**Verification of School Training 2019**

**WIDA, ACCESS for ELLs assessments: ACCESS for ELLs online, ACCESS for ELLs paper, Kindergarten ACCESS for ELLs and Alternate ACCESS for ELLs**

This form must be filled out by the School Assessment Coordinator, signed by the School Principal, and submitted to the Department of Evaluation and Assessment at CSI as documentation that all school personnel who come in contact with the assessments before, during, or after the 2019 ACCESS for ELLs administration have been trained.

Trainings must be comprehensive and interactive, and must include:

* Assessment policies and procedures
* Test security
* Standardized environment
* Providing student testing accommodations (as necessary)
* Test administrator role v teacher role
* Opportunity for questions/answers

This for certifies that at (School Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the School Assessment Coordinator and appropriate schools staff have been trained on all aspects of the administration of the ACCESS assessment, including handling of materials ,security, and ethical administration practices.

One the lines below, specify the date(s) that trainings were completed at your school.

School based initial training date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make-up training date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Principal name (print) Principal Signature Date*

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*SAC name (print) SAC Signature Date*

Scan a signed copy of this form and email to jessicawelch@csi.state.co.us