



Verification of District Training

Spring 2019 CMAS and CoAlt: Math, ELA, Science and Social Studies

This form must be filled out by the District Assessment Coordinator, signed by the District Superintendent, and submitted to the Assessment Unit as documentation that **all** district personnel who come in contact with the assessments before, during, and after the spring 2019 CMAS and CoAlt: Math, ELA, Science and Social Studies administration have been trained.

Trainings must be comprehensive and interactive, and must include:

- District Determined Policies and Procedures,
- Test Security,
- Standardized Environment,
- Test Administration,
- Providing Student Testing Accommodations (as necessary),
- Test Administrator Role vs. Teacher Role, and
- An opportunity for questions/answers.

This form certifies that within **[District Name:]** _____, the District Assessment Coordinator (DAC) and **all** School Assessment Coordinators (SACs), Test Administrators, Test Examiners, and other appropriate school and district personnel (e.g., District Technology Coordinator, Sensitive Data personnel) have been trained in **all** aspects of the administration of the state assessments, including handling of materials, security, and ethical administration practices. On the lines below, specify the dates that trainings were completed for all SACs, Test Administrators/Examiners, and Technology Coordinators in your district for the spring 2019 CMAS and CoAlt: Math, ELA, Science and Social Studies assessments.

SAC training completion date for CMAS: Math, ELA, Science and Social Studies Spring 2019: _____

Test Administrator training completion date for CMAS: Math, ELA, Science and Social Studies Spring 2019: _____

SAC training completion date for CoAlt: Math, ELA, Science and Social Studies Spring 2019: _____

Test Examiner training completion date for CoAlt: Math, ELA, Science and Social Studies Spring 2019: _____

Technology Coordinator training completion date for CMAS and CoAlt: Math, ELA, Science and Social Studies Spring 2019: _____

*I have verified that district and school trainings took place on the dates as listed above, and that **all** individuals involved in the spring 2019 CMAS and CoAlt: Math, ELA, Science and Social Studies administration have been trained.*

Superintendent's Name (print)

Date

DAC's Name (print)

Date

Superintendent's Signature

DAC's Signature

This completed form must be saved electronically with a file name indicating the **district name, form name, and the date on which the document was saved** (e.g., District A_Verification of District Training_031219). Then, the completed form must be loaded in the **Assessment Forms** folder on **CDE Assessment Syncplicity** prior to **beginning** CMAS and CoAlt: Math, ELA, Science and Social Studies assessment administration.