Standardized Testing Acknowledgement 2018-2019

I, the undersigned, participated in the Standardized Testing presentation shown to me in preparation for district standardized and state MAP GLA/EOC testing. I acknowledge that as a member of St. Louis Public Schools, I am expected to adhere to the guidelines, the district test security policy, and any other testing instructions given to me in writing or by word of mouth from the building testing coordinator, district testing coordinator, or any staff acting in their behalf.

I understand that the current MAP GLA/EOC Test Examiner’s manual has the directions that examiners must follow for MAP GLA/EOC testing.  **IF** the testing manual does not state that examiners can do something that I think should be allowed for MAP GLA/EOC testing, I am to confer with the building testing coordinator, or district testing coordinator.

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Signature Date

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Printed Full Name Position/School

Return signed form to Assessment Office

RE: testing coordinator training FALL 2018