



Test Security Agreement for Special Accommodation Use

_____ (student's name) in _____ (grade) states on their accommodation page of the IEP that _____, a specialized accommodation, is necessary. This requires the district to upload / scan / photocopy the _____ test materials for specialized accommodation use approved by South Dakota Department of Education (SDDOE).

_____ (district) will submit to the SDDOE Assessment Director **20 school days prior** to testing the child:

1. Copy of the student's IEP cover sheet
2. Copy of the student's accommodation page
3. The signed test security agreement found in the Testing Coordinator's Handbook
4. The above information filled out

Office Use only:

South Dakota Department of Education gives _____ (district) permission to upload / scan / photocopy the _____ test for specialized accommodation use for testing administration for the child listed above.

Assessment Director's Signature: _____ Date: _____

(Send original to South Dakota Department of Education Assessment Director and make a copy for district and student's IEP file.)



District will complete the following upon South Dakota Department of Education approval signature above:

I uploaded / scanned / photocopied the _____ test for specialized accommodation purposes approved by SDDOE for _____ (student's name) in grade _____. I assure the test content has not been altered or modified. If a text to speech program is being utilized, I have reviewed the material to ensure the reading passages will not be read aloud, and the content of the test is pronounced appropriately and the test items are not read in a manner to give away an answer.

Testing Coordinator's Signature _____ Date _____

Witness signature: _____ Date: _____

Resubmit to the South Dakota Department of Education within 7 school days after administration of the test.

I, _____ removed / destroyed the _____ test materials from a/the computer(s) or physical copy that were administered to _____ (student's name) in grade _____ for specialized accommodation purposes on _____ (date).

Testing Coordinator's Signature _____ Date _____

Witness signature: _____ Date: _____

(Send original to South Dakota Department of Education Assessment Director and make a copy for district and student's IEP file.)