Assessment Security Agreement

K-12 Statewide Assessments

Test security is essential to obtain reliable and valid scores for accountability purposes. Accordingly, the Wyoming Department of Education (WDE) must take every step to ensure the security and confidentiality of all the state secure test materials. All school personnel directly or indirectly involved in testing must read through each relevant section listed below and then sign and date. The Test Security Agreement is to be kept on file (in paper or digital form) for two years (the current and previous year's). This document applies to administrations for: WY-TOPP (Interim and Summative), WY-ALT, WIDA Screeners (Kinder, general, and ALT), WIDA ACCESS, and WIDA Alternate (ALT) ACCESS. Note that WIDA and ACT require separate security/non-disclosure agreements.

Printed Name: _____ School/District: _____

Role (check all that apply):

- ☐ District Test Coordinator
- ☐ Building Coordinator
- ☐ Remote Proctor Coordinator
- ☐ Proctor
- ☐ Remote Proctor
- ☐ Test Administrator (WIDA)
- ☐ District/Building Data Review
- ☐ Other (specify): _____

Assessment (check all that apply):

- ☐ WY-TOPP
- ☐ WY-ALT
- ☐ WIDA Screeners
- ☐ WIDA ACCESS
- ☐ WIDA ALT ACCESS

General Test Security:

To be completed by ALL staff involved in ANY state assessment coordination or administration.

- ☐ I will not divulge the contents of the tests or the test items to any other person through verbal, written, digital, or any other means of communication.
- ☐ I will not copy, screenshot, or take a photo of any part of the test or test materials. Furthermore, I understand that items are not to be viewed, reviewed, or replicated in any manner.
- ☐ I understand no one may enter the testing room unless they have been trained on test security measures and have a test security agreement on file.
- ☐ I understand that all school personnel shall maintain strict security and confidentiality of individual student reports, student-identifiable information, and student results.
- ☐ I will not share students' personal information with anyone other than the student to whom the information pertains for the purpose of logging on to the assessment delivery system.
- ☐ I will not allow anyone other than the assigned student to log in to their assigned test(s). I may assist a student with using their information to log in to their assigned test(s).
- ☐ I will not access any electronic devices when in a testing room, except for those required to run a test session. The use of a cell phone is permitted only in emergencies.
- ☐ I will not allow students to access any electronic or Bluetooth devices except those needed for valid test administration. This includes devices that will enable students to access outside information (including social media), communicate with other students, store data, and/or photograph or copy test content. Such devices include, but are not limited to: cell phones, personal digital assistants, tablets, laptops, cameras, smartwatches, and electronic translation devices.

- [ ] I will not develop scoring keys, review any student responses, or prepare answer documents, except as allowed by the test administration manuals prepared by the testing contractor.
- [ ] I understand that all paper-based test materials are to be accounted for at all times through an inventory process and must remain secure. Keeping materials secure means that testing materials are required to be kept in an access-limited, securely locked room and in a locked storage cabinet or closet within that room.
- [ ] All materials will be collected and accounted for following each period of testing. Students will not be permitted to remove any test materials from the room where testing takes place, including scratch paper.
- [ ] I have read the Test Administration Manual (TAM) and am familiar with test security laws, regulations, and procedures, as well as my responsibilities within the classroom.
- [ ] I understand that failure to comply with the test administration and security requirements for each assessment may result in one or more of the following penalties:
  - Invalidating test scores for an individual student or for groups of students; and
  - Placing a school on a monitoring list for future test administrations; and
  - Prohibiting specific personnel from administering a test in the future; and
  - Requiring a re-training plan for a school or district; and
  - Reporting findings to the Professional Teaching Standards Board for potential actions related to
  - Professional licensure in Wyoming, consistent with Chapter 9, Section 7(c), Reprehensible Conduct.

Signature: _____ Date: _____

WY-TOPP (Interim and Summative) and WY-ALT:

To be completed by Proctors, ALT-Proctors, and Remote Proctors.

