



Idaho State Department of Education

Assessment Confidentiality Agreement

I, the undersigned, do certify and attest to all of the following:

- I have access to a printed or electronic copy of the Assessment Integrity Guide as published by the Assessment and Accountability Department of the Idaho State Department of Education.
- I have read the sections applicable to assessment security, preparation, and administration.
- I have read the section regarding the duties and responsibilities of my role in the assessment process.
- I will follow the practices found in the current assessment manual(s) as they relate to my role.
- I understand the cost to replace compromised test items can be up to \$10,000 per item.

Printed Name _____

Signature _____

Date _____

School Name _____

District/Agency Name _____

Assessment Programs (Mark all that apply)

IRI

ISAT

IDAA

ACCESS for ELLs

WIDA Screener(s)

Assessment Roles (Mark all that apply)

District/School Administrator

District Test Coordinator

District Technology Coordinator

School Testing Coordinator

Test Administrator

Observer

Other _____

DIRECTIONS FOR COMPLETION:

1. Print school name and district/agency name on the lines provided. Print district/agency name only, if you are a District Administrator or District Test Coordinator.
2. Mark all corresponding boxes next to your role(s) for the current assessment administration.
3. Mark all corresponding boxes next to the assessment program(s) for which you have one or more roles.

ALL district and school personnel, including certified staff, must sign Idaho’s Assessment Confidentiality Agreement **prior** to being a part of any of the assessment procedures and working with student data. Districts must keep the completed Assessment Confidentiality Agreement on file for a period of 2 years following the assessment window (IDAPA 08.02.03.111.11).