**Verification of School Training 2019-2020**

**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 CSI as documentation that **all** school personnel who come in contact with the assessments before, during, and after the 2020 ACCESS for ELLs administration have been trained.

Trainings must be comprehensive and interactive, and must include:

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

This form certifies that within [School Name:] \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ , the School Assessment Coordinators, Test Administrators, Test Examiners, and other appropriate school personnel (e.g., Technology Coordinator, Sensitive Data personnel) have been trained in **all** aspects of the administration of the state’s assessments, including handling of materials, security, and ethical administration practices.

On the lines below, specify the dates that trainings were completed for all SACs, Test Administrators/Examiners, and Technology Coordinators in your school for the 2020 ACCESS for ELLs assessments.

SAC training completion date(s): \_\_\_\_\_\_\_

Test Administrator training completion date(s): \_ \_\_\_\_\_\_

Technology Coordinator training completion date(s): \_\_ \_\_\_\_\_

*I have verified that school trainings took place on the dates as listed above, and that all individuals involved in the 2020 ACCESS for ELLs assessments have been trained.*

|  |  |
| --- | --- |
| *\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Principal’s Name (print) Date* | *Principal’s Signature* |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *SAC’s Name (print) Date* | *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####ACCESSTrainingVerification12.15.19). The completed form must be emailed to jessicawelch@csi.state.co.us.