

June 9, 2021

To: All Principals  
 From: Cynthia Sampey  
 Director of Accountability  
 Subject: **Access to Testing Materials/School Test Coordinator/ANet Coordinator/Illuminate Coordinator**

School Name \_\_\_\_\_ Contact number \_\_\_\_\_

- 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](mailto:breed@ebrschools.org)

School Test Coordinator’s Name – *PRINT* \_\_\_\_\_ email \_\_\_\_\_

School Test Coordinator’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Backup Test Coordinator’s Name – *PRINT* \_\_\_\_\_ email \_\_\_\_\_

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 \_\_\_\_\_

ANet Coordinator’s Signature \_\_\_\_\_ Date \_\_\_\_\_

ANet Backup’s Name – *PRINT* \_\_\_\_\_ email \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  
*Principal’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*