



# Assessments

## **Kindergarten Entry Assessment Designated District/Charter Test Coordinator Form School Year 2023 - 2024**

**Name of District or Charter:**

**District/Charter Entity Number:**

Superintendents and Charter Representatives are responsible for all testing activities and the validity of the State Assessment Tests including requirements for the Kindergarten Entry Assessment within their district/charter. An accurate Assessment Test Coordinator Form for School Year 2023-2024 must be on file with the Early Childhood Education Unit of the Arizona Department of Education (ADE).

Superintendents and Charter Representatives can designate a District/Charter Test Coordinator to act on their behalf as stated in State Board of Education Rule R7-2-310. If no test coordinator is designated, the Superintendent or Head of District will serve as the test coordinator. All District Test Coordinators are expected to serve in this role for the entire school year.

Each district or charter may select a separate individual for each of the required State Assessments. These individuals are responsible for the timely completion of all the testing activities within their district/charter for their specific State Assessment. These activities include but are not limited to:

1. Completing pre-test workshops or trainings, as mandated for the specific test administrations.
2. Serving as a liaison between the Arizona Department of Education (ADE), district/charter personnel, and current test contractor.
3. Utilizing all required test materials.
4. Maintaining and monitoring Kindergarten assessment materials.
5. Coordinating, distributing, and collecting all test materials for all schools for the district/charter.
6. Training and assisting faculty at all testing sites.
7. Checking ADE website and testing portals regularly for testing updates.

As Superintendent/Charter Representative or District Test Coordinator, I acknowledge, and I agree to the following conditions concerning the administration of the Kindergarten Entry Assessment.

1. Upon completion of testing, all test materials, including student data sheets (notes) and/or testing materials that may include Manuals or resources that are proprietary to the vendor, shall be returned to the designated District Test Coordinator, and processed following instructions for the KEA program.
2. Personal devices shall not be used to enter student ratings or observations into the AZ KEA portfolio system.
3. No photographs of students should be utilized to capture evidence during observations nor uploaded into the AZ KEA portfolio system.
4. All usernames and passwords used for State Assessments are unique to individuals and shall not be shared.
5. Neither student demographic information nor student IEP or 504 plan information shall be disclosed to unauthorized persons.
6. The Superintendent or Charter Representative shall develop, distribute, and enforce disciplinary procedures for the violation of any testing processes or procedures for the Kindergarten Entry Assessment test security by staff.

By signing my name to this document, I am assuring the Arizona Department of Education that I will abide by the above conditions and that anyone I supervise, who will have access to the Arizona Kindergarten Entry Assessment for School Year 2023-2024, will also abide

by the above conditions, and I certify that the individual named below is authorized to act on my behalf as district test coordinator for the Kindergarten Entry Assessment. **If the individuals designated below is unable to complete any activities, including participating in a pre-test training, I will attend and complete in his/her place.**

Name of Superintendent or Charter Representative: .

Email:

Date:

Superintendent/Charter Representative's Signature: \_\_\_\_\_

**Enter the information in the form electronically, print, each person needs to sign the form, scan it, and send it to KEAInbox@azed.gov**

**Kindergarten Entry Assessment District Test Coordinator.**

First Name:

Last Name:

Email:

Cell Phone # (optional):

Work Phone #:

Extension (if applicable):

Signature: \_\_\_\_\_ Date:

**Email this form back to the KEA Inbox: [KEAInbox@azed.gov](mailto:KEAInbox@azed.gov)**