# 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** |
|  |  |

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| *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](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.