



## Test Administration Report

District Name: \_\_\_\_\_ School Name: \_\_\_\_\_ Date: \_\_\_\_\_

Form Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_ Test and Subject: \_\_\_\_\_

The *Test Administration Report* (TAR) is used to record a variety of situations, including, but not limited to, test misadministrations, special circumstances (such as documentation of some accommodations and supports), and reasons for invalidations. Refer to Chapter 5 of the *Procedures Manual* for additional information about circumstances and incidents to document on this form.

Provide the student information and description of the circumstance or incident below. If an adult was involved (for example, translator), include the adult’s name, signature, and role in test administration in the description. Attach additional sheets to this form as needed.

Districts are not required to return the TAR to MDE or service providers, unless requested. However, districts must maintain records for two years after the end of the academic school year in which testing took place for audits or monitoring conducted by MDE, or to answer questions when reports are received. If completed by the School Assessment Coordinator, a copy of the report should be forwarded to the District Assessment Coordinator.

Name of Student	Gr.	MARSS/SSID (13 digits)	Description





## Test Materials Assigned to Students Checklist

*(FOR DISTRICT AND SCHOOL USE ONLY—Do Not Return to MDE or Service Provider.)*

Test(s): \_\_\_\_\_

Test Monitor: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Use this form to assign secure test materials to students; secure materials that may be used for multiple students (such as a mathematics or science script) may also be included. All secure test materials distributed must be collected before students leave the testing room. Return ALL used and unused secure test materials to your District or School Assessment Coordinator as soon as possible after the completion of testing.

Test	Type of Material	Security Barcode	Student Name (if applicable)	Date Returned	Notes



## Request for Late Score Entry Form

**Pearson Minnesota Program Team Fax: 319-358-4299**

Use this form to request late score entry if student responses in MCA paper test materials or MTAS data were not entered during the testing windows. One form must be completed for each student.

There is a **\$200 fee** for late score entry for up to 10 students after the close of the applicable testing window. A purchase order (PO) made payable to Pearson can be included with the completed form(s). The purchase order should have an address on where an invoice can be sent to.

**For MCA paper test materials:**

- If the test materials **have not** yet been returned to Pearson, fax this completed form to Pearson at 319-358-4299. Ship the used test materials to Pearson at the following address: Pearson, Attn: Minnesota Program Team; 7405 Irish Dr SW. Cedar Rapids, IA 52401. Note: Pearson does not supply return labels for this shipment. Once secure materials are received by Pearson, they will be removed from the missing materials list.
- If test materials **have** been returned to Pearson, fax this completed form to Pearson. Indicate when test materials were shipped and ensure the test book security number(s) are provided below. Submit these requests as soon as possible so that test materials can be located in a timely manner.

**For MTAS:**

- Fax this completed form to Pearson at 319-358-4299. Include the MTAS Data Collection Form and the Learner Characteristic Inventory (LCI) data (if not already entered).
- If the data were returned with the Task Administration Manual, ensure the security number is provided below, and submit the request as soon as possible so that test materials can be located in a timely manner.

Note: If you do not have access to a fax machine, refer to [Alternate to Fax Form Submissions](#) for instructions on submitting the information through PearsonAccess Next (PearsonAccess Next > Support).

### DISTRICT/SCHOOL INFORMATION

District and School Name: \_\_\_\_\_  
 District #: \_\_\_\_\_ School #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 District Assessment Coordinator: \_\_\_\_\_ PO #: \_\_\_\_\_

### STUDENT INFORMATION

Name (last, first, MI): \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
 MARSS/SSID (13 digits): \_\_\_\_\_ Date Tested: \_\_\_\_\_

### LATE SCORE ENTRY AND TEST MATERIAL INFORMATION

Test:	Subject:	Test Material Security Number:	How Returned:
<input type="checkbox"/> MCA	<input type="checkbox"/> Reading	_____	<input type="checkbox"/> Shipped separately from other secure test materials
<input type="checkbox"/> MTAS	<input type="checkbox"/> Mathematics	_____	<input type="checkbox"/> Returned with Secure Materials
	<input type="checkbox"/> Science	_____	

Shipment Tracking Number: \_\_\_\_\_ Date Shipped: \_\_\_\_\_

\_\_\_\_\_  
*District Assessment Coordinator (DAC) Signature*

\_\_\_\_\_  
*Date*

*The following form is a sample that districts may provide to medical professionals to document information related to the Medical Excuse (ME) test code.*

## **Sample Medical Excuse Documentation Form**

There are times when a student cannot participate in instruction or assessments due to a significant medical or mental health emergency. For statewide assessment purposes, a medical emergency differs from an ongoing medical condition as follows:

- A *medical emergency* is defined as a short-term circumstance that directly interferes with a student’s ability to participate in instruction, including assessments, where no alternate arrangements can be made and no appropriate supports or accommodations can be provided.
- An *ongoing medical condition*, unlike a medical emergency, is a situation in which the school and/or district is providing instruction and the student is participating in instruction and assessments with the supports or accommodations for which the student may be eligible.

