Verification of District Training
Spring 2016 CMAS and CoAlt: ELA, Math, 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 2016 CMAS and CoAlt: ELA, Math, 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 and **all** School Assessment Coordinators, Test Administrators, Test Examiners, and other appropriate district personnel (e.g., District Technology Coordinator, Sensitive Data personnel) have been trained in **all** aspects of the administration of the state's 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 2016 CMAS and CoAlt: ELA, Math, Science and Social Studies assessments.

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

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

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

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

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

*I have verified that district and school trainings took place on the dates as listed above, and that **all** individuals involved in the Spring 2016 CMAS and CoAlt: ELA, Math, Science and Social Studies administration have been trained.*

_____	
Superintendent's Name (print)	
_____	_____
Date	Superintendent's Signature
_____	
DAC's Name (print)	
_____	_____
Date	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_031116). Then, the completed form must be loaded in the **Assessment Forms** folder on **CDE Assessment Syncplicity** prior to beginning CMAS and CoAlt: ELA, Math, Science and Social Studies assessment administration.