

STAMFORD PUBLIC SCHOOLS

Test Protocol Sign Off for Teachers

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 teacher, I have the responsibility

Name of Test

to communicate test rules and procedures to the principal and test coordinator at my school.

Name of Teacher (Print)

Name of Teacher (Signature)

Date _____

School _____