2026-2027

Verification of NRS 390 Mandatory Staff Training

2026-2027 School Year
Washoe County School District

Site/School Name:	

SCHOOL PRINCIPAL: *Please initial each box after reading the statement. Sign at the bottom of this page and follow instructions for submitting the completed form.*

☐ I verify that ***A Primer for Testing: Policies and Professional Expectations*** for the **2026-2027** school year has been **distributed to all personnel**, both certified and classified (ESP), at this school who may be involved with testing. *(The WCSD Primer may be distributed electronically as a pdf attachment, in print form, or via hyperlink.)*

☐ I further **verify that all site personnel**, including certified and classified (ESP), who may be involved with testing at this school **have viewed the annual "Test Security and Administration Training" presentation** from the Nevada Department of Education (NDE).

☐ In addition, I have record of all personnel by name who received the *Primer* and viewed the annual training presentation, and I certify that I have **collected the individual *"Acknowledgement of Professional or Classified (ESP) WCSD Personnel"* form** submitted by all personnel who may be involved with testing at this site.

☐ I certify that signed and dated staff acknowledgement and confidentiality **forms and training records will be retained at this school for three school years** in the locked test storage cabinet or kept electronically in a designated school test security documents folder. Dated logs will be retained for three years from site-level test security and test administration training events including annual, refresher, and prior to each major district and state required assessment.

☐ I acknowledge **my responsibility for ensuring** all site personnel involved with testing have **read test administration manuals** and **participated in test security refresher training** prior to each test administration and **completed additional training as required** for district, state, or national assessments administered at this school.

By typing your name and email below, you are electronically certifying this document just as if you would physically sign a paper copy.

Annual Training Completed (date) *	**School Principal Signature and Email**
**I certify that training for new staff and personnel will be provided throughout the school year as needed.*	

Due by end of day SEP 3, 2026 – *Submit to WCSD Assessment Support*

*District schools upload completed form to your school's Assessment Repository channel in Teams.	**School Mail:** 380 Edison Way, Ste 102, Attn: Assessment Support **Email:** AssessmentSupport@washoeschools.net