



2009-10 STAR Test (including field tests) Security Agreement for District and Test Site Coordinators

I acknowledge by my signature on this form that the California Standards Tests (CSTs); the California Modified Assessment (CMA); the California Alternate Performance Assessment (CAPA); the Standards-based Tests in Spanish (STS); and the Early Assessment Program (EAP) are secure tests and agree to each of the following conditions to ensure test security:

1. **I will** take all necessary precautions to safeguard all tests and test materials by limiting access to persons within the school district with a responsible, professional interest in the tests' security.
2. **I will** keep on file the names of all persons having access to tests and test materials. All persons having access to the materials shall be required to sign the STAR Test Security Affidavit that will be kept on file in the school district office.
3. **I will** keep the CST, CMA, CAPA, STS, and EAP tests and test materials in a secure, locked location and will deliver tests and test materials only to those persons who have executed STAR Test Security Affidavits, on actual testing dates as provided in *California Code of Regulations*, Title 5, Division 1, Chapter 2, Subchapter 3.75.
4. **I will** keep the CAPA materials in a secure locked location when not being used by examiners to prepare for and to administer the assessment. I will adhere to the contractor's directions for the distribution of the assessment materials to examiners.
5. **I will not** copy any part of the tests or test materials without written permission from the California Department of Education to do so.
6. **I will not** disclose, or allow to be disclosed, the contents of the tests or the test instruments. I will not review any test questions, passages, or other test items with any other person before, during, or after the test administration.
7. **I will not** develop scoring keys, review any pupil responses, or prepare answer documents except as required by the test administration manual(s) prepared by the testing contractor.

By signing my name to this document, I am assuring that I will abide by the above conditions.

Signed

Print name

Title

School district

Date

This form may be photocopied.