



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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EXPLANATION

PEIMS DATA
ELEMENT ID

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 2012 PEIMS submission.

If a demographic or program information field is left blank for any student, data from the October 2012 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.

STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS		
ANSWER DOCUMENT/ ONLINE RECORD		
HEADING	EXPLANATION	PEIMS DATA ELEMENT ID
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 FIRST 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 SECOND YEAR OF MONITORING.</p> <p>0 = ALL OTHER ENROLLED STUDENTS</p> <p>NOTES: 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>NOTE: FOR BILINGUAL OR ESL STUDENTS, PROGRAM INFORMATION SHOULD REFLECT ENROLLMENT IN EITHER A BILINGUAL OR AN ESL PROGRAM.</p>	E1043

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

ANSWER DOCUMENT/
ONLINE RECORD
HEADING

EXPLANATION

PEIMS DATA
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*

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

ANSWER DOCUMENT/
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HEADING

EXPLANATION

ACCOMMODATIONS FOR STAAR:

TYPE 1 ACCOMMODATION

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

TYPE 2 ACCOMMODATION

BLANK BUBBLE - 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 (SAME DAY)

TYPE 3 ACCOMMODATION

BLANK BUBBLE - MARK THE SPECIFIC TYPE 3 ACCOMMODATION (XD) THE STUDENT RECEIVED, 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.

XD = EXTRA DAY

LINGUISTIC ACCOMMODATIONS

BD = BILINGUAL DICTIONARY

XT = EXTRA TIME (SAME 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 ACCOMMODATION RESOURCES WEBPAGE FOR MORE INFORMATION REGARDING ACCOMMODATIONS.

*Not all codes are applicable to every testing program.

**For students taking STAAR L online, do not record this accommodation in the Assessment Management System. This accommodation is provided for all students who take STAAR L tests online.

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

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.

P = STUDENT ACHIEVED SATISFACTORY PERFORMANCE IN THE SUBJECT (APPLICABLE FOR MAY AND JUNE GRADES 5 & 8 READING AND MATHEMATICS).

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

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

EOC/ABOVE GRADE

MARK THIS BUBBLE ON THE STUDENT'S ENROLLED GRADE ANSWER DOCUMENT IF STUDENT TOOK THE TEST ABOVE GRADE.

TEST DATE FIELD:

STAAR EOC

THE TEST DATE FIELD INDICATES THE DAY ON WHICH THE STUDENT TESTED. COMPLETE THIS FIELD BY WRITING THE NUMBERS FOR THE DAY OF THE MONTH AND THEN FILLING IN THE CORRESPONDING BUBBLES BELOW.

TELPAS

ONLINE
CODING

EXPLANATION

TELPASRATER
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
- 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.

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 2012–2013 SCHOOL YEAR

1 = FIRST ENROLLED IN U.S. SCHOOLS DURING THE FIRST SEMESTER OF THE 2012–2013 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

Additional Data Collection for TELPAS

As part of the spring TELPAS assessment, districts will be required to submit additional information about ELLs with extenuating needs. Testing personnel will not be required to submit the additional data for ELLs with no extenuating needs.

ELLs with extenuating needs come to the U.S. with significant gaps in learning in addition to the challenges faced by ELLs in general. The special circumstances that cause ELLs to have extenuating needs may affect how long it takes to acquire English and academic skills and, therefore, how long these students might need substantial linguistic accommodations during instruction and testing, and how long these students might warrant special consideration in accountability measures of instructional effectiveness.

Identifying which ELLs have these extenuating needs will allow districts to better monitor and adjust instructional interventions and evaluate the effectiveness of instructional programs. At the state level, these data will be used to help inform and evaluate ELL assessment and accountability policies. Specifically, this data collection will help determine the number of ELLs in the state who have extenuating academic needs that may affect the time it takes to achieve Level II: Satisfactory Academic Performance on STAAR assessments and the ability to reach progress expectations.

Special Circumstances

Testing coordinators must work in conjunction with the LPAC to determine whether an ELL in the district has an extenuating need. The special circumstances that cause ELLs to have extenuating needs are defined as follows:

Unschooled Asylees/Refugees

These ELLs are determined to be unschooled asylees or refugees in accordance with state-established criteria*. These students lack literacy skills in their first language and basic subject-matter knowledge and skills. They may also lack basic social skills and have experienced emotional trauma as a result of their previous circumstances. It is highly critical that this category be coded accurately for proper identification of these students.

