



# APPENDIX A



# Gridding Information

## Identification Information\*

STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS

ANSWER DOCUMENT/  
ONLINE RECORD

HEADING

EXPLANATION

PEIMS DATA  
ELEMENT ID

ANSWER DOCUMENT/ ONLINE RECORD HEADING	EXPLANATION	PEIMS DATA ELEMENT ID
	LAST-NAME	E0705
	FIRST-NAME	E0703
	MI (PEIMS ELEMENT IS MIDDLE-NAME)	E0704
	DISTRICT-NAME	E0213
	CAMPUS-NAME	E0267
	STUDENT-ID (AS USED FOR PEIMS) EITHER THE STUDENT'S SOCIAL SECURITY NUMBER OR A STATE-APPROVED ALTERNATIVE ID NUMBER CONSISTING OF AN "S" FOLLOWED BY EIGHT DIGITS	E0001
	SEX-CODE M = MALE F = FEMALE	E0004
	GRADE-LEVEL-CODE	E0017
	DATE-OF-BIRTH (MMDDYY)	E0006
	TEST FORM	n/a
	LOCAL-STUDENT-ID—ASSIGNED BY SCHOOL DISTRICT	E0923
ETH	HISPANIC-LATINO-CODE INDICATES A PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.  1 = HISPANIC/LATINO 0 = NOT HISPANIC/LATINO	E1064

\*Not all codes are applicable to every testing program.

STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS

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I	<p>AMERICAN-INDIAN-ALASKA-NATIVE-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AND SOUTH AMERICA (INCLUDING CENTRAL AMERICA).</p> <p>1 = YES 0 = NO</p>	E1059
A	<p>ASIAN-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, OR THE INDIAN SUBCONTINENT, INCLUDING, FOR EXAMPLE, CAMBODIA, CHINA, INDIA, JAPAN, KOREA, MALAYSIA, PAKISTAN, THE PHILIPPINE ISLANDS, THAILAND, AND VIETNAM.</p> <p>1 = YES 0 = NO</p>	E1060
B	<p>BLACK-AFRICAN-AMERICAN-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.</p> <p>1 = YES 0 = NO</p>	E1061
P	<p>NATIVE-HAWAIIAN-PACIFIC-ISLANDER-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.</p> <p>1 = YES 0 = NO</p>	E1062
W	<p>WHITE-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA.</p> <p>1 = YES 0 = NO</p>	E1063

\*Not all codes are applicable to every testing program.

## Program Information\*

Program information submitted should reflect the student's status at the time of testing. Current information should be provided if the student is new to the district or if the student's program or demographic information has changed since the October 2011 PEIMS submission.

If a demographic or program information field is left blank for any student, data from the October 2011 PEIMS submission will be used to complete the field, if possible. If it is not possible to match a student's data to the appropriate PEIMS record, data from any field left blank will be aggregated and reported as "No information provided" for that data element.

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STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS

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ELEMENT ID

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ED	ECONOMIC-DISADVANTAGE-INDICATOR-CODE (MARK ONE)	E0785
	01 = ELIGIBLE FOR FREE MEALS UNDER THE NATIONAL SCHOOL LUNCH AND CHILD NUTRITION PROGRAM  02 = ELIGIBLE FOR REDUCED-PRICE MEALS UNDER THE NATIONAL SCHOOL LUNCH AND CHILD NUTRITION PROGRAM  99 = OTHER ECONOMIC DISADVANTAGE  00 = NOT IDENTIFIED AS ECONOMICALLY DISADVANTAGED	
TIA	TITLE-I-PART-A-INDICATOR-CODE (MARK ONE)	E0894
	6 = STUDENT ATTENDS CAMPUS WITH SCHOOLWIDE PROGRAM  7 = STUDENT PARTICIPATES IN PROGRAM AT TARGETED ASSISTANCE SCHOOL  8 = STUDENT IS PREVIOUS PARTICIPANT IN PROGRAM AT TARGETED ASSISTANCE SCHOOL (NOT A CURRENT PARTICIPANT)  9 = STUDENT DOES NOT ATTEND A TITLE I, PART A SCHOOL BUT RECEIVES TITLE I, PART A SERVICES BECAUSE THE STUDENT IS HOMELESS  0 = STUDENT DOES NOT CURRENTLY PARTICIPATE IN AND HAS NOT PREVIOUSLY PARTICIPATED IN PROGRAM AT CURRENT CAMPUS	

\*Not all codes are applicable to every testing program.

STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS		
ANSWER DOCUMENT/ ONLINE RECORD		
HEADING	EXPLANATION	PEIMS DATA ELEMENT ID
MS	<p>MIGRANT-STUDENT-INDICATOR-CODE STUDENT HAS BEEN IDENTIFIED AS A MIGRANT STUDENT (MARK ONE)</p> <p>1 = YES 0 = NO</p>	E0984
L	<p>LEP-INDICATOR-CODE STUDENT HAS BEEN IDENTIFIED AS LIMITED ENGLISH PROFICIENT BY THE LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC) (MARK ONE)</p> <p>C = STUDENT IS CURRENTLY IDENTIFIED AS LEP (INCLUDES STUDENTS WITH PARENTAL DENIALS).</p> <p>M1 = STUDENT HAS MET CRITERIA FOR BILINGUAL/ESL PROGRAM EXIT, IS NO LONGER CLASSIFIED AS LEP IN PEIMS, AND IS IN HIS OR HER <b>FIRST</b> YEAR OF MONITORING AS REQUIRED BY 19 TAC §89.1220(L).</p> <p>M2 = STUDENT HAS MET CRITERIA FOR BILINGUAL/ESL PROGRAM EXIT, IS NO LONGER CLASSIFIED AS LEP IN PEIMS, AND IS IN HIS OR HER <b>SECOND</b> YEAR OF MONITORING.</p> <p>0 = ALL OTHER ENROLLED STUDENTS</p> <p><b>NOTES:</b> 1. MARK M1 OR M2 IF A STUDENT IS IN THE FIRST OR SECOND YEAR OF MONITORING BUT IS INCORRECTLY IDENTIFIED AS LEP IN PEIMS. 2. THE M1 AND M2 CATEGORIES INCLUDE STUDENTS WITH PARENTAL DENIALS WHO HAVE MET THE STATE CRITERIA FOR RECLASSIFICATION AS NON-LEP AND ARE IN THEIR FIRST OR SECOND YEAR OF MONITORING. 3. THIS INFORMATION IS NOT COLLECTED FOR TELPAS. ALL STUDENTS TAKING TELPAS ARE LIMITED ENGLISH PROFICIENT.</p>	
B	<p>BILINGUAL-PROGRAM-CODE (MARK ONE)</p> <p>2 = TRANSITIONAL BILINGUAL/EARLY EXIT 3 = TRANSITIONAL BILINGUAL/LATE EXIT 4 = DUAL LANGUAGE IMMERSION/TWO-WAY 5 = DUAL LANGUAGE IMMERSION/ONE WAY 0 = STUDENT DOES NOT PARTICIPATE IN A BILINGUAL EDUCATION PROGRAM</p>	E1042
ESL	<p>ESL-PROGRAM-TYPE-CODE (MARK ONE)</p> <p>2 = ENGLISH AS A SECOND LANGUAGE/CONTENT-BASED 3 = ENGLISH AS A SECOND LANGUAGE/PULL-OUT 0 = STUDENT DOES NOT PARTICIPATE IN AN ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM</p> <p><b>NOTE:</b> FOR BILINGUAL OR ESL STUDENTS, PROGRAM INFORMATION SHOULD REFLECT ENROLLMENT IN <b>EITHER</b> A BILINGUAL <b>OR</b> AN ESL PROGRAM.</p>	E1043

## STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS

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ELEMENT ID

SE	<p>SPECIAL-ED-INDICATOR-CODE NOTE: DOES NOT APPLY TO STAAR ALTERNATE. (MARK ONE)</p> <p>1 = STUDENT IS PARTICIPATING IN A SPECIAL EDUCATION PROGRAM</p> <p>0 = STUDENT IS NOT PARTICIPATING IN A SPECIAL EDUCATION PROGRAM</p>	E0794
G/T	<p>GIFTED-TALENTED-INDICATOR-CODE NOTE: DOES NOT APPLY TO STAAR ALTERNATE. STUDENT IS PARTICIPATING IN A STATE-APPROVED GIFTED/TALENTED PROGRAM (MARK ONE)</p> <p>1 = YES 0 = NO</p>	E0034
AR	<p>AT-RISK-INDICATOR-CODE STUDENT IS DESIGNATED AS BEING AT RISK OF DROPPING OUT OF SCHOOL UNDER STATE-MANDATED ACADEMIC CRITERIA ONLY (MARK ONE)</p> <p>1 = YES 0 = NO</p>	E0919
CT	<p>CAREER-AND-TECHNICAL-ED-IND-CODE NOTE: GRADES 6–12, ALL PROGRAMS. INDICATES WHETHER STUDENT IS ENROLLED IN ONE OR MORE STATE-APPROVED VOCATIONAL EDUCATION COURSES (MARK ONE)</p> <p>1 = ENROLLED IN ONE OR MORE STATE-APPROVED CAREER AND TECHNICAL COURSES AS AN ELECTIVE</p> <p>2 = PARTICIPANT IN THE DISTRICT'S CAREER AND TECHNICAL COHERENT SEQUENCE OF COURSES PROGRAM</p> <p>3 = PARTICIPANT IN THE DISTRICT'S TECH PREP PROGRAM</p> <p>0 = NO PARTICIPATION IN CAREER AND TECHNICAL COURSES</p>	E0031
PD	<p>PARENTAL DENIAL (CODE C, PARENTAL-PERMISSION- CODE) (MARK ONE)</p> <p>1 = PARENT OR GUARDIAN HAS DENIED PLACEMENT OF STUDENT IN ANY SPECIAL LANGUAGE PROGRAM</p> <p>0 = PARENT OR GUARDIAN HAS NOT DENIED PLACEMENT OF STUDENT IN ANY SPECIAL LANGUAGE PROGRAM</p>	E0896

## Scoring Information\*

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STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS

ANSWER DOCUMENT/  
ONLINE RECORD

HEADING

EXPLANATION

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### ACCOMMODATIONS FOR STAAR:

#### TYPE 1 ACCOMMODATION

BLANK BUBBLE - MARK THE BLANK BUBBLE IF STUDENT RECEIVED A TYPE 1 ACCOMMODATION.

#### TYPE 2 ACCOMMODATION

MARK A SPECIFIC TYPE 2 ACCOMMODATION (BR, LP, OA, AND/OR XT) FOR ANY OF THESE SPECIFIC ACCOMMODATIONS THE STUDENT RECEIVED, IF APPLICABLE. THEN MARK THE BLANK BUBBLE IN THE COLUMN LABELED "2" TO INDICATE THAT THE STUDENT RECEIVED ANY OTHER TYPE 2 ACCOMMODATION THAT IS NOT SPECIFICALLY LISTED, IF APPLICABLE.

BR = BRAILLE ADMINISTRATION

LP = LARGE PRINT ADMINISTRATION

OA = ORAL ADMINISTRATION

XT = EXTRA TIME (TO END OF DAY)

#### TYPE 3 ACCOMMODATION

MARK THE SPECIFIC TYPE 3 ACCOMMODATION (XD), IF APPLICABLE. THEN MARK THE BLANK BUBBLE IN THE COLUMN LABELED "3" TO INDICATE THAT THE STUDENT RECEIVED ANY OTHER TYPE 3 ACCOMMODATION THAT IS NOT SPECIFICALLY LISTED. AN ACCOMMODATION REQUEST FORM MUST BE SUBMITTED AND APPROVED BEFORE A STUDENT RECEIVES A TYPE 3 ACCOMMODATION, IF APPLICABLE.

