

OATH OF TEST SECURITY AND CONFIDENTIALITY

State of Texas, County of:

Enter your county name.

School Year

Select the school year.

General

Authorized individuals participating in the Texas Assessment Program are required to complete this portion of the security oath after receiving training and before handling secure test materials.

In accordance with Texas Education Code (TEC) §§39.030, 39.0301, 39.0302, 39.0303, and 39.0304; 19 Texas Administrative Code (TAC) §§101.27, 101.3031, 247.2, and 249.15; and state assessment procedures; I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the Texas Assessment Program and do hereby certify the following:

Initial the box for each statement.

I have received training on the proper administration of the state assessments as required by TEC §39.0304.

If applicable, I have received test administration training this school year.

If applicable, I have received training at least once in specific security protocols regarding viewing secure test content that is pertinent to special administrations, such as, but not limited to, oral, braille, American Sign Language (ASL), paper, paper with embedded supports, and basic or complex transcriptions.

If applicable, I have received training at least once in specific security protocols regarding tampering with student responses or holistic ratings that is pertinent to entering responses into the Data Entry Interface (DEI).

I have received all applicable manuals, directions, and procedures governing the administration of the Texas Assessment Program. I affirm that I have read or will read these materials prior to administering any state assessment.

I am aware that school districts or charter schools that elect to allow noncertified staff members to participate in the Texas Assessment Program must identify a certified staff member who will be responsible for supervising these individuals. If a violation of test security or confidentiality occurs under these circumstances, the supervising certified staff member is subject to penalty.

I am aware of the security and confidentiality requirements stated in TAC §101.3031(a), which include, but are not limited to, the following:

- (1) All assessment instruments included in the Texas Assessment Program are considered secure, and the contents of these tests, including student information used or obtained in their administration, are confidential.
- (2) School districts and campuses, the superintendent and campus principals in each school district, open-enrollment charter schools and campuses, and the chief administrative officer and campus principals of each charter school shall:
 - (A) implement and ensure compliance with state test administration procedures and training activities;
 - (B) notify the Texas Education Agency (TEA) as soon as the school district or charter school becomes aware of any alleged or suspected violation of the security or confidential integrity of a test; and
 - (C) report all confirmed testing violations to TEA within 10 working days of the school district or charter school becoming aware of the violation in accordance with the reporting process stipulated in the test administration materials.

I am aware of the range of penalties that may result from a violation of test security and confidentiality as indicated in TEC §39.0303 and TAC §101.3031 and §249.15, and I am aware that failure to cooperate with TEA in an investigation or to properly report that an individual has engaged in conduct that violates the security or confidentiality of a test is itself a violation and could result in sanctions.

I understand the responsibilities and requirements related to my role in testing, including policies and procedures specific to each administration I participate in this school year.

I understand that test administrators are required to actively monitor the testing room during test administrations.

I understand that student information is confidential and that I am obligated to maintain and preserve the confidentiality of that information.

I understand my obligation to maintain and preserve the security and confidentiality of all state assessments.

I understand my obligation to report any suspected violations of test security or confidentiality to the appropriate supervisor.

I will **NOT** directly or indirectly assist students with responses to test questions.

I will **NOT** tamper with student responses or holistic ratings.

I will **NOT** discuss or solicit the contents of a test generally or specifically with anyone BEFORE, DURING, OR AFTER the test administration.

I will **NOT** copy, record, electronically capture (print, photograph, or screenshot), post, or distribute any part of a secure test instrument.

For noncertified personnel participating in the Texas Assessment Program:

I am a noncertified staff member participating in the Texas Assessment Program, and the following certified staff member has been assigned as my supervisor.

Name:

Signature:

Date:

Campus Testing Coordinators are also required to complete this portion of the security oath.

I do hereby further certify, warrant, and affirm that:

I understand the responsibilities and requirements related to my supervisory role in testing.

I will ensure that all staff members participating in the Texas Assessment Program are trained at least once in general test administration policies and procedures, including policies and procedures specific to each administration during this school year.

I will ensure that staff members who are authorized to provide special administrations (e.g., oral, braille, ASL, paper, paper with embedded supports, and basic or complex transcriptions) are trained at least once in specific security protocols regarding viewing secure test content.

I will ensure that staff members who are responsible for entering responses into DEI are trained at least once in specific security protocols regarding tampering with student responses or holistic ratings.

I will ensure that a certified staff member is identified as being responsible for supervising any noncertified staff members participating in the Texas Assessment Program.

I understand my obligation to report any suspected violations of test security or confidentiality to the District Testing Coordinator.

IN WITNESS WHEREOF I affix my hand on this date:

Date

Notes (Optional)

Signature

Name

First Name

Last Name

District/Charter Name

County-District Number

Select your district/charter name from the dropdown list. Type the first letter for faster selection.

Enter your County-District Number (XXXXXX).