Limited Prior Schooling

These immigrant ELLs come to the U.S. with limited or no prior schooling. They lack literacy skills in their first language, basic subject-matter knowledge and skills, and/or basic social skills. For the purpose of this data collection, limited schooling means that an ELL did not attend school for a period of time such that the ability to learn English and new grade level subject-matter knowledge and skills is significantly affected.

* For information on qualifying as an unschooled asylee/refugee, refer to page 6 of the *2012–2013 STAAR Decision-Making Guide for LPACs*.

❑ Late Arrival

These ELLs from other countries **first** enter U.S. schools late enough in the school year such that it considerably affects their ability to develop a foundational understanding of the English language and learn subject-matter content.

❑ Students With Interrupted Formal Schooling (Sife)

These ELLs attend school in the U.S., withdraw and leave the U.S. for a period of time, and then return to the U.S. The period of time outside of the U.S. and/or the number of times the student is withdrawn from U.S. schools is significant enough that growth in English and learning of subject matter are affected.

❑ Disabling Condition

These ELLs have a disabling condition that significantly affects growth in second language acquisition and academic achievement, as determined by the ARD in conjunction with the LPAC.

Submission of Additional Data

The additional data will be collected in the Agency Use fields on the TELPAS Student Registration Details page of the Assessment Management System. These data should be submitted for ELLs who have at least one of the special circumstances defined in this appendix.

AGENCY USE – COLUMN A	UNSCHOOLED ASYLEE/REFUGEE*	1 = YES
AGENCY USE – COLUMN B	LIMITED PRIOR SCHOOLING	1 = YES
AGENCY USE – COLUMN C	LATE ARRIVAL	1 = YES
AGENCY USE – COLUMN D	STUDENTS WITH INTERRUPTED FORMAL EDUCATION (SIFE)	1 = YES
AGENCY USE – COLUMN E	DISABLING CONDITION	1 = YES

To submit this information for ELLs with extenuating needs, enter “1” in the Agency Use field for the applicable special circumstance(s). For example, if an ELL meets the eligibility criteria to qualify as an unschooled asylee/refugee, enter “1” in Column A of the Agency Use field. If the same ELL first arrived to the U.S. late in the school year as described in this appendix, also enter “1” in Column C of the Agency Use field.

* For information on qualifying as an unschooled asylee/refugee, refer to page 6 of the *2012–2013 STAAR Decision-Making Guide for LPACs*.

Note this important information regarding the additional data collection:

- This data collection does not apply to ELLs without extenuating needs.
- The LPAC is responsible for determining whether ELLs have extenuating needs. Guidance for LPACs can be found on the LPAC Resources webpage.
- **For asylees/refugees:** A “1” must be entered for Column A of the Agency Use field in order for students to be correctly identified as an asylee/refugee for state accountability purposes.



APPENDIX C

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2013

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 and return this form to your district testing coordinator after all testing for the 2013 calendar year for your district has been completed and all materials have been returned to the testing contractor. Your district coordinator will return this form to the testing contractor 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 2013 calendar year.

Duplicate this form as needed.

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2013

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 student assessment program and do hereby certify the following:

(Initial each statement.)

- _____ I have received training on the appropriate administration of the state assessments;
- _____ I will read all coordinator directions and applicable manuals governing the administration of the 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 2013 calendar 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 2013 calendar 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 student 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

Sign this form after all testing for the 2013 calendar year has been completed and all materials have been returned to the testing contractor. 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 2013 calendar year.

Duplicate this form as needed.

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2013

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 student assessment program and do hereby certify the following:

(Initial each statement.)

- _____ I have received training on the appropriate administration of the state assessments;
- _____ I will read all coordinator directions and applicable manuals governing the administration of the 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 2013 calendar 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 2013 calendar 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 student 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 2013 calendar 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

2013

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 student 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 2013 calendar 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 student 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 2013 calendar 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

2013

Oath of Test Security and Confidentiality for Technology Staff

FOR ALL TECHNOLOGY STAFF: Complete this section **before** accessing any secure test materials.

I do hereby certify, warrant, and affirm that I will fully comply with all applicable requirements governing the student assessment program and do hereby certify the following:

(Initial each statement.)

Initials

_____ I have read the test security and confidentiality policies in the test administration materials, and I understand my obligation to maintain and preserve the security and confidentiality of all tests.

_____ I understand that student information is confidential and that I am obligated to maintain and preserve the confidentiality of this information.

_____ I am aware of my obligation to report any suspected violations of test security or confidentiality to the campus testing coordinator.

_____ I am aware that release or disclosure of confidential test items could result in prosecution under the Texas Education Code, Government Code, Administrative Code, and/or Penal Code.

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

Signed on this the _____ day of _____, 20_____.

