

Verification of CSI School Training

Spring 2019 CMAS and CoAlt: Math, ELA, Science and Social Studies

This form must be filled out by the School Assessment Coordinator, signed by the School Principal, and submitted to CSI as documentation that **all** school personnel who come in contact with the assessments before, during, and after the spring 2019 CMAS and CoAlt: Math, ELA, Science and Social Studies administration have been trained.

Trainings must be comprehensive and interactive, and must include:

- District Determined Policies and Procedures,
- Test Security,
- Standardized Environment,
- Test Administration,
- Providing Student Testing Accommodations (as necessary),
- Test Administrator Role vs. Teacher Role, and
- An opportunity for questions/answers.

and all Test Administrators, Test Examiners, and other ap Coordinator, Sensitive Data personnel) have been trained in handling of materials, security, and ethical administration p	the School Assessment Coordinator (SAC) propriate school and School personnel (e.g., School Technology all aspects of the administration of the state assessments, including practices. On the lines below, specify the dates that trainings were logy Coordinators in your school for the spring 2019 CMAS and CoAlt:
SAC training completion date for CMAS: Math, ELA, Science and	d Social Studies Spring 2019:
Test Administrator training completion date for CMAS: Math, E	LA, Science and Social Studies Spring 2019:
SAC training completion date for CoAlt: Math, ELA, Science and	Social Studies Spring 2019:
Test Examiner training completion date for CoAlt: Math, ELA, So	cience and Social Studies Spring 2019:
Technology Coordinator training completion date for CMAS and	d CoAlt: Math, ELA, Science and Social Studies Spring 2019:
I have verified that school trainings took place on the dates as I and CoAlt: Math, ELA, Science and Social Studies administration	isted above, and that all individuals involved in the spring 2019 CMAS n have been trained.
Principal's Name (print)	_
Date	Principal's Signature
SAC's Name (print)	_
	SAC's Signature

This completed form must be saved electronically with a file name indicating the **school name**, **form name**, **and the date on which the document was saved** (e.g., School A_Verification of School Training_031219). Then, the completed form must be emailed to jessicawelch@csi.state.co.us