**PRINCIPAL’S TESTING PROCEDURE CHECKLIST**

**SAGE SUMMATIVE**

**Instructions**: Complete and return to Dr. Hal Sanderson, Canyons School District assessment department by Monday, **June 2nd, 2014.** It is acceptable to send an electronic message verifying completion.

Principal: Please Check Each Item When Completed

\_\_\_\_\_ 1. I have reviewed with **all educators involved with state testing**, the “Standard Test Administration and Testing Ethics Training PowerPoint”, distributed the “Standard Test Administration and Testing Ethics Policy”, and received signatures on the “Testing Ethics Policy Educator Signature Form” from **all educators involved with state testing**.

\_\_\_\_\_ 2. Tests were administered during the dates specified by Canyons School District.

\_\_\_\_\_ 3. I monitored the administration of tests in my school.

\_\_\_\_\_ 4. After testing, I verified with my school Testing Team that **ALL** students were tested and/or accounted for. Any non-participation or accommodation codes have been completed.

Please note any testing irregularities that occurred in your school (if any).

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_