="checkbox"/> School Administrator	<input type="checkbox"/> Context Writer
<input type="checkbox"/> Accommodations Provider or Test Accommodations Coordinator	<input type="checkbox"/> District Administrator	<input type="checkbox"/> Expert Reviewer
<input type="checkbox"/> Assessment Administrator or Room Supervisor	<input type="checkbox"/> Committee Member	<input type="checkbox"/> Other

**3. Educational Entity** (PLEASE PRINT – Use full names)

School Name: \_\_\_\_\_ School Code: \_\_\_\_\_

District Name: \_\_\_\_\_ District Code: \_\_\_\_\_

**Directions**

**TO COMPLETE:**

1. Mark the corresponding box(es) next to the assessment program(s) for which you have one or more roles.
2. Mark the corresponding box(es) next to your role(s) for the current assessment administration process (for example, District Coordinator, School Coordinator, etc.).
3. 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.

**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.