



"THE DISTRICT"



Testing Department
Electronic Use Statement



Electronic Device STAAR Assessment Oath

Test Administrator's/Proctor's Name: _____

I have been trained and notified by our administration that I **CANNOT** have any electronic devices in my possession **at ANY time** during STAAR Testing. Failure to comply with this testing policy will result in the following disciplinary action/s:

- **Write-Up**
- **Other Disciplinary Action**

Signature: _____

Date: _____