



# SUPERINTENDENT VERIFICATION FORM

**Purpose of Form:** This form is completed by the superintendent to declare that district and school staff have been provided with test security training and assessment policy guidance as required by PED.

**Procedure for Completing:**

- Superintendent verifies all activities took place by placing a check mark in each box.
- Superintendent completes and signs form.
- Submit this form to the PED Assessment Bureau within 10 business days of the end of testing for each semester. Submit to: [ped.assessment@state.nm.us](mailto:ped.assessment@state.nm.us)
- Keep a copy of this form, training forms, and certificates for five (5) years.

**I verify that the following is true for all state-mandated testing for the semester:**

The School Principal(s), School Test Coordinator(s) (STC), Test Administrators (TAs), Proctors, Hall Monitors, and any staff who handled tests received test security training by the District Test Coordinator (DTC) or STC prior to testing each semester. Sign-in sheets with printed name, signature, and position of each attendee will be retained at the district level for five (5) years.

All staff followed set procedures for storage, chain of custody, and return of all testing materials to the contractor in accordance with the PED policies and packing and shipping instructions in the Test Coordinator Manual (TCM).

All TAs administering the alternate assessments, the EL assessments (ACCESS, WIDA Screener, W-APT), and other assessments requiring individual online training met training requirements for administration. All training certificates will be retained at district level for five (5) years.

All DTCs, STCs and TAs met licensure requirements.

Students received assigned accommodations as prescribed on IEPs, 504 Plans, and/or EL Plans.

DTCs properly reported possible test irregularities to PED within three (3) days of the event. Tests were voided or scores invalidated for any students who received inappropriate accommodations, were discovered with electronic equipment on their person, or who were administered the test inappropriately.

<b>Superintendent Printed Name:</b>		<b>Superintendent Signature:</b>	
<b>District Code:</b>	<b>District Name:</b>	<b>Date:</b>	