



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

ANSWER DOCUMENT/
ONLINE RECORD

HEADING

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 2013 PEIMS submission.

If a demographic or program information field is left blank for any student, data from the October 2013 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

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

Scoring Information*

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

ANSWER DOCUMENT/
ONLINE RECORD

HEADING

EXPLANATION

ACCOMMODATIONS FOR STAAR:

TYPE 1 AND TYPE 2 ACCOMMODATIONS

MARK THE GA BUBBLE TO INDICATE THAT A TYPE 1 OR TYPE 2 ACCOMMODATION NOT LISTED ABOVE WAS AVAILABLE TO THE STUDENT.

GA = GENERAL ACCOMMODATION

MARK THE ACCOMMODATION BUBBLE (BR, LP, OA, AND/OR XD) IF ANY OF THESE SPECIFIC ACCOMMODATIONS WERE AVAILABLE TO A STUDENT.

BR = BRAILLE ADMINISTRATION

LP = LARGE PRINT ADMINISTRATION

OA = ORAL ADMINISTRATION

XD = EXTRA DAY

LINGUISTIC ACCOMMODATIONS

MARK THE LA BUBBLE TO INDICATE THAT A LINGUISTIC ACCOMMODATION WAS AVAILABLE TO A STUDENT.

LA = LINGUISTIC ACCOMMODATION

NOTE: REFER TO THE ACCOMMODATION RESOURCES WEBPAGE FOR MORE INFORMATION REGARDING ACCOMMODATIONS.

*Not all codes are applicable to every testing program.

 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 OR
ILLNESS DURING TESTING.* = THE STUDENT DID NOT TEST ON THE ANSWER DOCUMENT FOR
THE SUBJECT INDICATED.

S = TEST TO BE SCORED.

P = STUDENT PREVIOUSLY ACHIEVED SATISFACTORY
PERFORMANCE IN THE SUBJECT.R = THE ARD COMMITTEE HAS DETERMINED THAT STAAR MODIFIED
IS NOT THE APPROPRIATE ASSESSMENT FOR SSI RETEST
OPPORTUNITIES; THE STUDENT MEETS PARTICIPATION
REQUIREMENTS FOR STAAR ALTERNATE (APPLICABLE FOR MAY
AND JUNE GRADES 5 & 8 MATHEMATICS AND READING).PW = PARENTAL WAIVER: A PARENT OR GUARDIAN REQUESTED
THAT A STUDENT NOT PARTICIPATE IN THE THIRD TESTING
OPPORTUNITY FOR STAAR OR STAAR MODIFIED IN SSI GRADES
AND SUBJECTS (APPLICABLE FOR JUNE GRADES 5 & 8
MATHEMATICS AND READING).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.FOREIGN
EXCHANGE
STUDENT

MARK IF A STUDENT IS A FOREIGN EXCHANGE STUDENT.

SUBSTITUTE
ASSESSMENTMARK (ALONG WITH THE "O" SCORE CODE) IF A STUDENT IS EXCUSED
FROM TAKING THE TEST BECAUSE THE STUDENT HAS TAKEN AND
PASSED AN ASSESSMENT THAT WILL SUBSTITUTE FOR A STAAR EOC
ASSESSMENT.

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

ANSWER DOCUMENT/
ONLINE RECORD

HEADING

EXPLANATION

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

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 ATHIS 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 BTHIS 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 AND TYPE 2 ACCOMMODATIONS

MARK THE GA BUBBLE TO INDICATE THAT A TYPE 1 OR TYPE 2 ACCOMMODATION NOT LISTED ABOVE WAS AVAILABLE TO THE STUDENT.

GA = GENERAL ACCOMMODATION

MARK THE ACCOMMODATION BUBBLE (LP AND/OR XD) IF THESE SPECIFIC ACCOMMODATIONS WERE AVAILABLE TO A STUDENT.

LP = LARGE PRINT ADMINISTRATION

XD = EXTRA DAY

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

AN ELL MUST BE ENROLLED FOR 60 CONSECUTIVE DAYS IN A SCHOOL YEAR FOR THAT SCHOOL YEAR TO COUNT AS ONE YEAR IN THE CALCULATION OF YEARS IN U.S. SCHOOLS. THEREFORE, ELL STUDENTS ENROLLING IN U.S. SCHOOLS WITHIN THE LAST 60 SCHOOL DAYS OF A SCHOOL YEAR WILL BE CONSIDERED TO BE IN THEIR FIRST YEAR IN U.S. SCHOOLS FOR THE FOLLOWING SCHOOL YEAR.

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 2013–2014 SCHOOL YEAR

1 = FIRST ENROLLED IN U.S. SCHOOLS DURING THE FIRST SEMESTER OF THE 2013–2014 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

2014

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 2014 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 2014 calendar year.

Duplicate this form as needed.

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2014

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 2014 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 2014 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 2014 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 2014 calendar year.

Duplicate this form as needed.

2014

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 2014 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 Testing Coordinator	_____ Printed Name of Campus Testing 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 2014 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 Testing Coordinator	_____ Date

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

Campus Testing Coordinators need to sign only one oath for the 2014 calendar year. Any person who has more than one testing role (for instance, a principal who serves as campus testing coordinator) must sign an oath for each role.

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2014

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 2014 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
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Return this form to the campus coordinator.

Principals need to sign only one oath for the 2014 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

2014

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.)

_____ 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 #

State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2014

Oath of Test Security and Confidentiality for Test Administrator

This oath applies to all state assessments except STAAR Alternate, which has a separate oath.

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:

(Initial each statement.)

_____ 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 of paper tests, 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

2014

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 each statement and sign **before** handling or viewing any secure test materials or confidential information.)

_____ 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

2014

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.)

_____ 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.

