

Oklahoma School Testing Program (OSTP) TEST ADMINISTRATOR/PROCTOR TEST SECURITY FORM

PLEASE PRINT

District Name _____	School Name _____
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This form will be provided to the Building Test Coordinator for distribution to each Test Administrator in the building. This form must be signed by the Test Administrator (front) and by the Test Proctor(s) (back) to certify measures identified on this document have been maintained at the administration level. This signed form must be returned to your Building Test Coordinator so that it can be forwarded to the District Test Coordinator to return to Measured Progress. Failure to return this completed, signed form can result in invalidation of the OSTP scores for this building site.

I hereby certify that:

- **I have been trained and am fully aware of the test administration procedures of the OSTP, including but not limited to, the Testing Rules of the State Board of Education that pertain to maintaining test security, adhering to proper test administration, and the penalties for violation of testing procedures.**
- I have covered or removed all testing aids/posters in the classroom and on students' desks. I have not taught students test items, or given information to students regarding answers to test items.
- I have not changed any students' answers to test questions on the scorable documents. I have administered the tests according to the directions in the *Test Administration Manual*.
- All paper and online tests have been administered with proper testing procedures and security maintained.
- I have not reproduced or kept copies of the tests or any secure materials related to the OSTP (e.g., test books, writing documents, scorable documents).
- A Test Administrator has remained in the testing session at all times.
- The administration of the entire test was monitored by an adult other than myself (teacher, counselor, parent, or community member).
- I have read and understand the above-mentioned statements. Further, I understand that violation of the OSTP rules can result in revocation of my teaching and/or administrative certificates.

TEST ADMINISTRATOR'S NAME		
In the spaces below, print your name, the dates (beginning and ending dates) on which you administered the test, and sign this form.		
_____	_____	_____
First Name	MI	Last Name

Signature	Date	_____ through _____ Date

BARCODE GOES HERE
(Measured Progress Use Only)

KEEP A COPY FOR YOUR RECORDS: DO NOT STAPLE

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Test Proctor Security Form

(Sign this form after testing.)

I certify that:

- I have been trained and am fully aware of the general test administration procedures.
- I have reviewed the Test Security and Validity Rules.
- I have observed that the directions have been read from a script provided in the *Test Administration Manual*.
- I have observed that students have worked independently and without any unauthorized assistance from the Test Administrator.
- I have observed that all posters and visual aids have been covered or removed and nothing is taped or placed on the students' desks unless it is allowed as a testing accommodation for English Language Learners (ELL) or students on an Individualized Education Program (IEP) or 504 Plan.
- I understand that all test questions are secure and should not be viewed, copied, or discussed with others.
- A Test Administrator has remained in the classroom for the entire testing session.
- I have been present in the classroom for the entire testing session.

As a Test Proctor, if you observe any improper testing procedures or security violations do not sign this form and report any irregularities to the Building Test Coordinator.

TEST PROCTORS' NAMES			
First Name	MI	Last Name	Signature
Enter date(s) you monitored testing: _____		through _____	
First Name	MI	Last Name	Signature
Enter date(s) you monitored testing: _____		through _____	
First Name	MI	Last Name	Signature
Enter date(s) you monitored testing: _____		through _____	
First Name	MI	Last Name	Signature
Enter date(s) you monitored testing: _____		through _____	

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