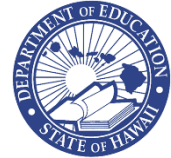


# HAWAII DEPARTMENT OF EDUCATION

## Parent/Guardian Remote Test Administration Agreement



My child will be administered the Hawaii State Assessment - Alternate (HSA-Alt) remotely at home or at a non-school location this year. The HSA-Alt is a statewide accountability assessment that will be used to assess Hawaii Department of Education programs and identify areas of strength, weakness, need, and priority for the future. As such, it is essential that the results from this assessment provide an accurate picture of my child's knowledge, skills, and abilities. I understand that the answers that my child submits on this assessment must be his/her own. I understand that any assistance that I provide to my child must be limited to test delivery, navigation, and data entry. I understand that I am allowed, as a parent of a student with significant cognitive disabilities, to help my child log into the assessment, press icons on the test interface so that my child can see and hear all parts of a test question, and even enter my student's answer for them. However, I agree to limit my help to these areas and not provide my student with hints or assistance in selecting the correct answer.

I understand that as part of allowing my student to take this assessment at home or a non-school location that it is my responsibility to maintain the security of test items. I agree to prohibit my child's access to a phone or other sharing device during testing. If my student uses scratch paper during testing to work through test questions, I will make sure to shred and discard that paper after the session has been completed. In addition, I will not discuss the content of any items that are delivered as part of this assessment. None of the materials from the online test may be copied, photographed, streamed, recorded, memorized, or reconstructed in any manner. It will be my responsibility, as a parent assisting my child with the remote administration of the HSA-Alt, to maintain the security of the test questions and materials and to report to my child's teacher if any test administration and security guidelines are not followed.

### Parent/Guardian Agreement:

- Prior to my child starting the HSA-Alt, I will review and complete all tasks found in the Remote Testing Checklist for Parents, available at [insert link] (the Checklist).
- Prior to my child starting the HSA-Alt, I will make sure that my child reviews and signs the Student Remote Test Administration Agreement [insert link]
- Prior to my child starting the HSA-Alt, I will review the rules and instructions found in the Remote Testing Guide for Parents, available at [insert link] (the Guide); and, during testing, I will comply with these guidelines.
- Prior to my child starting the HSA-Alt, I will meet with my child's teacher to learn about my child's communication support needs, assistive technology, and universal tools and documented accommodations that must be provided during the test session; and, during testing, I agree to provide my student with these necessary supports and accommodations.
- I understand that I must provide a monitoring device (i.e., second laptop computer, smartphone, or tablet) that will record audio and video of my child taking the test, and that a credentialed Test Security Monitor may view the audio and video recording of the session to ensure test security.
- I will encourage my child to try their best and to approach the HSA-Alt in a positive manner.
- I will do my best to find a room for my child to test in that is quiet, private, and well-lit.
- I will turn off any music, TV, or other background noise.

I have read and understand the Parent/Guardian Agreements for Remote Testing, and I agree to comply with the terms and requirements.

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Parent/Guardian Signature

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Parent/Guardian Full Name (Print)

Date