

State of Texas
County of Hidalgo



Texas Education Agency
Student Assessment Program

Testing Department

Oath of Test Security and Confidentiality for Hall Monitors

Please indicate the applicable administration (check one):

___ January ___ February ___ March ___ April ___ May ___ June ___ December

I do hereby certify, warrant, and affirm that I will fully comply with all applicable requirements governing the State Assessment Programs and do hereby certify the following:

Initials

___ I have received training on testing procedures specific to this administration and the role I have been assigned.

___ I understand my responsibilities concerning the administration of this test.

Initials

___ I am aware that testing procedures require me to monitor during test administrations.

___ I understand my responsibilities as a hall monitor and I am aware of the range of penalties that may result from a departure from the documented test administration procedures.

___ I understand my obligations concerning the security and confidentiality of this test, and I am aware of the range of penalties that may result from a violation of test security and confidentiality; and

___ I am aware of my obligation to report any suspected violations of test security or confidentiality to the campus testing coordinator.

I do hereby and affirm that I will faithfully and fully comply with all requirements concerning test security and confidentiality.

Signature Printed Name of Hall Monitor 108-902
County- District Number

Campus Name or Department Telephone Number Date