State of Texas
County of _____

Texas Education Agency
Student Assessment Program
2012–2013

Oath of Test Security and Confidentiality for STAAR Alternate Test Administrator

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 and date each statement upon completion.)

Initials	Date	
_____	____/____/____	I have received training on testing procedures specific to this administration, have viewed all required STAAR Alternate training modules, and have successfully and independently completed the STAAR Alternate qualification activities; and
_____	____/____/____	I have read and understand the *STAAR Alternate Manual for Test Administrators (Teachers)* governing the administration of STAAR Alternate, and I understand my responsibilities concerning the administration of this test.

(Initial each statement.)

Initials	
_____	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 that student information used or obtained during STAAR Alternate observations is confidential, and I am aware of my obligations to maintain and preserve the confidentiality of this information and of the range of penalties that may result from a violation of test security and confidentiality;
_____	I am aware of my obligation to report any suspected violations of test security or confidentiality to the campus testing coordinator; and
_____	I understand that the STAAR Alternate administration in the Assessment Management System is accessible from January 7 until April 19, 2013, and that test security and the confidentiality of STAAR Alternate student records must be maintained at all times before and during the assessment window and after the window closes on April 19, 2013.
_____	I affirm that I am required to evaluate student performance based on accurate information that has not been falsified or altered.

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 Test Administrator	Printed Name of Test Administrator	County-District Number
_____	_____	_____
District Name	Campus Name	Area Code/Telephone #

Initial and sign the above portion of this form **before** conducting assessment observations and accessing the Assessment Management System. **After** all the results have been submitted for the 2012–2013 school year, sign and date the statement below and return the oath to the campus coordinator.

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 campus testing coordinator.

_____	_____
Signature of Test Administrator	Date