



## Indiana Testing Security and Integrity Agreement

**This agreement is to be signed by each Test Coordinator, Principal, and any individual who administers, handles, or has access to secure test materials at the corporation or school level.**

I acknowledge that I will have access to secure assessments in the Indiana Assessment System. I also acknowledge that I have read, understand, and agree to adhere to the Code of Ethical Practices and Procedures (the "Code") established pursuant to 511 IAC 5-5-3 and published in the Indiana Assessment Program Manual for all assessments within the Indiana Assessment System. I understand that assessment materials are secure, and it is my professional responsibility to protect their security and integrity. I agree to annually complete training as required under 511 IAC 5-5-5 and the Code.

**I therefore agree and assure as follows:**

1. I have read and understand the Code.
2. I understand that prior to administering, handling, or having access to test materials, I must receive Test Security training.
3. I understand that if I am involved in administering assessments, I must receive test administration training prior to administering such assessments.
4. I will not keep, copy, reproduce, paraphrase, distribute, review, or discuss any test materials that have not been released via posting on the web by the Indiana Department of Education (the "Department").
5. I will not use test items, test booklets/answer sheets, or any of the information contained in an assessment to review/prepare students for a test unless and until it is released via posting on the web by the Department.
6. I will not allow students or any other person who is not authorized by the Principal or Corporation Test Coordinator to have access to test materials or answer keys.
7. I will not alter or influence students' responses in any manner (indicate answers, point out rationale, prompt, etc.).
8. I will not disclose individual student test scores or test performance data to unauthorized persons.
9. I will adhere to the parameters that apply to the use of assistive technology and document all applicable assistive technology to ensure the accuracy of student responses.
10. a) If serving as an examiner for a student with an Individualized Education Program, Individual Learning Plan, or plan developed pursuant to Section 504 of the Rehabilitation Act of 1973, I will adhere to the accommodations listed therein. If serving as an examiner for a student who has a temporary condition and requires an accommodation pursuant to 511 IAC 5-2-4(b), I will provide appropriate accommodations.  
b) I also understand that if I administer assessments to students with accommodations (as per their Individual Education Plan, Individual Learning Plan, or 504 plan), I must receive training on providing appropriate accommodations.
11. I have read the information and instructions provided in all applicable sections of the 2016-2017 Indiana Assessment Program Manual. I agree to administer assessments according to these procedures.
12. I understand that any information associated with an individual student's testing documents, including, but not limited to, details regarding the student's accommodations, Free/Reduced Lunch status, Special Education Program participation, English Learner status, etc. must be kept confidential at all times.
13. I understand that a violation of the Code or requirements provided in the Indiana Assessment Program Manual may constitute a breach of test integrity. I understand that causing student achievement to be inaccurately represented or reported constitutes such a violation.
14. I understand that any suspected breach of test integrity shall be reported to the Department pursuant to the Protocol for Investigations of Alleged Violation of Test Integrity as required under 511 IAC 5-5-4.
15. I understand that if a breach of test integrity or intellectual property right infringement occurs as a result of my actions and I hold a license/certification granted by the Department, my license/certification may be suspended or revoked under Ind. Code 20-28-5-7 and 511 IAC 5-5-3, and/or the Department may pursue civil action under intellectual property laws pursuant to 511 IAC 5-5-3.

Please print your name, sign, and return the Indiana Testing Security and Integrity Agreement to the appropriate test administrator.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Corporation or School: \_\_\_\_\_

This agreement is valid for the school year during which it is signed. This form shall be maintained on file by the corporation for no fewer than three years.