



STATE OF SOUTH CAROLINA DEPARTMENT OF EDUCATION

Room Supervisor (Test Administrator) **Agreement to Maintain Test Security and Confidentiality** **for the Statewide Administration of The ACT®**

Test security is essential to obtain reliable and valid scores for accountability purposes. Accordingly, the South Carolina Department of Education (SCDE) must take every step to assure the security and confidentiality of materials used for the statewide administration of The ACT® assessment program. District Test Coordinators (DTCs) and School Test Coordinators (STCs) must provide appropriate training for all personnel involved in testing and/or handling test materials so that they have a common understanding of test security and appropriate testing practices. DTCs and/or STCs must review test security policies and procedures with all room supervisors (test administrators), as well as other testing staff (e.g., proctors) and other personnel in the school who will be involved in testing and/or handling The ACT test materials.

South Carolina test security legislation, S.C. Code Ann. § 59-1-445 (2004), and State Board test security regulations, 2 S.C. Code Ann. Regs. 43-100 (2011), are posted on the SCDE website. DTCs and/or STCs are required to provide adequate test security training for all room supervisors (test administrators), as well as other testing staff (e.g., proctors) and other personnel in the school who will be involved in testing and/or handling test materials. This training must include a review of test security legislation, regulations, policies, and procedures. The training must occur *at least one week prior* to the testing dates so that room supervisors and other staff involved in testing have adequate time to become acquainted with their roles and responsibilities.

AGREEMENT:

As a room supervisor (test administrator), I acknowledge that I will have access to The ACT tests that are a part of the South Carolina statewide assessment system.

I acknowledge that I have read all sections of the security legislation and regulations, as well as The ACT test administration manuals, prior to the testing window.

I acknowledge that it is my responsibility to follow testing procedures as outlined in digital and print media that may be provided to me by ACT, Inc. and/or the SCDE.

I acknowledge that I have had information provided to me regarding test security, as well as my role and responsibility for test security.

I acknowledge that I have received training regarding the administration of The ACT assessment. I further acknowledge that the training included a discussion of test security policies and test administration procedures.

I acknowledge that, as a room supervisor (test administrator), it is my responsibility to follow the legislation and regulations regarding test security and testing ethics.

I understand The ACT tests are secure, confidential, and proprietary documents utilized in the statewide assessment program and owned by ACT, Inc.

I hereby agree that I will not discuss, disseminate, describe, or otherwise reveal the contents of the tests to anyone.

I will not give examinees access to test questions prior to testing or make answer keys available to examinees.

I will not coach examinees during testing, nor alter or interfere with examinees' responses in any way.

I will not keep, copy, or reproduce in any manner inconsistent with the instructions provided by or through the SCDE any part of any secure test materials, including tests, test questions, test content, and examinees' responses.

I will return all secure test materials (including, but not limited to, test booklets and answer documents) to the STC or to the DTC, as appropriate.

I will not participate in, direct, aid, counsel, assist in, encourage, or fail to report any of the acts prohibited in the test security legislation or regulations or this agreement form.

I understand that failure to follow test security legislation, regulations, or procedures could result in action being taken against my certificate and/or criminal prosecution.

Signature

Date

Print Name

District and School Name