

Verification of NRS 390 Mandatory Staff Training

2024-2025 School Year

Washoe County School District

Site/School Name:	
Principal Name:	

PRINCIPAL: *Please initial each box after reading*

- I verify that **A *Primer for Testing: Policies and Professional Expectations*** for the **2024-2025** school year has been **distributed to all personnel**, both certified and classified (ESP), at this school who may be involved with testing. *(The WCSD Primer may be distributed electronically as a pdf attachment, via hyperlink, or in print form.)*
- I further **verify that the presentation (PowerPoint)** prepared by the WCSD Department of Assessment **has been viewed by all site personnel**, including certified and classified (ESP), who may be involved with testing at this school.
- In addition, I have documented the names of certified and classified (ESP) personnel who received the *Primer* and participated in the staff meeting during which the PowerPoint presentation was delivered, and I verify that I have **collected the individual “Acknowledgement of Professional or Classified (ESP) WCSD Personnel” form** completed (signed and dated) by all personnel, including certified and classified (ESP), who may be involved with testing at this site. *(Forms may be submitted by staff as digitally signed PDF or in print form.)*
- Signed and dated individual staff acknowledgement **forms will be retained at this school for three years** in the locked test storage cabinet or electronic school test security documents folder. Dated logs from *Primer* training, refresher training, and other training in test security and test administration will also be retained for three years.
- I acknowledge **my responsibility for ensuring** all site personnel involved with testing have **read test administration manuals and participated in refresher training** prior to each test administration and **completed additional training as required** for district, state, or national assessments administered at this school.

Digital signatures will feature the signers name with date and time stamp. Submit as a printed copy or PDF, no images.

Annual Training Completed (date) *	Principal Signature

**Additional training dates must be provided for new staff and personnel that miss the initial training.*

>> DUE: 11.01.2024 – This completed and signed form must be **submitted to the Department of Assessment by end of day NOV 1, 2024**. Email: AssessmentSupport@washoeschools.net

School Mail: 380 Edison Way, Attn: ASSESSMENT	Fax: 775.333.6081	Email: AssessmentSupport@washoeschools.net
---------------------------------------------------------	-----------------------------	---------------------------------------------------------------------------------------------------------------