

**DELAWARE CITY SCHOOLS**

**ANNUAL NOTICE REGARDING SECURITY PROVISIONS FOR STATEWIDE ASSESSMENTS AND STANDARDS FOR THE ETHICAL USE OF TESTS**

NAME OF STAFF MEMBER \_\_\_\_\_

AREA/GRADE OF STUDENT ASSESSMENT \_\_\_\_\_

BUILDING ASSIGNMENT \_\_\_\_\_

I affirm and certify the following:

\_\_\_\_\_ I received a copy of AG 2623B, entitled *Security Provisions for Statewide Assessments*.

\_\_\_\_\_ I read AG 2623B and understand that:

- I am not permitted to release, cause to be released, reproduce or cause to be reproduced any secure assessment materials through any means or medium.
- Unauthorized persons shall not be permitted in a testing room during any assessment session.
- Unauthorized persons shall not be permitted access to any secure assessment materials at any time the materials are in the District or school building.

\_\_\_\_\_ I received a copy of AG 2623D, entitled *Standards Relative to the Ethical Use of Assessments by Staff*.

\_\_\_\_\_ I read AG 2623D and understand that in using Statewide assessments and other assessments administered to students on an annual basis:

- I am responsible for performing my responsibilities with honesty, integrity, due care, and fairness to all students.
- I will not engage in any unethical or inappropriate practices in:
  - Preparing students for tests/assessments.
  - Administering and scoring test/assessments.
  - Interpreting and/or using results from tests/assessments.

\_\_\_\_\_ If I have reason to believe that there has been an assessment security violation committed by a student or staff member, or a violation of the ethical use of assessments by a staff member, I must immediately contact the designated school official and provide him/her with the name(s) of the violator(s) and nature of the alleged violation(s).

\_\_\_\_\_ I understand that I may be subject to a loss of certification/licensure and/or dismissal from the District, if it is verified that I have violated any of the assessment security provisions or standards relative to the ethical use of assessments.

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

4/06  
1/21/09