



Idaho State Department of Education

Assessment Confidentiality Agreement

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

- I have had 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 (SDE).
- 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.

Printed Name

Signature

School Name

District/Agency Name

Assessment Roles (Mark all that apply)

- District/School Administrator District Test Coordinator District Technology Coordinator
- School Testing Coordinator Test Administrator Observer
- Other _____

Assessment Programs (Mark all that apply)

- IRI ISAT ELA and Math ISAT Science IDAA ACCESS 2.0
- Idaho Reading Indicator WIDA Screener ACCESS for ELLs 2.0 (online or paper)

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).