

## Spring 2026 State Assessments Response Capture Technology Secure Use Agreement

Maintaining the security of all test materials is crucial to obtaining valid results from all Colorado state assessments. Engaging in prohibited activities may result in **an investigation**, **suppression of scores**, and **possible disciplinary action**.

In addition to the standard *Security Agreements*, this form must be signed by all individuals involved in CMAS and/or WIDA ACCESS\* administrations using any response capture technology\*\* (e.g., Speech-to-Text (STT), Word Prediction) accommodation to certify that security measures will be maintained and that prohibited activities, such as the examples identified below, are acknowledged and understood. School Assessment Coordinators (SACs) certify and submit supplemental documentation, identified below, to CSI by **December 5, 2025** for program approval. Signed *Secure Use Agreements* must be maintained physically or electronically by the school for a minimum of three years.

☐ I attached or linked evidence that the vendor providing the response capture technology service and the vendor providing

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	the application or plug-in adhere to Colorado data privacy statutes and are approved for student use by our school.				
	I attached specialized policies and procedures that ensure students can access the response capture technology tools				
	only and have restricted internet access during assessment administration.				
	I attached a detailed plan that describes procedures for restricting access to outside websites and browsers for				
	response capture tools that require internet access.				
	I attached specialized policies and procedures that guarantee handling of electronic student answers follows all chain of custody and post-transcription deletion requirements:				
	☐ Documented in the Spring 2026 CMAS and CoAlt Procedures Manual				
	<ul> <li>Documented in the WIDA ACCESS Test Administrator Manual and the Colorado ACCESS Assessment Resource</li> </ul>				
	I disclosed the name(s) of each application/technology the students will use to access the accommodation for each assessment program.				
	I disclosed the number of students expected to access each type of application/technology for each assessment program.				
	I provided a copy of the local accommodation training(s) on how to use each application/technology identified in this Secure Use Agreement, including detailed procedures describing the local transcription process aligned to the process documented in the Spring 2026 CMAS and CoAlt Procedures Manual and/or the WIDA ACCESS Accessibility and Accommodations Manual.				
No	ote: A separate training must be provided for each unique application/technology/program used in your school.				
S	chool Assessment Coordinators (SACs) affirm:				
	I will provide training on using each response capture technology/tool for Test Administrators who will provide response.  I will provided training on using each response capture technology/tool for Test Administrators who will provide response capture technology accommodations. The tentative date(s) of the training is disclosed:				
	I will maintain a master list of all students using each type of response capture technology on CMAS and WIDA ACCESS. If the number of students changes from the time of submitting this form, I will provide an updated number of students to CSI.				
	I reviewed the response capture technology protocols in the <i>Spring 2026 CMAS and CoAlt Procedures Manual</i> and/or the <i>WIDA ACCESS Test Administrator Manual</i> and the <i>Colorado ACCESS Assessment Resource</i> and confirm that the students using response capture technology meet the outlined criteria.				
	I understand that if I have a student using response capture technology other than STT or Word Prediction, I must contact CSI for CDE approval of the Special Accommodation Request (SAR).				
	I verify that students using any type of response capture technology are <i>practiced</i> and <i>proficient</i> in these accommodation tools.				
Te	est Administrators affirm:				
	I completed all Test Administrator training the SAC provided on specific STT, Word Prediction, and/or response capture technology tools and procedures.				
	I understand that translation features must remain off and cannot be used on any part of the assessment.				
	I understand that Text-to-Speech tools <b>must remain off</b> and cannot be used on any part of the CMAS ELA/CSLA assessment or the WIDA ACCESS Writing Domain*.				
	I will not leave test materials unattended or fail to keep test materials secure when in my possession.				

	I will not explain or read passages, sources, or test items to students (except if administering the assessment with an allowable auditory or signer script).							
		ent on student responses.						
	While transcribing student responses, I will not disclose any test content that I view while providing this accommodation.							
		nscribe all student responses verbatim, either after each item or at the end of each unit. I understand that a may not repeat a unit or domain due to lost work.						
Ace	ΓT on the Writing Domaiι commodation Request (l <b>November 24</b> . Approval	n of WIDA ACCESS is a unique acc JAR) for WIDA ACCESS Spoken R from CDE is required for use of this logy other than STT or Word Predic	esponse on \ s accommoda	Writing Domain for stude ation.	ents requiring STT			
All	individuals involve	d in response capture techr	ology acc	ommodation admi	nistration:			
l w Wi	rill only use the prograi	m(s) listed below for any respon Domain. Use of other internet-ba	se capture t	ool on any CMAS cor	itent area and/or			
	Type of Response			Number of	Number of			
	Capture Tool	Name of Response Captu	re Tool	Students Using	Students Using			
	(STT, Word			this Tool for	this Tool for			
	Prediction, etc.)			WIDAACCESS	CMAS			
du AC	ring the administration CCESS and I agree to	rmation above, pertaining to r n of the CMAS Math, ELA, Sc all statements associated with r may result in serious consequen	ience, and ny role. I als	Social Studies asses	sments and/or WIDA			
		ate your role(s) in the administrati equired supplement documentat						
Ro	ole (check all that a	apply):						
	☐ School As	ssessment Coordinator	CMAS/W	IDA ACCESS Test Adr	ministrator			
	Printed Nam	e Electronic	Signature		Date			
		Schoo	l Name					

This security agreement has been adapted from the Colorado Department of Education with deadlines specific to CSI schools.