

School Site Administration and Security Report

Washington Comprehensive Assessment Program (WCAP)

Spring Administrations: Smarter Balanced OGL Smarter HS WCAS WA-AIM
 ELPA Screener ELPA21 WIDA

Retake Administrations: Fall Smarter Balanced HS Fall Off-Grade Smarter HS Fall WA-AIM

School District: _____

School/Site Name: _____

To be completed by School Coordinators (SCs) and Test Administrators (TAs) who have responsibility in overseeing the administration of state assessments. All "NO" responses must be explained below. Submit the completed form with signature to your District Test Coordinator (DC) at conclusion of testing.

YES NO NA*

- Were all TAs, staff who assist with accessibility features, and staff who assist with processing secure materials trained in test administration, security procedures, and reporting requirements?
- Did you follow your school's *Test Security and Building Plan* documenting "chain of custody"?
- Did you always store secure assessment materials in a locked, limited-access storage area?
- Did your DC approve your school's test schedule?
- Did all testing occur during the approved testing schedule?
- Did you monitor test sessions?
- Were materials that might help students answer assessment questions covered or removed from testing locations?
- As documented, were students provided access to required accessibility features?
- If assistive technologies were used, were student responses transcribed into a standard form test booklet or the Data Entry Interface, and was secure information deleted from the computer and network?
- Have you reported all security improprieties, test incidents, and appeals to your DC?
- Were all student test invalidation requests submitted to your DC for approval?
- Were all ancillary papers distributed during testing sessions returned and securely destroyed?
- Have all secure materials been accounted for and returned to your DC?
- Have you submitted all school required documents to your DC?

Note exceptions and attach documentation and rosters. Use extra sheets as necessary.

Attachments submitted with this report

School Test Coordinator Name (please print)

Principal Name (please print)

Signature

Signature

_____/_____/_____
Date