The top of the form is to be completed by a licensed medical professional who is operating under the scope of their license. The bottom of the form is completed by the district.

Note: This information must be retained by the school district for two years after the end of the academic school year in which testing took place, is considered an educational record under the Family Educational Rights and Privacy Act (FERPA) (45 C.F.R. 160.103 (2)(i)(ii); 20 U.S.C. § 1232g; 34 C.F.R. Part 99), and is considered private data per federal and state law. The Minnesota Department of Education may review this document to ensure requirements are met.

### **Completed by Medical Professional**

1. Student name \_\_\_\_\_

2. What is the medical emergency?

3. When did this medical emergency start? \_\_\_\_\_

4. How long do you anticipate this medical emergency will last? \_\_\_\_\_

5. In your professional view, how does this medical emergency impact the student's ability to participate in daily instruction?

6. In your professional view, how does this medical emergency impact the student's ability to participate in required standardized assessments? For example, are there any considerations or concerns if the student is taking assessments online or paper?

\_\_\_\_\_  
*Name of Clinic or Practice*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*License Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

## Completed by District

### Student Information

Name (last, first, MI): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

MARSS/SSID (13 digits): \_\_\_\_\_ Test(s): \_\_\_\_\_

### Testing Window

Provide information on the district's testing calendar and how the student could not be tested during that schedule due to the medical emergency.

### Remedy Through Accommodations and Supports

Describe how the district reviewed the situation and determined that available supports and/or remedies would not allow the student to participate in statewide assessments in a similar manner to how instruction is being delivered.

Based on this documentation, does the student meet the criteria for a medical excuse from statewide assessments according to the *Procedures Manual*?

Yes

No

\_\_\_\_\_  
*District Assessment Coordinator Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name (printed)*



The following nondisclosure agreement is provided as a sample that districts may use with school officials who will have access to preliminary results and/or final embargoed results.



## Sample Nondisclosure Agreement for Sharing Assessment and Accountability Results

This nondisclosure agreement applies to any preliminary or embargoed statewide testing or accountability data for the standards-based accountability assessments (Minnesota Comprehensive Assessments and Minnesota Test of Academic Skills) and English language proficiency accountability assessments (ACCESS for ELLs and WIDA Alternate ACCESS). This data is provided by the Minnesota Department of Education (MDE) and may be available to the school district through secure reports, service provider systems, or other district data systems.

This agreement must be completed by any school officials who will have access to preliminary or embargoed results in any form, and includes school board members and contractors hired by the district. This agreement also includes charter school authorizers, if a separate data sharing agreement for these results is not already in place.

I understand that:

1. All assessment and accountability data shared by MDE with the school district are educational data as defined by the federal Family Education Rights and Privacy Act (FERPA), 20 U.S.C. 1232g and 34 C.F.R. Chapter 99, and by Minnesota Statutes, section 13.32.
2. Educational data that are related to an individual student are classified by FERPA and section 13.32 as private data, which means that the data are not public and cannot be shared with anyone who does not have either legal authority to access it or a signed parental/guardian consent to access it.
3. School officials or other authorized representatives of the school district may have access to private educational data if the district has determined that they have a legitimate educational interest in the educational data.
4. All assessment and accountability data, including summary data that are not about individual students, are under an embargo before they are released publicly. Embargoed results may not be shared or discussed with anyone who does not have authority to access them.

By accessing the assessment and accountability data made available by MDE, I agree and assure that:

1. I am a school official or other authorized representative of the school district.
2. The school district has determined that I have a legitimate educational interest in the educational data.
3. I will not share or discuss preliminary or embargoed assessment and accountability results in any form with anyone who does not have legal authority to access the data.
4. I will not share or discuss any assessment data related to individual students with anyone who does not have legal authority or a signed consent from a parent/guardian to access the data.
5. If I do not know whether someone has authority to access the data, I will not share it with them.
6. I understand that I should only access and use educational data to the extent needed to do my work. I will not access or use educational data for any reasons not related to my work and my authority to access the data.
7. I understand that educational data must be maintained in a secure manner that prevents unauthorized persons from accessing it. I will follow appropriate safeguards to reasonably and appropriately protect the privacy, security, and integrity of all educational data to which I have access.

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Name (printed)

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Signature

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Date