



2024-2025 School Year

**ACKNOWLEDGMENT OF PROFESSIONAL OR
CLASSIFIED (ESP) WCSD PERSONNEL**

***A PRIMER FOR TESTING:
POLICIES AND PROFESSIONAL EXPECTATIONS***

My signature on this form indicates that **I have read *A Primer for Testing: Policies and Professional Expectations*** for the **2024-2025** school year and that **I understand** the information it contains related to proper test security and test administration.

My signature also indicates that

- **I have participated in the training** featuring the “Primer” PowerPoint Presentation about test security and professional expectations as presented by the principal of this school, their designee, or appropriate district personnel.
- I understand and will carry out my **duties and responsibilities for test security and confidentiality**, and the **proper administration of assessments** in the WCSD (district) and NDE (state) testing programs.
- I will not be in the testing room or proctor high stakes and accountability assessments for **any student who is a relative or ward, or residing at my same address**, and I will **adhere to policies** intended to protect myself and participating relatives or wards from possible conflicts of interest and the appearance of impropriety.
- I understand and acknowledge the potential **consequences that may result from my failure to observe and carry out the requirements** of the state, district and school test security plans.
- **I will not** PHOTOGRAPH, RECORD, or in any way TRANSMIT part or all of a test or testing session, unless specifically authorized for the administration of the assessment.
- **I will not** READ, REVIEW or DISCUSS SECURE TEST ITEMS unless expressly authorized for the assessment and carried out in the intended manner, observing all security and copyright restrictions.
- **I will not** COPY, DISTRIBUTE, TEACH, or in any way publicize SECURE TEST AND/OR EXAMINATION ITEMS, STUDENT RESPONSES, or any part of a secure test and/or examination.
- I accept responsibility for **reading, understanding, and carrying out procedures in accordance with manuals and training** for each assessment I will administer or support in the WCSD and NDE testing programs.

This signed page must be returned to the principal at the school where you will administer or assist with testing.

Apply digital time stamped signature on electronic form that can be authenticated OR physically sign a printed document. Do not submit as a photo image.

Signature _____

Print Name _____ Date _____

Title or Position _____

School _____

Note: The school principal will retain signed copies of this acknowledgement form for a period of **three years** with the school’s testing documentation. Signed acknowledgment and confidentiality forms and associated training documentation may be requested in response to questions or in connection with a testing irregularity.