



### HSA-Alt Test Security and Confidentiality Form

This signed *HSA-Alt Test Security and Confidentiality* form is required of all HSA-Alt Test Administrators 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 and Scribe.

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

<i>Assessment Section Use Only</i>
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](mailto: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.