**New Jersey DLM Test Security Agreement 2017–2018 for Assessment Coordinators, Technology Representatives, and Other School/District Educators**

**This form is used for authorized staff that is assisting with the DLM in any capacity other than the test administrator or test administrator assistants.** These roles must sign different test security agreements.

I understand that my role is strictly to ensure and support the proper administration of the DLM. I understand that I may not provide any assistance on the completion of the test, including but not limited to assisting students with test questions, tasks, and any other student work.

I agree not to view any secure DLM test materials, whether online, through a teacher-administered assessment, or under any other circumstance, *unless an exception is noted below*. I agree not to disclose either orally, electronically, or in writing, any information acquired during observation of a test administration which occurred in the course of my NJ DLM duties.

Exception to not viewing secure test materials:

* **If the Technology Representative and/or Assessment Coordinator must view the materials while assisting in the resolution of a technology or other test issue.**
* **When the Assessment Coordinator conducts a test security observation or collects the student test tickets, TIPS pages, etc., for the purpose of destroying these materials.**
* **If the Assessment Coordinator must submit an Irregularity report and needs access to student test tickets or TIPS pages.**
* **If a student or school has an emergency situation that requires the immediate presence of an administrator and which does not allow for the test administrator to exit the DLM system.**

I acknowledge that I will implement all DLM responsibilities as detailed in the NJ and DLM training materials, will ensure all necessary staff are trained and prepared to implement the DLM, and will ensure that no DLM testing will occur outside the DOE scheduled window of April 4 – June 1, 2018.

I agree to document: the completion of all tasks; the district’s detailed DLM plan for assigning back up test administrators; school/staff actions when encountering a student, school, or district emergency; and will document and report irregular test administrations. I also agree to ensure all staff were trained on the prevention of test security breaches, have documentation of such, and will report any detected security breaches immediately to the Office of Assessments.

I understand that it is my professional responsibility to ensure compliance with all Department of Education, district, school, and DLM test policies, and that failure to comply may result in professional and/or financial consequences including but not limited to: revocation of licensure and credentials, dismissal from employment, and/or any other disciplinary actions imposed.

By signing below I confirm that I understand and will adhere to all policies defined here and conveyed by the 2017-2018 NJ DLM and DLM training materials, and that failure to adhere to the testing policies may invalidate a student’s score, may result in a security breach, and that professional consequences may be imposed.

Signed: Print Name:

Position: Date:

School Name: CDS Code:

Date of Training:

**A signed copy of this form must be given to the District Assessment Coordinator prior to March 30, 2018.**

**This blank form may be photocopied.**