**New Jersey DLM Test Security Agreement 2020–2021 for Assessment Coordinators,**

**Technology Representatives, and Other School/District Educators**

This form is used for authorized staff that are assisting with the DLM in any capacity other than the test administrator or test administrator assistants. *Test administrators and test administrator assistants 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.

Exceptions when staff may view 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, 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.
* If a student or school has an emergency 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 NJDOE scheduled window of March 8 – June 11, 2021.

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 NJDOE Office of Assessments.

I understand that it is my professional responsibility to ensure compliance with all state, 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 2020-2021 New Jersey DLM training materials and DLM training materials, and that failure to adhere to the testing policies may invalidate a student’s score, and/or result in a security breach and the imposition of professional consequences.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/District Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CDS Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A signed copy of this form must be given to the District Test Coordinator **prior** to March 1, 2021.