XD = EXTRA DAY

#### LINGUISTIC ACCOMMODATIONS

BD = BILINGUAL DICTIONARY

XT = EXTRA TIME (TO END OF DAY)

D = DICTIONARY

CE = CLARIFICATION OF WORD MEANING IN ENGLISH

RA = READING ALOUD OF TEXT

CP = CLARIFICATION IN ENGLISH OF WORDS IN WRITING PROMPT

CS = CLARIFICATION IN ENGLISH OF WORDS IN SHORT-ANSWER READING QUESTIONS

OT = ORAL TRANSLATION

BG = BILINGUAL GLOSSARY

**NOTE:** REFER TO THE ACCOMMODATIONS RESOURCES PAGE FOR MORE INFORMATION REGARDING ACCOMMODATIONS.

\*Not all codes are applicable to every testing program.



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 STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS

ANSWER DOCUMENT/

ONLINE RECORD

HEADING

EXPLANATION

**STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED:**

W = WRITING    M = MATHEMATICS  
 R = READING    SS = SOCIAL STUDIES  
 S = SCIENCE

(MARK ONLY ONE SCORE CODE FOR EACH SUBJECT AREA)

SCORE CODE<sup>†</sup>

A = ABSENT (DO NOT MARK IF AN ELIGIBLE STUDENT WILL TAKE A MAKE-UP TEST.)

O = OTHER, SUCH AS TEST ADMINISTRATION IRREGULARITY, ILLNESS DURING TESTING, OR COURT-ORDERED PARTICIPATION IN AN AUTHORIZED HIGH SCHOOL EQUIVALENCY PROGRAM (HSEP).

\* = THE STUDENT DID NOT TEST ON THE ANSWER DOCUMENT FOR THE SUBJECT INDICATED.

S = TEST TO BE SCORED

HIGH SCHOOL  
EQUIVALENCY  
PROGRAM  
(HSEP)

MARK IF A STUDENT WHO IS COURT-ORDERED TO PARTICIPATE IN AN AUTHORIZED HIGH SCHOOL EQUIVALENCY PROGRAM QUALIFIES TO BE AND IS EXCUSED FROM TAKING THE TEST ACCORDING TO 19 TAC §89.1409.

**TEST TAKEN INFO:****STAAR**

FOR EACH SUBJECT AREA TEST ADMINISTERED, MARK WHICH OF THE FOLLOWING TESTS WAS TAKEN. (MARK ONE)

EN = ENGLISH VERSION OF STAAR

SP = STAAR SPANISH

L = STAAR L

FORM # = WRITE THE NUMBER OF THE FORM THE STUDENT USED, AND MARK THE BUBBLES ACCORDINGLY

**EOC/ABOVE GRADE**

MARK THIS BUBBLE IF STUDENT TOOK THE TEST ABOVE GRADE.

<sup>†</sup>At the time of this manual's printing, ELL coding instructions were pending final adoption of commissioner of education rules on ELL participation requirements.

## TELPAS

ONLINE  
CODING

## EXPLANATION

**TELPAS**

THE TELPAS SCORE CODES SHOULD BE USED FOR THE ONLINE ASSESSMENT ONLY. THE PAPER SCORE CODES ARE AVAILABLE IN THE PAPER SUPPLEMENT THAT IS DISTRIBUTED WITH THE TEST BOOKLET.

RATER  
INFORMATION  
QUESTION A

THIS FIELD INDICATES THE ROLE THAT BEST DESCRIBES THE RELATIONSHIP OF THE RATER TO THE STUDENT.

- 1 = BILINGUAL EDUCATION TEACHER
- 2 = ESL TEACHER
- 3 = ELEMENTARY EDUCATION TEACHER
- 4 = MS OR HS GENERAL ED TEACHER OF CORE SUBJECTS
- 5 = SPECIAL EDUCATION TEACHER
- 6 = GIFTED AND TALENTED TEACHER
- 7 = TEACHER OF ENRICHMENT SUBJECTS

RATER  
INFORMATION  
QUESTION B

THIS FIELD INDICATES WHETHER THE RATER COLLABORATED WITH OTHERS FAMILIAR WITH THE STUDENT'S PROGRESS IN LEARNING ENGLISH.

