

Appendix G

Test Integrity and Test Security Affidavit



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

District of Columbia Districtwide Test Integrity and Test Security Affidavit

Instructions: This form must be completed by the LEA Assessment Manager or LEA Test Coordinator and the School Test Coordinator (including Nonpublic School Test Coordinators) for each Districtwide assessment administered. Within **10 business days** after the close of each statewide assessment window, the LEA must collect one school-level affidavit for each OSSE-approved school test security plan. Within **15 business days** after the close of each statewide assessment window, LEAs must submit all school affidavits and one LEA-level affidavit for each assessment program (ACCESS for ELLs/WIDA Alt ACCESS; MSAA/DLM; and DC CAPE) to OSSE via the [OSSE Assessment Portal](#).

LEA/School Information

Refer to your approved school test security plan to complete the information below.

Assessment Name(s):			
LEA name and code:			
School name and code:			
Name of person completing this affidavit:			
Role:	<input type="checkbox"/> LEA Assessment Manager	<input type="checkbox"/> LEA Test Coordinator	<input type="checkbox"/> School Test Coordinator

Please check each box below to indicate compliance.

I affirm that to the best of my ability, knowledge and/or belief, my LEA (test integrity coordinator) or school (school test monitor) complied with the following, except as may be described below:

- The Testing Integrity Act of 2013, as amended²
- OSSE 2023-24 Test Security Guidelines;
- All applicable testing manuals and test directions;
- All required State, LEA, and school test integrity training; and
- The 2023-24 test security plan(s) of my school or schools within my LEA, as appropriate.

Please describe any instances where, to your knowledge/belief, your LEA and/or school did not comply with all applicable laws, regulations, policies and test plans. If you are unaware of any noncompliance, please state **“None.”**

Further, I affirm that to the best of my ability, knowledge and/or belief that:

- All authorized personnel involved with testing have been provided the Statewide Test Integrity and Security Notification Statement, provided by OSSE;
- All known security breaches and testing irregularities have been properly reported;
- All secure and unsecure test materials have been returned, tracked, destroyed or securely recycled in accordance with the directions provided by the test vendor on this date _____; and
- All required school test security plan materials under my purview have been submitted and/or are attached to this Affidavit.

I hereby affirm, under penalty of perjury, that the information in this affidavit is based on my personal knowledge or belief and is truthful and accurate.

Signature

Date

¹ The terms “Districtwide” and “Statewide” with respect to assessments are interchangeable as they relate to the assessments covered under federal accountability requirements and the Test Integrity Act of 2013.

² D.C. Law 20-27; D.C. Law 21-044; D.C. Official Code §38-771.01 et seq.