June 9, 2021

To: All Principals
From: Cynthia Sampey
Director of Accountability

Subject: Access to Testing Materials/School Test Coordinator/ANet Coordinator/Illuminate Coordinator

1) Identify the School Test Coordinator (STC) for your school. Many of you have a team of individuals who help with state-mandated testing, but at each school there must be one individual who is formally designated as the STC and responsible for state-mandated testing. Identify a Backup STC to assist with state-mandated testing.

2) State and district test security policy require that we have a record of all individuals at your school site who have access to the “predetermined, secure, locked area” in which test booklets and other secure documents are stored. Access to the secure area and access to the setup for online testing through eDIRECT should be limited to the Principal, STC and their designated Backup.

3) Complete the information below, sign, and return by Tuesday, June 22, 2021. Either fax to 225-226-7605 or email to breed@ebrschools.org

   School Test Coordinator’s Name – PRINT ___________________________ email ___________________________ Date
   School Test Coordinator’s Signature ___________________________ Date
   Backup Test Coordinator’s Name – PRINT ___________________________ email ___________________________ Date
   Backup Test Coordinator’s Signature ___________________________ Date
   Name & title of ALL persons with access to the secure area __________________________________________________________
   Description of Secure Area (be specific) __________________________________________________________

4) Identify the ANet coordinator and backup who are responsible for distribution, training, and procedures related to ANet testing.

   ANet Coordinator’s Name – PRINT ___________________________ email ___________________________ Date
   ANet Coordinator’s Signature ___________________________ Date
   ANet Backup’s Name – PRINT ___________________________ email ___________________________ Date
   ANet Backup Coordinator’s Signature ___________________________ Date

5) Identify the Benchmark Assessments/Illuminate Education Coordinator and backup who are responsible for distribution, scanning, training, and procedures related to district-level Illuminate Education testing.

   Illuminate Coordinator’s Name – PRINT ___________________________ email ___________________________
   Illuminate Coordinator’s Signature ___________________________ Date
   Illuminate Backup’s Name – PRINT ___________________________ email ___________________________
   Illuminate Backup Coordinator’s Signature ___________________________ Date

   Principle’s Signature ___________________________ Date ___________________________ Principal’s email ___________________________
   Executive Director’s Signature ___________________________ Date ___________________________ Executive Director’s email ___________________________
If your school has not purchased ANet and you wish to continue using LEAP 360, you will need to identify the LEAP 360 Coordinator and backup who will be responsible for distribution, training, and procedures related to LEAP 360 testing.

LEAP 360 Coordinator’s Name – PRINT _________________________________ email _________________________________
LEAP 360 Coordinator’s Signature _________________________________ Date __________________________
LEAP 360 Backup’s Name – PRINT _________________________________ email _________________________________
LEAP 360 Backup Coordinator’s Signature _________________________________ Date __________________________

Principal’s Signature _________________________________ Date __________________________ Principal’s email _________________________________