- 1 = YES
- 2 = NO

SCORE CODE:

LISTENING, SPEAKING, WRITING

- B = BEGINNING
- I = INTERMEDIATE
- A = ADVANCED
- H = ADVANCED HIGH
- E = EXTENUATING CIRCUMSTANCES
- X = ARD DECISION

READING (K-1)

- B = BEGINNING
- I = INTERMEDIATE
- A = ADVANCED
- H = ADVANCED HIGH
- E = EXTENUATING CIRCUMSTANCES
- X = ARD DECISION

READING (2-12)

- A = ABSENT
- X = ARD DECISION
- \* = TEA-APPROVED PAPER ADMINISTRATION
- O = OTHER, STUDENT NOT TO BE SCORED

## TELPAS

ONLINE  
CODING

EXPLANATION

**ACCOMMODATIONS FOR TELPAS:**TYPE 1 ACCOMMODATION

BLANK BUBBLE - MARK THE BLANK BUBBLE IF STUDENT RECEIVED A TYPE 1 ACCOMMODATION.

TYPE 2 ACCOMMODATION

BLANK BUBBLE - MARK THE BLANK BUBBLE IF STUDENT RECEIVED A TYPE 2 ACCOMMODATION.

TYPE 3 ACCOMMODATION

BLANK BUBBLE - MARK THE BLANK BUBBLE IF A STUDENT RECEIVED A TYPE 3 ACCOMMODATION. AN ACCOMMODATION REQUEST FORM MUST BE SUBMITTED AND APPROVED FOR A STUDENT TO USE A TYPE 3 ACCOMMODATION.

YEARS IN U.S.  
SCHOOLS  
(GRADES 1–12  
ONLY)

DO NOT INCLUDE KINDERGARTEN OR PREKINDERGARTEN IN COUNTING THE YEARS IN U.S. SCHOOLS OF LEP STUDENTS IN GRADES 1–12. CONSIDER GRADE 1 AS THE FIRST YEAR FOR STUDENTS ENROLLED IN U.S. SCHOOLS SINCE KINDERGARTEN OR BEFORE.

0 = FIRST ENROLLED IN U.S. SCHOOLS DURING THE SECOND SEMESTER OF THE 2011–2012 SCHOOL YEAR

1 = FIRST ENROLLED IN U.S. SCHOOLS DURING THE FIRST SEMESTER OF THE 2011–2012 SCHOOL YEAR

2 = HAS BEEN ENROLLED IN U.S. SCHOOLS FOR ALL OR PART(S) OF 2 SCHOOL YEARS

3 = HAS BEEN ENROLLED IN U.S. SCHOOLS FOR ALL OR PART(S) OF 3 SCHOOL YEARS

4 = HAS BEEN ENROLLED IN U.S. SCHOOLS FOR ALL OR PART(S) OF 4 SCHOOL YEARS

5 = HAS BEEN ENROLLED IN U.S. SCHOOLS FOR ALL OR PART(S) OF 5 SCHOOL YEARS

6 = HAS BEEN ENROLLED IN U.S. SCHOOLS FOR ALL OR PART(S) OF 6 OR MORE SCHOOL YEARS





# APPENDIX B



State of Texas  
County of \_\_\_\_\_

Texas Education Agency  
Student Assessment Program  
2012

## Oath of Test Security and Confidentiality for District Superintendent/Chief Administrative Officer

I do hereby certify to the state commissioner of education that the security and confidentiality of all assessment instruments and test items have been maintained, and do hereby further certify the following to the commissioner:

(Initial each statement.)

