

District Testing Responsibility Delegation Form

Under OAR 581-022-2100, school districts may delegate responsibility for test administration duties to another school district or education service district 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 District Testing Responsibility Delegation Form may not exceed the current school year.

Delegating District Information

School District Name/ID:

Superintendent Name:

District Test Coordinator Name:

District Test Coordinator E-Mail Address:

District Test Coordinator Phone:

Receiving District Information

School District Name/ID:

Superintendent Name:

District Test Coordinator Name:

District Test Coordinator E-Mail Address:

District Test Coordinator Phone:

School / Program Information

School / Program Name/ID:

School Test Coordinator Name:

School Test Coordinator E-Mail Address:

School Test Coordinator Phone:

Delegated Testing Responsibilities

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

- Training of test administrators
- 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 School District will notify the Delegating School District of any testing improprieties that impact students for whom the Delegating School District has delegated testing responsibility. The

Delegating School 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.

Term of Delegation

Start date:

End date*:

*The term of this District Testing Responsibility Delegation Form may not exceed the current school year.

Approvals

Delegating School District

District Test Coordinator Signature _____

Printed Name

Date

Superintendent Signature _____

Printed Name

Date

Receiving School District

District Test Coordinator Signature _____

Printed Name

Date

Superintendent Signature _____

Printed Name

Date

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