

Principal’s Assurances Form

April–May 2024 MCAS/EPP Test Administration

a. I certify that each of the following statements is true.

- I printed and read the *Principal’s Instructions for the April–May 2024 MCAS/EPP Test Administration* (“Instructions”).
- I complied with and enforced all MCAS/EPP security requirements prescribed in the Instructions. In addition, I coordinated my school’s MCAS/EPP test administration and ensured compliance with all MCAS/EPP test administration protocols prescribed in the Instructions.
- I coordinated my school’s test administration schedule and ensured that test sessions were administered during the testing window prescribed in the Instructions.
- I authorized specific individuals in my school to have access to secure materials, including test administrators and scorers, following the criteria set forth in the Instructions. Only these individuals accessed secure test materials.
- Each test administrator in my school followed the instructions set forth in the *Test Administrator’s Manual: 2024 MCAS/EPP Mathematics Test*. Each individual who had access to secure test materials followed the prescribed test security requirements.
- Students in my school were made aware of their responsibilities during testing.
- My school administered the MCAS/EPP test according to the student participation requirements prescribed in the Instructions.
- I complied with the policies for testing students with disabilities, including verifying that all accommodations and only those test accommodations listed in students’ approved IEPs or 504 plans were provided during test administration.
- Each test booklet and each answer sheet has been accounted for by student name, and the quantity of used answer sheets is stated below.
- Test booklets and used scratch paper have been securely destroyed as prescribed in the Instructions, on or before the deadline.
- Answer sheets were scored only by the specific individuals authorized by the principal.
- I securely transported to the superintendent’s office for storage all used answer sheets and tracking forms as prescribed in the Instructions, on or before the scheduled deadline. These materials will be retained at the superintendent’s office for three years.

b. I certify that the information provided by me on this form is true and accurate.

School Name:	
Principal’s Name:	
Principal’s Signature:	
Date:	
# of Used Answer Sheets – Session 1	
# of Used Answer Sheets – Session 2	