LOUISIANA DEPARTMENT OF EDUCATION

Test Administrator Exemption
for the Use of Devices with Imaging or Text-messaging Capability

This form must be used to monitor test administrator (TA) use of cell phones or other imaging/texting smart devices during testing. Per Bulletin 118, "Test administrators may have devices, but they must be in the off position while around secure test materials, unless requesting technical assistance during online assessments." If a test administrator (TA) requires that a cell phone or other electronic device is turned on due to medical or security purposes, the form below must be completed and submitted to the District Test Coordinator. Completed forms should be returned to assessment@la.gov and included in any investigations of cell phone use.

The test administrator agrees to the following statements:

_____ test administrator knows state and district policy regarding cell phone and other smart device usage during the administration of all state testing

_____ the cell phone can be turned on only for the use of a medical alert that cannot be issued in another way or in cases where the device is the only form of communication with the school office and there is an emergency that must be reported

_____ test security and test administration training must be completed to administer assessments

_____ an oath of security must be signed prior to administering assessments

_____ use of a cell phone or other smart device to provide cues, clues, hints, or any other unallowable prompting related to test content is forbidden

_____ use of a cell phone or other smart device to capture either an audio or video record of any form of test content on a personal device is a serious violation of test security policy

_____ cell phone or other smart device use shall not interfere with test administrator responsibilities during testing, including regular monitoring of students during administration

_____ violations of test security can result in voided tests and disciplinary actions

Name of Test Administrator: _____

School Site Code (six digits): _____ **School Name:** _____

_____ _____
Signature of Test Administrator **Date Signed**

_____ _____
Signature of School Test Coordinator **Date Signed**