

School Assessment Coordinator Confidentiality Agreement

THE ACT HIGH SCHOOL ASSESSMENTS AGREEMENT TO MAINTAIN CONFIDENTIALITY

The ACT Assessment and the PreACT Secure Assessment, collectively the ACT High School Assessments, are secure, proprietary test instruments with components copyrighted by the ACT Inc. Any disclosure of test items to any person might constitute a copyright violation. Also, any such disclosure or dissemination of test items will undermine the value of the test and adversely affect the validity of test results. The confidentiality of test questions and answers is paramount in maintaining the integrity and validity of the test. Accordingly, the Department of Public Instruction (DPI) and Wisconsin educators must take every step to assure the security of these test instruments. For that reason, DPI is requiring all Test Coordinators complete this Agreement.

I hereby agree that I will not disclose - to any person - any materials (such as, but not limited to test items, graphics, tasks, scoring rubrics, item specifications, test design, content limits, and/or measurement/research/report data) related to the ACT High School Assessments.

I acknowledge that I will have access to either the ACT Assessment, the PreACT Secure Assessment, or both. I acknowledge that I have been provided access to Appropriate Testing Practices, available in the Test Security Manual, and the ACT High School Assessment Test Security Policies, available in the Test Security sections of the ACT Test Administration Manuals, PreACT Secure Test Coordinator Information Manual, and the PreACT Secure Administration Manuals. I understand that all testing materials are secure, and it is my professional responsibility to protect their security. I therefore specifically pledge:

The ACT Assessment

1. I will attend required training for the ACT Assessment.
2. I have read and understood the Test Security Manual and the Accessibility Support Guide for the ACT.
3. I will: read the ACT Test Administration Manuals; use the ACT assessment testing resources; and follow the appropriate ACT testing procedures.
4. I have read and understood the ACT Prohibited Behaviors at the Test Center and the ACT Calculator Policy.
5. I will train appropriate staff and coordinators on test administration and test security procedures.
6. I will not keep, copy, reproduce, paraphrase, distribute, or discuss any test materials and/or test items.
7. I will not use test items or any of the information contained in the assessment to review/prepare students for a test.
8. I will check testing rooms prior to the beginning of test administration to ensure that no specific information is displayed in the room during the test administration.
9. I will not allow any unauthorized person to access the test materials.
10. I will not alter students' responses in any manner (indicate answers, point out rationale, prompt, etc.).
11. I will not disclose individual student test scores or test performance data to unauthorized persons.
12. I will monitor test administrators/proctors/room supervisors and students to ensure that only references or tools specifically designated in the test manuals or by accommodations are provided.
13. I understand that if a breach of test security or copyright infringement occurs as a direct result of my actions, that this will constitute a breach of this Agreement and consequences may include but are not limited to invalidation of student test results; civil legal liability for copyright violations, and district- level disciplinary action.
14. I understand the importance of student privacy and will ensure that any reference to WISE IDs is kept secure.
15. I do not have a relative taking the ACT in the state of Wisconsin during this assessment year. "Relative" means children, stepchildren, grandchildren, nieces, nephews, siblings, in-laws, spouses, and persons under your guardianship.
16. I understand the prohibition on athletic coaches serving as test coordinators and affirm I do not serve as a coach for any high school or college athletics.

The PreACT Secure Assessment

1. I will attend required training for the PreACT Secure Assessment.
2. I have read and understood the Test Security Manual and the Accessibility Support Guide for the PreACT Secure Assessment.
3. I will: read the PreACT Secure Test Coordinator Information Manual and PreACT Secure Administration Manuals; use the PreACT Secure assessment testing resources; and follow the appropriate PreACT Secure testing procedures.
4. I have read and understood the ACT Prohibited Behaviors at the Test Center and the ACT Calculator Policy.
5. I will train appropriate staff and coordinators on test administration and test security procedures.
6. I will not keep, copy, reproduce, paraphrase, distribute, or discuss any test materials and/or test items.
7. I will not use test items or any of the information contained in the assessment to review/prepare students for a test.
8. I will check testing rooms prior to the beginning of test administration to ensure that no specific information is displayed in the room during the test administration.
9. I will not allow any unauthorized person to access the test materials.
10. I will not alter students' responses in any manner (indicate answers, point out rationale, prompt, etc.).
11. I will not disclose individual student test scores or test performance data to unauthorized persons.
12. I will monitor test administrators/proctors/room supervisors and students to ensure that only references or tools specifically designated in the test manuals or by accommodations are provided.
13. I understand that if a breach of test security or copyright infringement occurs as a direct result of my actions, that this will constitute a breach of this Agreement and consequences may include but are not limited to invalidation of student test results; civil legal liability for copyright violations; and district-level disciplinary action.
14. I understand the importance of student privacy and will ensure that any reference to WISE IDs is kept secure.
15. I will not be a room supervisor/proctor for any relative taking the 9th or 10th grade PreACT Secure Assessment. "Relative" means children, stepchildren, grandchildren, nieces, nephews, siblings, in-laws, spouses, and persons under your guardianship.

Access to test materials: **Select one box per assessment.**

The PreACT Secure Assessment:

I acknowledge I will have access to test materials for **PreACT Secure Assessment** and will adhere to all policies.

The ACT Assessment:

I acknowledge I will have access to test materials for the **ACT Assessment** and will adhere to all policies.

I acknowledge I will not have access to test materials for the **ACT Assessment** as I have a relative taking the ACT Assessment at a school within Wisconsin this administration year. As such, I have delegated ACT test coordinator responsibilities to another qualified colleague in my district.

Signature		Date
Name	Job Title	
District (and School if appropriate) Name		