## Gridding Information

### Identification Information*

<table>
<thead>
<tr>
<th>LAST-NAME</th>
<th>E0705</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST-NAME</td>
<td>E0703</td>
</tr>
<tr>
<td>MI (PEIMS ELEMENT IS MIDDLE-NAME)</td>
<td>E0704</td>
</tr>
<tr>
<td>DISTRICT-NAME</td>
<td>E0213</td>
</tr>
<tr>
<td>CAMPUS-NAME</td>
<td>E0267</td>
</tr>
<tr>
<td>STUDENT-ID (AS USED FOR PEIMS)</td>
<td>E0001</td>
</tr>
<tr>
<td>ETH HISPANIC-LATINO-CODE</td>
<td>E1064</td>
</tr>
</tbody>
</table>

**EXPLANATION**

- **LAST-NAME**: This element is used to identify the last name of the student.
- **FIRST-NAME**: This element is used to identify the first name of the student.
- **MI**: This element is used to identify the middle initial of the student.
- **DISTRICT-NAME**: This element is used to identify the name of the district.
- **CAMPUS-NAME**: This element is used to identify the name of the campus.
- **STUDENT-ID (AS USED FOR PEIMS)**: This element represents the student ID used for the PEIMS (Pupil Identification Management System) data.
- **SEX-CODE**: This code indicates the sex of the student.
  - **M**: Male
  - **F**: Female
- **GRADE-LEVEL-CODE**: This code represents the grade level of the student.
- **DATE-OF-BIRTH (MMDDYY)**: This code represents the date of birth of the student.
- **TEST FORM**: This code represents the form of the test.
- **LOCAL-STUDENT-ID—ASSIGNED BY SCHOOL DISTRICT**: This code represents the local student ID assigned by the school district.
- **HISPANIC-LATINO-CODE**: This code indicates if the student is Hispanic/Latino.
  - **1**: Hispanic/Latino
  - **0**: Not Hispanic/Latino

*Not all codes are applicable to every testing program.*
<table>
<thead>
<tr>
<th>HEADING</th>
<th>EXPLANATION</th>
<th>PEIMS DATA ELEMENT ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>ASIAN-CODE</td>
<td>E1060</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>BLACK-AFRICAN-AMERICAN-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.</td>
<td>E1061</td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>NATIVE-HAWAIIAN-PACIFIC-ISLANDER-CODE INDICATES A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF HAWAII, GUAM, SAMOA, OR OTHER PACIFIC ISLANDS.</td>
<td>E1062</td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>WHITE-CODE</td>
<td>E1063</td>
</tr>
<tr>
<td></td>
<td>INDICATES A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, THE MIDDLE EAST, OR NORTH AFRICA.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>STARR, STARR SPANISH, STARR L, STARR MODIFIED, or TELPAS ONLINE RECORD</th>
<th>PEIMS DATA</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED ECONOMIC-DISADVANTAGE-INDICATOR-CODE (MARK ONE)</td>
<td>E0785</td>
<td>01 = ELIGIBLE FOR FREE MEALS UNDER THE NATIONAL SCHOOL LUNCH AND CHILD NUTRITION PROGRAM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>02 = ELIGIBLE FOR REDUCED-PRICE MEALS UNDER THE NATIONAL SCHOOL LUNCH AND CHILD NUTRITION PROGRAM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99 = OTHER ECONOMIC DISADVANTAGE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>00 = NOT IDENTIFIED AS ECONOMICALLY DISADVANTAGED</td>
</tr>
<tr>
<td>TIA TITLE-I-PART-A-INDICATOR-CODE (MARK ONE)</td>
<td>E0894</td>
<td>6 = STUDENT ATTENDS CAMPUS WITH SCHOOLWIDE PROGRAM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 = STUDENT PARTICIPATES IN PROGRAM AT TARGETED ASSISTANCE SCHOOL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 = STUDENT IS PREVIOUS PARTICIPANT IN PROGRAM AT TARGETED ASSISTANCE SCHOOL (NOT A CURRENT PARTICIPANT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 = STUDENT DOES NOT ATTEND A TITLE I, PART A SCHOOL BUT RECEIVES TITLE I, PART A SERVICES BECAUSE THE STUDENT IS HOMELESS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 = STUDENT DOES NOT CURRENTLY PARTICIPATE IN AND HAS NOT PREVIOUSLY PARTICIPATED IN PROGRAM AT CURRENT CAMPUS</td>
</tr>
</tbody>
</table>

