July 7, 2020

To: All Principals
From: Cynthia Sampey
Director of Accountability

Subject: Access to Secure Materials/School Test Coordinator/Illuminate Education Coordinator/LEAP 360 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 **Friday, July 17, 2020**. Either fax to 225-226-7605 or email to breed@ebrschools.org

   School Test Coordinator Name & email ____________________________________________ email ____________________________
   School Test Coordinator Signature ____________________________________________ Date ____________________________
   Backup School Test Coordinator Name & email ____________________________________________ email ____________________________
   Backup School Test Coordinator Signature ____________________________________________ Date ____________________________
   Name & title of ALL persons with access to the secure area ____________________________
   Description of Secure Area (be specific) ____________________________________________

4) 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 Name & email ____________________________________________ email ____________________________
   Illuminate Coordinator Signature ____________________________________________ Date ____________________________
   Illuminate Backup Name & email ____________________________________________ email ____________________________
   Illuminate Backup Coordinator Signature ____________________________________________ Date ____________________________

5) Identify one of the above coordinator groups to serve as the LEAP 360 Coordinator and backup. This group will be responsible for distribution, training, and procedures related to LEAP 360 testing.

   LEAP 360 Coordinator Name & email ____________________________________________ email ____________________________
   LEAP 360 Coordinator Signature ____________________________________________ Date ____________________________
   LEAP 360 Backup Name & email ____________________________________________ email ____________________________
   LEAP 360 Backup Coordinator Signature ____________________________________________ Date ____________________________

   Principal’s Signature ____________________________ Date ____________________________ Principal’s email ____________________________
   Executive Director’s Signature ____________________________ Date ____________________________ Executive Director’s email ____________________________