- \_\_\_\_\_ that I understood my obligations concerning the security and confidentiality of these tests;
- \_\_\_\_\_ that I was aware of the range of penalties that may result from a departure from the documented test administration procedures for the state assessments, and I am aware of the range of penalties that may result from a violation of test security and confidentiality;
- \_\_\_\_\_ that no unauthorized person has inspected or viewed any part of the assessment instrument;
- \_\_\_\_\_ that no person has in any way copied or reproduced any part of a secure test without expressed written permission from TEA;
- \_\_\_\_\_ that no person has copied or reproduced any part of a student response to a secure test except as explicitly specified in the instructions for the assessment;
- \_\_\_\_\_ that no person has revealed any of the contents of the assessment instrument except where authorized by the procedures governing administration of a test;
- \_\_\_\_\_ that no person has corrected or altered student responses to the assessment instrument or provided assistance with responses to the assessment instrument; and
- \_\_\_\_\_ that no unauthorized person has inspected or viewed any part of the assessment instrument.

I do hereby further certify, warrant, and affirm that I have notified either the district coordinator or the Texas Education Agency of any violation or suspected violation of test security and confidentiality that has been reported to me.

I do hereby further certify, warrant, and affirm that I will notify the Texas Education Agency of any violation or suspected violation of test security and confidentiality that may hereinafter be reported to me.

IN WITNESS WHEREOF I affix my hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Superintendent/Chief Administrative Officer

\_\_\_\_\_  
Printed Name of Superintendent/Chief Administrative Officer

\_\_\_\_\_  
District Name

\_\_\_\_\_  
County-District Number

\_\_\_\_\_  
Area Code/Telephone #

Sign this form after all testing for the 2012 testing year for your district has been completed and all materials have been returned to the testing contractor. Your district coordinator will return this form in the envelope provided in the district coordinator packet. The oath will be kept on file for a period of five years from the last day of testing.

District Superintendents/Chief Administrative Officers need to sign only one oath for the 2012 testing year.

**Duplicate this form as needed.**





State of Texas  
County of \_\_\_\_\_

Texas Education Agency  
Student Assessment Program  
2012

## Oath of Test Security and Confidentiality for District Testing Coordinator

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the State Assessment Program and do hereby certify the following:

(Initial each statement.)

- \_\_\_\_\_ I have received training on the appropriate administration of the statewide assessments;
- \_\_\_\_\_ I will read all coordinator directions and applicable manuals governing the administration of the statewide student assessment program;
- \_\_\_\_\_ I will train the appropriate district personnel or ensure that appropriate district personnel are trained in general test administration procedures;
- \_\_\_\_\_ I will train the appropriate district personnel or ensure that appropriate district personnel are trained in testing procedures specific to each administration during the 2012 testing year;
- \_\_\_\_\_ I understand my obligations concerning the security and confidentiality of these tests;
- \_\_\_\_\_ I am aware of the range of penalties that may result from a departure from the documented test administration procedures for the state assessments, and I am aware of the range of penalties that may result from a violation of test security and confidentiality; and
- \_\_\_\_\_ I am aware of my obligation to report any suspected violations of test security to the district superintendent and the Texas Education Agency.

I do hereby further certify, warrant, and affirm that I will faithfully and fully comply with all requirements concerning test security and confidentiality.

IN WITNESS WHEREOF I affix my hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of District Testing Coordinator

\_\_\_\_\_  
Printed Name of District Testing Coordinator

\_\_\_\_\_  
District Name

\_\_\_\_\_  
County-District Number

\_\_\_\_\_  
Area Code/Telephone #

Initial and sign the above portion before handling any secure test materials. After all testing for the 2012 testing year for your district has been completed and all materials have been shipped to the testing contractor, sign and date the statement below.

I do hereby certify, warrant, and affirm that I have fully complied with all the requirements governing the State Assessment Program and that I have reported any suspected violations of test security or confidentiality to the Texas Education Agency.

\_\_\_\_\_  
Signature of District Testing Coordinator

\_\_\_\_\_  
Date

Return this form as soon as possible, along with the signed superintendent/chief administrative officer security oath, in the pre-addressed envelope provided in the district coordinator packet. The forms should be returned to Pearson's Austin Operations Center, 905 W. Howard Lane, Austin, Texas 78753.

District testing coordinators need to sign only one oath for the 2012 testing year.

