

## DCSD Assessment Statement of Confidentiality and Training 2024-2025

This agreement made effective \_\_\_\_\_ by and between Douglas County School District and:  
*Date*

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*Name (Please print)*

*Employee ID*

*School*

**Position:**

- ☐ Test Administrator
- ☐ Processing Technician
- ☐ Administration
- ☐ School Assessment Coordinator
- ☐ Other \_\_\_\_\_

The participant will abide by the terms and provisions below:

**Confidential Information:**

1. All information and material provided or disclosed to the participant in connection with this agreement.
2. All assumptions and individual observations of test items, data, and content.

**Participant Agreement:**

1. The participant shall not copy, remove or disclose any information related to test content, test items, information related to ACCESS, CMAS, DLM, CoAlt, PSAT 8/9, College Preparatory Digital Exams (PSAT 10), College Entrance Exams (SAT), or other state assessments, or any other confidential information as specified above in connection with this agreement.
2. The participant will not discuss assumptions or individual observations of assessment content, test items, and data.
3. The participant will keep test materials secure at all times in compliance with training.
4. The participant understands that the protection of confidential information is a significant responsibility of the school and will comply with all confidentiality requirements in order to avoid putting staff or school in jeopardy.
5. If an investigation results in a determination of a major misadministration it will be reported to the Colorado Department of Education and the Office of Licensing.

**Training Verification:**

I verify that I have received and understand state assessment security and administration appropriate for my position in the state assessment process.

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*Signature*

*Date*