

STAMFORD PUBLIC SCHOOLS

Test Protocol Sign Off for Administrators

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 administrator,
Name of Test

I the responsibility to communicate test rules and procedures to the teachers and test coordinator at my school.

Name of Administrator (Print)

Name of Administrator (Signature)

Date: _____

School: _____