Duplicate this form as needed.



State of Texas  
County of \_\_\_\_\_

Texas Education Agency  
Student Assessment Program  
2012

## Oath of Test Security and Confidentiality for Campus Testing Coordinator

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the State Assessment Program and do hereby certify the following:

(Initial each statement.)

- \_\_\_\_\_ I have received training on the appropriate administration of the statewide assessments;
- \_\_\_\_\_ I will read all coordinator directions and applicable manuals governing the administration of the statewide student assessment program;
- \_\_\_\_\_ I will train the appropriate campus personnel or ensure that appropriate campus personnel are trained in general test administration procedures;
- \_\_\_\_\_ I will train the appropriate campus personnel or ensure that appropriate campus personnel are trained in testing procedures specific to each administration during the 2012 testing year;
- \_\_\_\_\_ I understand my obligations concerning the security and confidentiality of the state assessments, and I am aware of the range of penalties that may result from a violation of test security and confidentiality; and
- \_\_\_\_\_ I am aware of my obligation to report any suspected violations of test security to the district testing coordinator.

I do hereby further certify, warrant, and affirm that I will faithfully and fully comply with all requirements concerning test security and confidentiality.

IN WITNESS WHEREOF I affix my hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____ Signature of Campus Coordinator	_____ Printed Name of Campus Coordinator
_____ District Name	_____ Campus Name
_____ County-District Number	_____ Area Code/Telephone #

Initial and sign the above portion of this form before handling any secure test materials. After all testing for the 2012 testing year for your campus has been completed and all materials have been returned to the district testing coordinator, sign and date the statement below.

I do hereby certify, warrant, and affirm that I have fully complied with all the requirements governing the State Assessment Program and that I have reported any suspected violations of test security or confidentiality to the District Testing Coordinator.

\_\_\_\_\_  
Signature of Campus Coordinator

\_\_\_\_\_  
Date

Return this form along with the signed campus principal security oath to the district testing coordinator.

Campus coordinators need to sign only one oath for the 2012 testing year. Any person who has more than one testing role (for instance, a principal who serves as campus coordinator) must sign an oath for **each** role.

Duplicate this form as needed.



State of Texas  
County of \_\_\_\_\_

Texas Education Agency  
Student Assessment Program  
2012

## Oath of Test Security and Confidentiality for Campus Principal

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the State Assessment Program and do hereby certify the following:

(Initial each statement.)

- \_\_\_\_\_ I have received training in test security and general testing procedures for all state assessment programs administered on this campus;
- \_\_\_\_\_ All appropriate campus personnel will be trained and will sign an oath of test security and confidentiality;
- \_\_\_\_\_ I am aware of my obligations concerning the proper administration of each assessment;
- \_\_\_\_\_ I understand my obligations concerning the security and confidentiality of the state assessments, and I am aware of the range of penalties that may result from a violation of test security and confidentiality; and
- \_\_\_\_\_ I am aware of my obligation to report any suspected violation of test security to the district testing coordinator.

I do hereby further certify, warrant, and affirm that I will faithfully and fully comply with all requirements concerning test security and confidentiality.

IN WITNESS WHEREOF I affix my hand on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____ Signature of Campus Principal	_____ Printed Name of Campus Principal
_____ District Name	_____ Campus Name
_____ County-District Number	_____ Area Code/Telephone #

Initial and sign the above portion of this form before handling any secure test materials. After all testing for the 2012 testing year for your campus has been completed and all materials have been returned to the district testing coordinator, sign and date the statement below.

I do hereby certify, warrant, and affirm that I have fully complied with all the requirements governing the State Assessment Program and that I have reported any suspected violations of test security or confidentiality to the district testing coordinator.

\_\_\_\_\_  
Signature of Campus Principal

\_\_\_\_\_  
Date

Return this form to the campus coordinator.

Principals need to sign only one oath for the 2012 testing year. Any person who has more than one testing role (for instance, a principal who serves as campus coordinator) must sign an oath for **each** role.

Duplicate this form as needed.