- [ ] I hold a professional license issued by PTSB or other approved professional licensing board.
- [ ] I will not review any test questions, passages, or other test items independently or with students or any other person before, during, or following testing.
- [ ] I have read Wyoming's Assessment Security Guide provided by WDE.
- [ ] I have watched the Test Security Module provided by WDE.
- [ ] I will administer the test in accordance with the Test Administration Manual (TAM), and WY-ALT Directions for Administration Manual (DFAM).
- [ ] I will keep all assigned, generated, or created usernames, passwords, and logins secure.
- [ ] I understand that as a test administrator/proctor, I have an active role in maintaining test security before, during, and after testing.
- [ ] I will verify that students with accommodations have been assigned the appropriate accommodations before approving a student to begin an assessment.
- [ ] I will verify that students have selected the appropriate assessment for the testing session, have been assigned the appropriate accommodations in the testing portal, and I will actively monitor students for the entirety of the test session.
- [ ] I will ensure that any suspected security breaches, accommodation errors, and/or technical failures are reported to the District Test Coordinator (DTC) and/or Building Coordinator (BC) immediately, in accordance with district policy, and that an Assessment Irregularity Form is filed within 24 hours.
- [ ] If administering the WY-ALT, I understand it needs to be administered one-on-one for each student.

Signature: _____ Date: _____

Remote Administration of WY-TOPP (Interim and Summative):

To be completed by District Test Coordinators (of districts electing to administer assessments remotely), Remote Proctor Coordinators, and Remote Proctors.

- ☐ I certify that I am a Wyoming PTSB-certified or licensed employee of the school district or WDE-approved Virtual Education Program.
- ☐ I have completed the annual Remote Test Administration Certification course.
- ☐ I will not simultaneously proctor or allow both a remote and an in-person testing session. Each testing session, regardless of modality, will have my full attention.
- ☐ I will ensure that all remote testing schedules adhere to the mandatory 10:1 student-to-proctor ratio and acknowledge that no proctor should be assigned dual modalities (remote and in-person) simultaneously.
- ☐ I will maintain a "closed session" environment, ensuring that no additional students are admitted to a test session once administration has commenced.
- ☐ I will verify (or ensure the verification of) the identity of every student via a live webcam feed and a 360-degree environmental room scan prior to testing.
- ☐ I will confirm that both the student and the Remote Proctor (RP) are physically located within the state of Wyoming.
- ☐ I will ensure continuous, live video and audio monitoring of the student for the entire duration of the assessment.
- ☐ I will use the vendor's proctoring dashboard to monitor progress and will immediately pause or lock a student's test if any security or technical breach occurs.
- ☐ I will ensure that any suspected security breaches, accommodation errors, and/or technical failures are reported to the District Test Coordinator (DTC) and/or Remote Proctor Coordinator (RPC) immediately, in accordance with district policy, and that an Assessment Irregularity Form is filed within 24 hours.
- ☐ I will pause a test administration immediately and proceed with the WDE-require protocol in the event of a student safety/well-being incident.
- ☐ I will not coach students, provide hints, or use digital features to influence student responses.
- ☐ I will witness (or ensure the witnessing of) the secure destruction of any scratch or graph paper via webcam at the conclusion of the session.

Signature: _____ Date: _____

Virtual Education Program: _____

Assessment Security Agreement for K-12 Statewide Assessments

Test security ensures valid results for accountability. The Wyoming Department of Education (WDE) requires all personnel involved in state testing to review these security mandates and sign this agreement. This document covers WY-TOPP, WY-ALT, and ACCESS assessments and must be filed for two years. Separate agreements may be required by WIDA or ACT.

Auxiliary Staff Test Security:

To be completed by all staff not administering or coordinating state assessments.

- ☐ I have watched the Test Security Module provided by WDE.
- ☐ I have participated in my district's test security training.
- ☐ I will report any concerns, prohibited behaviors, or security violations to my supervisor, building coordinator, or principal immediately.
- ☐ I will be mindful of my work when tests are scheduled, to avoid distractions or interruptions during testing.
- ☐ I will take any secure materials I find to my supervisor, the building coordinator, or the principal immediately.
- ☐ I will not divulge the contents of the tests or the test items to any other person by any verbal, written, digital, or other means of communication.
- ☐ I will not copy, screenshot, or photograph any part of the test or its materials.
- ☐ I understand that test items/questions are not to be viewed, reviewed, or replicated in any manner.
- ☐ I understand that no one may enter the testing room unless they have been trained in test security measures, have a test security agreement on file, and have approval from the building coordinator or principal.
- ☐ I understand all school personnel shall maintain strict security and confidentiality of secure test materials, student identifiable information, and student results.

Signature: _____ Date: _____

Printed Name: _____ School/District: _____

Building/Department _____ Title: _____