**Certification of Proper Test Administration – Medical Device**

Nevada Department of Education and Washoe County School District

State and Local Assessment Programs

|  |  |  |  |
| --- | --- | --- | --- |
| **Student:** |  | **State ID:** |  |
| **School:** |  | **Grade Level:** |  |

Description & Procedure:

|  |
| --- |
| **Medical Device; Health Condition**In compliance with this student’s IEP, Section 504 Plan, and/or Health Plan, and in accordance with the guidelines given below, student may maintain possession of their required medical device, including a mobile phone or similar communications capable electronics, in the secure testing environment. 1. Free-standing technology, including a mobile phone or other electronic monitoring device, must be placed away and out of immediate reach of the student or any other student. The device may not be placed on the student’s desk or table top.
2. Student should be seated where the test administrator may easily monitor the student and free-standing device, and in such a way as to not distract other students when responding to medical alerts.
3. Phone or other electronic monitoring device must not be used to access any features other than those required to check medical readings if alerted. Access to non-permissible features or applications on the device by anyone in the testing room during test administration will result in a testing irregularity.
4. At the conclusion of testing, the Test Administrator must **certify in writing** that the named student and others in the testing room did not access any non-permissible features/applications on the device.
 |

***I (Test Administrator), certify that I administered the assessment to the student identified on this form. I further certify that described procedures were followed, and the student and others in the testing room did not access any prohibited tools or features on the device, nor was the device used to access any communication, media or other non-permissible functions during the testing period.***

|  |
| --- |
| **Assessment Name** |
|  |
| **Test Administrator** (Print Name) | **Signature**  | **Date** |
|  |  |  |

Test Administrator > Return completed form to School Principal or Test Coordinator.

|  |  |
| --- | --- |
| **School Principal:** |  |

Post Testing: School Principal/Test Coordinator—Retain this signed form for three years with the school’s test security documentation.