

Appendix E—Sample Administration Forms and Test Materials



MCAS Nondisclosure Acknowledgment

Background

In order to ensure the security and validity of Massachusetts Comprehensive Assessment System (MCAS) tests, the Massachusetts Department of Elementary and Secondary Education (the Department) requires that all individuals authorized by their principals to administer MCAS tests to students with disabilities who require any of the test administration accommodations listed below review and understand the terms of this nondisclosure acknowledgment. Principals are required to keep the signed forms on file at the school.

This form must be signed by test administrators who are administering MCAS tests to students with disabilities using accommodations A2, A3, A5, A6, A8, A10.1, A11, A12, A13, A14, and A15, special access accommodations SA1.2, SA2, SA3.1, and SA6, and English learner accommodations EL3.2, EL4.1, and EL4.2. These accommodations require the test administrator to view secure material in the form of either test content or student responses. This form should be distributed to and signed by test administrators before they view secure test material. Since no other individuals in schools are authorized to review secure MCAS test content, signing this form is not required for any other staff.

Acknowledgment

- With the exception of test questions publicly released by the Department, all MCAS test questions are secure and confidential. The materials are specifically excluded from the Massachusetts Public Records Law. (**G. L. c. 4, § 7(26) (I)**) Therefore, I agree not to reproduce, discuss, or in any way release or distribute test questions and associated materials.
- I further agree to refrain from using any advance knowledge of MCAS test questions to prepare students for testing or provide them with any information that might give them an advantage in answering questions.

By signing below as a test administrator for students with disabilities who require one of the accommodations listed above, I acknowledge and accept that I am bound by the terms of this acknowledgment prohibiting the disclosure of information regarding secure test content.

Name: _____

Test To Be Administered: _____

District and School: **Boston Public Schools: Tobin K-8**

Signature: _____ Date: _____

Return the form to your principal, who will keep this signed form in the school files for three years. Do not submit this form to the Department or the testing contractor.