



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