

STAMFORD PUBLIC SCHOOLS

Test Protocol Sign Off for Test Coordinators

Test Workshop: _____

Date: _____

This is to acknowledge that I was present at a test workshop at which the test security and test administration rules for the _____ were explained. I understand that as the designated School Test Coordinator, I have the

Name of Test

responsibility to communicate test rules and procedures to the Principal and staff at my school.

Name of Test Coordinator (Print)

Name of Test Coordinator (Signature)

Date _____

School _____