*Not all codes are applicable to every testing program.
<table>
<thead>
<tr>
<th>HEADING</th>
<th>EXPLANATION</th>
<th>PEIMS DATA</th>
<th>ELEMENT ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>MS</td>
<td>MIGRANT-STUDENT-INDICATOR-CODE</td>
<td>E0984</td>
<td></td>
</tr>
<tr>
<td></td>
<td>STUDENT HAS BEEN IDENTIFIED AS A MIGRANT STUDENT (MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>0 = NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>LEP-INDICATOR-CODE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>STUDENT HAS BEEN IDENTIFIED AS LIMITED ENGLISH PROFICIENT BY THE LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC) (MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C = STUDENT IS CURRENTLY IDENTIFIED AS LEP (INCLUDES STUDENTS WITH PARENTAL DENIALS).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = ALL OTHER ENROLLED STUDENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>BILINGUAL-PROGRAM-CODE</td>
<td>E1042</td>
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</tr>
<tr>
<td></td>
<td>(MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = TRANSITIONAL BILINGUAL/EARLY EXIT</td>
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<tr>
<td></td>
<td>3 = TRANSITIONAL BILINGUAL/LATE EXIT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 = DUAL LANGUAGE IMMERSION/TWO-WAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 = DUAL LANGUAGE IMMERSION/ONE WAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = STUDENT DOES NOT PARTICIPATE IN A BILINGUAL EDUCATION PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESL</td>
<td>ESL-PROGRAM-TYPE-CODE</td>
<td>E1043</td>
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</tr>
<tr>
<td></td>
<td>(MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = ENGLISH AS A SECOND LANGUAGE/CONTENT-BASED</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = ENGLISH AS A SECOND LANGUAGE/PULL-OUT</td>
<td></td>
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<tr>
<td></td>
<td>0 = STUDENT DOES NOT PARTICIPATE IN AN ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: FOR BILINGUAL OR ESL STUDENTS, PROGRAM INFORMATION SHOULD REFLECT ENROLLMENT IN EITHER A BILINGUAL OR AN ESL PROGRAM.</td>
<td></td>
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</tr>
<tr>
<td>SE</td>
<td>SPECIAL-ED-INDICATOR-CODE</td>
<td>E0794</td>
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</tr>
<tr>
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<td>---------------------------</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: DOES NOT APPLY TO STAAR ALTERNATE. (MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = STUDENT IS PARTICIPATING IN A SPECIAL EDUCATION PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = STUDENT IS NOT PARTICIPATING IN A SPECIAL EDUCATION PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G/T</td>
<td>GIFTED-TALENTED-INDICATOR-CODE</td>
<td>E0034</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: DOES NOT APPLY TO STAAR ALTERNATE. STUDENT IS PARTICIPATING IN A STATE-APPROVED GIFTED/TALENTED PROGRAM (MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AR</td>
<td>AT-RISK-INDICATOR-CODE</td>
<td>E0919</td>
<td></td>
</tr>
<tr>
<td></td>
<td>STUDENT IS DESIGNATED AS BEING AT RISK OF DROPPING OUT OF SCHOOL UNDER STATE-MANDATED ACADEMIC CRITERIA ONLY (MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT</td>
<td>CAREER-AND-TECHNICAL-ED-IND-CODE</td>
<td>E0031</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NOTE: GRADES 6–12, ALL PROGRAMS. INDICATES WHETHER STUDENT IS ENROLLED IN ONE OR MORE STATE-APPROVED VOCATIONAL EDUCATION COURSES (MARK ONE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = ENROLLED IN ONE OR MORE STATE-APPROVED CAREER AND TECHNICAL COURSES AS AN ELECTIVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 = PARTICIPANT IN THE DISTRICT’S CAREER AND TECHNICAL COHERENT SEQUENCE OF COURSES PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 = PARTICIPANT IN THE DISTRICT’S TECH PREP PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = NO PARTICIPATION IN CAREER AND TECHNICAL COURSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PD</td>
<td>PARENTAL DENIAL (CODE C, PARENTAL-PERMISSION-CODE) (MARK ONE)</td>
<td>E0896</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 = PARENT OR GUARDIAN HAS DENIED PLACEMENT OF STUDENT IN ANY SPECIAL LANGUAGE PROGRAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = PARENT OR GUARDIAN HAS NOT DENIED PLACEMENT OF STUDENT IN ANY SPECIAL LANGUAGE PROGRAM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring Information*

APPENDIX A

STAA, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS
ANSWER DOCUMENT/ONLINE RECORD
HEADING EXPLANATION

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.
STAAR, STAAR SPANISH, STAAR L, STAAR MODIFIED, or TELPAS
ANSWER DOCUMENT/ONLINE RECORD
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

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.

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

GRIDDING INFORMATION
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**

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**

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
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.

- 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
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.
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.
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.
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

____________________________________
District Name

____________________________________
County-District Number

____________________________________
__________
District Name

____________________________________
Campus Name

____________________________________
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.