



PROCTOR SECURITY AGREEMENT FOR ADMINISTRATION OF THE ACCUPLACER

Dear Off-Campus Proctor,

Thank you for agreeing to supervise the enclosed exam for our student. Please be sure you can comply with the following regulations and can supervise the exam for the entire exam period at your place of business.

In an effort to follow the standardized testing guidelines established by the College Board and Edmonds Community College we are asking all proctors who administer ACCUPLACER off campus to read the following and sign below:

- ❖ Proctors must be a responsible adult 18 years of age or older familiar with accepted practices for administering standardized tests.
- ❖ Proctors may not be a peer of the student. Proctors may not be a friend of the student.
- ❖ Proctors must have no vested interest in the student's scores.
- ❖ Proctors must not be related to the student.
- ❖ Proctors may not be employed at a test preparation company.

The best case scenario is to have a proctor be a school counselor/psychologist or testing center professional or a public librarian.

All ACCUPLACER tests must be administered in the presence of an authorized Proctor in a secure testing environment for the duration of the test session.

Proctors are responsible for identifying an appropriate lab, making arrangements to test the students, and setting up the test for each individual student to ensure security and confidentiality.

I, _____, certify that I meet the proctor qualifications listed above, and I agree to administer the ACCUPLACER/LOEP in a secure, proctored environment and to be present throughout the testing session.

I agree to verify the identification of the student named above by the use of a picture ID issued by a state or federal agency (i.e. driver's license, passport, military ID).

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the ACCUPLACER Computerized Placement tests (CPTs) item pools.

I agree NOT to reproduce or copy, in any fashion, in whole or part, any of the materials of the ACCUPLACER system. I acknowledge that all said materials are copyrighted, and I agree NOT to share, in any way, such materials with any unauthorized persons.

Please be aware violation or failure to adhere to the aforementioned guidelines will revoke the privilege of proctoring the ACCUPLACER assessment, and hold the proctor liable for any consequences and damages (test replacement costs, fees, penalties) incurred by Edmonds Community College.

I have read, understand, and will adhere to the aforementioned and the attached test and measurement guidelines.

For EdCC Student: _____

(Please print full name here)

Phone: _____ Email: _____

Agreed to and accepted by:

Proctor Place of Employment: _____

Designated Test Proctor: _____

Phone: _____ Email: _____

Fax: _____ Web site: _____

Complete this form and send it to:

Edmonds Community College
Testing & Assessment Services
20000 68th Ave. West
Lynnwood, WA 98036-5999

425-640-1546 (Office)
425-640-1803 (Fax)

testingcenter@edcc.edu