**Assessment Confidentiality Agreement**

Each spring, students across Idaho participate in the Idaho Standards Achievement Tests (ISAT) in English Language Arts/Literacy, Mathematics, and Science. Idaho primarily uses these tests to help families, schools, districts, and the state understand and improve student academic achievement. Your student’s performance on the ISATs does not affect his or her report card or ability to move on to the next grade level.

Most students participate in these tests at school. However, to provide additional flexibility this year, the State Department of Education and <DISTRICT NAME> are allowing students to participate at home or another remote testing location, if needed.

To make sure the results are valid, we must ensure the security and confidentiality of all test materials. If you would like your student to participate at home or another remote testing location, you have several responsibilities. By signing this agreement, you agree to the following:

* I will not assist my student with answering any test questions.
* I will not write anything about the test, on paper or electronically.
* I will not take any type of picture of the test.
* I will not disclose any secure test materials, including test questions and answers.
* If I become aware of any test security breaches contrary to the assurances listed above, I will notify <DISTRICT NAME> within 24 hours.
* I understand that parents and students who engage in inappropriate conduct with respect to Idaho assessments may be subject to disciplinary actions.

Student’s Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Remote Audio and Video - Required**

When testing remotely, your student will have access to a proctor who is supervising the assessment. This proctor will be able to assist your student via audio and chat. We also require that your student have video enabled, so that the proctor can both see and hear your student. The connection between the proctor and your student is direct and no one else will have access. No audio or video recordings are created. Please check one of the boxes below:

[ ] My student will participate with the camera on

[ ] My student will not participate with the camera on and will instead test in person

Parent/Guardian Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

*Please retain a copy of this document for your records.*

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Student’s Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Remote Audio and Video - Recommended**

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[ ] My student will participate with the camera on

[ ] My student will participate with the camera off

Parent/Guardian Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

*Please retain a copy of this document for your records.*