



APPENDIX B: STATE TEST SECURITY AND NON-DISCLOSURE AGREEMENT

This form must be signed by each person involved in the administration of the state test.

Each local education agency (LEA) is responsible for ensuring that **all** staff involved in the administration of the state test have signed this form.

The LEA shall retain in file the signed forms for a period of four years.

I have been trained in the District of Columbia State Test Security Guidelines and testing protocols. I understand the guidelines and protocols. It is my understanding that:

1. The state test materials are secure and confidential documents and must be secured at all times;
2. No part of the test should be reproduced in any form; and
3. Contents of the test shall not be discussed, reviewed, or shared.

I agree to abide by all state test security guidelines and I understand the sanctions and penalties for violations of state security guidelines.

Print Name: _____

Position: _____

LEA: _____

School: _____

Date: _____

Signature: _____

Revised January 2013