



Idaho State Department of Education Assessment Confidentiality Agreement

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 Assessment Division of the Idaho State Department of Education (SDE)
- I have read the sections applicable to assessment security, preparation, and administration
- I have read the section regarding the duties and responsibilities of my role in the assessment process
- I will follow the practices found in the current assessment manual(s) as they relate to my role

Signature

Printed Name

Date

Assessment Programs (Mark all that apply)

- ISAT ELA and Math ISAT Science EOC's Biology and/or Chemistry Alternate Assessments
 Idaho Reading Indicator WIDA's ACCESS Placement WIDA ACCESS 2.0

District Assessment Roles (Mark all that apply)

- District/School Administrator District Test Coordinator District Technology Coordinator
 School Testing Coordinator Test Administrator Observer
 Other _____

Educational Entity (Please print and use full names)

School Name

District Name

DIRECTIONS FOR COMPLETION:

1. Mark all corresponding boxes next to the assessment program(s) for which you have one or more roles
2. Mark all corresponding boxes next to your role(s) for the current assessment administration
3. In the area under Educational Entity, district/school administrators and district test coordinators will print district name only. All other roles will print both school and district name on the lines provided.

ALL district and school personnel, including certified staff, are required to sign Idaho's Assessment Confidentiality Agreement **prior** to being a part of any of the assessment procedures and working with student data.

Districts must keep completed Assessment Confidentiality Agreement on file for a period of 2 years (*IDAPA 08.02.03.111.11*) following the assessment window.