Signature of Technology Staff

Printed Name of Technology Staff

County-District Number

District Name

Campus Name

Area Code/Telephone #

2013

Oath of Test Security and Confidentiality for Test Administrator

This oath applies to all state assessments except STAAR Alternate and TELPAS, which have separate oaths.

For All Test Administrators: Complete this section **before** handling any secure test materials

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the student assessment program and do hereby certify the following by initialing to the left of the statements below and including the date where applicable:

Initials

_____ I have received training on test administration procedures, and I understand my responsibilities concerning the administration of state assessments.

_____ I am aware that testing procedures require me to actively monitor during test administrations;

_____ I understand my responsibilities as a test administrator, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures;

_____ I understand my obligations concerning the security and confidentiality of 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 or confidentiality to the campus 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.

Signed on this the _____ day of _____, 20_____.

Signature of Test Administrator Printed Name of Test Administrator County-District Number

District Name Campus Name Area Code/Telephone #

For Test Administrators Authorized to View Secure State Assessments

Individuals who are authorized to conduct test administration procedures that involve viewing secure state assessments have an added responsibility of maintaining confidentiality. These procedures include but are not limited to: oral administration, transcribing student responses from the test booklet, and particular linguistic accommodations. As a reminder of this responsibility, these individuals are required to specifically confirm compliance with state confidentiality requirements by initialing to the left of each statement below.

_____ I have not and will not divulge the contents of the test, generally or specifically.

_____ I have not and will not copy any part of the test.

I do hereby certify, warrant, and affirm that I will fully comply with all the requirements governing the student assessment program.

Signature of Test Administrator Date

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2013

Oath of Test Security and Confidentiality for Grades 2–12 TELPAS Reading Test Administrator

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the student assessment program and do hereby certify the following:

Initial each statement and sign this oath **before** handling any secure test materials.

Initials

_____ I have received training on testing procedures specific to this administration; and

_____ I understand my obligations concerning the security and confidentiality of the Texas English Language Proficiency Assessment System (TELPAS), 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 or confidentiality to the campus testing coordinator.

_____ I am aware that testing procedures require me to actively monitor during test administrations.

(Initial according to your assigned role.)

_____ I understand my responsibilities as a test administrator, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures.

_____ I understand my responsibilities as an online session administrator, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures.

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

Signed on this the _____ day of _____, 20_____.

Signature of Test Administrator

Printed Name of Test Administrator

County-District Number

District Name

Campus Name

Area Code/Telephone #

TELPAS test administrators may sign one oath regardless of the number of TELPAS test sessions they monitor. If they are test administrators for other state assessments, they must sign an oath for each program. Any person who has more than one assessment role (for instance, a TELPAS reading test administrator who also serves as a TELPAS rater) must sign an oath for each role.

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2013

Oath of Test Security and Confidentiality for TELPAS Rater

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the student assessment program and do hereby certify the following:

(Initial and sign **before** handling or viewing any secure test materials or confidential information.)

Initials

_____ I have received training in the Texas English Language Proficiency Assessment System (TELPAS) holistic rating and administration procedures;

_____ I understand my obligations concerning the security and confidentiality of TELPAS, 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 or confidentiality to the campus testing coordinator.

(Initial according to your assigned role.)

_____ I understand my responsibilities as a TELPAS rater, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures.

_____ I understand my responsibilities as a TELPAS supplemental support provider, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures.

_____ I understand my responsibilities as a TELPAS rating entry assistant, and I am aware of the range of penalties that may result from a departure from the documented test administration procedures.

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

Signed on this the _____ day of _____, 20_____.

Signature of TELPAS Rater Printed Name of TELPAS Rater County-District Number

District Name Campus Name Area Code/Telephone #

Any person who has more than one assessment role (for instance, a TELPAS rater who also serves as a TELPAS reading test administrator) must sign an oath for each role.

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2013

Oath of Test Security and Confidentiality for TELPAS Writing Collection Verifier

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 **before** verifying TELPAS writing collections.)

Initials

- _____ I have received training in the Texas English Language Proficiency Assessment System (TELPAS) administration procedures, including procedures specific to reviewing and verifying the assembly of TELPAS student writing collections;
- _____ I understand my obligations concerning the security and confidentiality of TELPAS, 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 or confidentiality to the campus 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.

Signed on this the _____ day of _____, 20_____.

Signature of Writing Collection Verifier

Printed Name of Writing Collection Verifier

County-District Number

District Name

Campus Name

Area Code/Telephone #

Any person who has more than one assessment role (for instance, a TELPAS writing collection verifier who also serves as a TELPAS reading test administrator) must sign an oath for each role.

