Hawai'i Statewide Assessment Program

HSA-Alt Test Security and Confidentiality Form

This signed *HSA-Alt Test Security and Confidentiality* form is required of all HSA-Alt Test Administers who will be administering the HSA-Alt to a student who receives the Translated Test designated support or any of the following accommodations: Read Aloud, Scribe, and/or Visual Descriptions.

Date: _____

Student Name: _____ 10-Digit Student ID #: _____

School Name: _____

Test Administrator Name: _____

By signing below I confirm and acknowledge the following:

- The above listed student has received IEP team approval for the following HSA-Alt designated supports and/or accommodations (check all that apply):

  □ Translated Test

  □ Read Aloud □ Scribe □ Visual Descriptions

- I have read and understand the following guidelines (check all that apply):

  □ Translated Test

  □ HSA-Alt Guidelines for Read Aloud, Test Reader □ Scribing Protocol for HSA-Alt Assessments □ HSA-Alt Visual Descriptions Protocol

- I have read and understand the test administration policies and procedures that pertain to the Translated Test designated support or the Read Aloud, Scribe, and/or Visual Descriptions accommodations in the *HSA-Alt Test Administration Manual.*

- I agree to adhere to the applicable guidelines, protocols, policies and procedures referenced above at all times during HSA-Alt testing for the above listed student.

Print Name	Signature

Assessment Section Use Only

Verified: Y or N

Name and Date:

Email a scanned copy of the completed form to the Assessment Section at hsa-alt@k12.hi.us.
Or fax the completed form to the Assessment Section at (808) 733-4483.
The school Test Coordinator should retain the original form for documentation purposes.