

District Testing Responsibility Delegation Form

Under OAR 581-022-2100, public school districts may delegate responsibility for test administration duties to another school district or Education Service District (ESD) for students attending a specific school or program. Districts entering into an agreement to delegate test administration responsibility must complete this District Testing Responsibility Delegation Form. **The term of this delegation may not exceed the current school year.**

Delegating District Information

School District Name/ ID: _____

Superintendent Name: _____

District Test Coordinator Name: _____

District Test Coordinator Email: _____

District Test Coordinator Phone: _____

Receiving District Information

School District Name/ ID: _____

Superintendent Name: _____

District Test Coordinator Name: _____

District Test Coordinator Email: _____

District Test Coordinator Phone: _____

School or Program Information

School or Program Name: _____

School Test Coordinator Name: _____

School Test Coordinator Email: _____

School Test Coordinator Phone: _____

Delegated Testing Responsibilities

The Delegating District delegates responsibility for the following test administration duties to the Receiving District for students attending the school or program identified above (check all that apply):

- Training of Test Administrators or Qualified Assessors
- Providing students with access to the Oregon Statewide Assessment System
- Ordering and returning appropriate paper-based tests
- Ensuring a secure testing environment for students
- Investigating testing improprieties

The Receiving District will notify the delegating school district of any testing improprieties that impact students for whom the Delegating District has delegated testing responsibility. The Delegating District will retain responsibility for any test administration duties not checked above and for recommending an outcome for the tests of any of its students impacted by a testing impropriety.

Terms of Delegation

Start Date: _____

End Date: _____

Approvals

Delegating District

District Test Coordinator Signature: _____

Printed Name: _____

Date: _____

Superintendent Signature: _____

Printed Name: _____

Date: _____

Receiving District

District Test Coordinator Signature: _____

Printed Name: _____

Date: _____

Superintendent Signature: _____

Printed Name: _____

Date: _____

A copy of this signed District Testing Responsibility Delegation Form must be kept on file at both the Delegating and Receiving Districts' central offices.