School Test Coordinator—Confidentiality and Test Security Agreement

This form must be completed annually by the school test coordinator and kept on file with the Non-Public School Testing Services. If a new person is employed in this position, then the new person must complete this form as soon as possible.

| School Name: Test Name: In performing my assigned duties and responsibilities as the school test coordinator, I understand that: | | | |
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| | | 1. | maintaining test security and student confidentiality is critical to the mission of the North Carolina Department of Public Instruction (NCDPI). |
| | | 2. | my compliance with federal and state laws is crucial to maintaining the public's trust in North Carolina public schools. |
| 3. | my assigned duties and responsibilities may involve the use of the North Carolina Department of Public Instruction's data, local data, or other information that is confidential. | | |
| 4. | federal and state laws prohibit me from including or disclosing personally identifiable information (PII) in any form of communication with any unauthorized individual or entity, except as required in the performance of my assigned duties. Such communication includes, but is not limited to, email, instant messaging, or social media account posts (e.g., Facebook, Twitter, Instagram, Tik Tok, SnapChat). | | |
| 5. | I acknowledge that all North Carolina test materials are the property of the NCDPI and that these test materials must remain secure at all times. | | |
| 6. | in order to ensure test security, I will not discuss or share information relating to the contents of any test, testing process, or test scoring. This restriction applies to discussion with mass media, including, but not limited to, print, radio and television media, and social media. | | |
| 7. | I will not publish any secure testing or scoring material or share this material outside of the secure work site. | | |
| 8. | I am obligated to read the <i>Testing Code of Ethics</i> in its entirety annually and always understand and act in accordance with the test coordinator's obligations described therein. | | |
| | y signature below indicates my agreement to abide by and fulfill the obligations and duties described above. rther, I understand that violation of this agreement could lead to additional legal liability to me. | | |
| Pr | int Name: | | |
| Si | m· Date· | | |