

CCRS Summative Assessment

Post-Test Certification Form

This form is to be completed a fter each test administration

By submitting this form, I certify that administration of the CCRS Summative assessments has been completed at the following school/district according to DoDEA security policies. All known security breaches and testing irregularities have been properly reported.

| First Name | Last Name |
|---|-------------------------------------|
| Agency | Role |
| School Name | Phone Number and Ext |
| District Name | School Organization Code |
| Administration | District Organization Code |
| Were any Forms to Report a Testing Irregularity or Security Breach submitted for the school? | |
| All secure test materials have been returned to Pearson. Any secure test materials not returned to Pearson have been tracked, destroyed and/or reported using the Form to Report Contaminated, Damaged, or Missing Materials. | |
| Ship back date | Number of scorable boxes shipped |
| | Number of nonscorable boxes shipped |
| Were any Forms to Report Contaminated, Damaged or Missing Materials submitted for the school? ☐ Yes ☐ No | |
| Full Name (printed) | Date |
| School/District Test Coordinator Signature | |
| Principal (if different from above) Full Name (printed) | Date |
| Principal Signature | |