

## **Appendix F: Non-Disclosure Agreement for Translators and Support Staff**

### **Spring 2024 Administration of the Alternate Assessment for Students with the Most Significant Cognitive Disabilities (AASCD)**

I understand that these test materials are restricted. I understand that all test questions and all other materials related to these tests including, but not limited to, passages, prompts, charts, graphs and tables are considered secure and subject to the provisions of Sections 3301.0710 and 3319.151 of the Ohio Revised Code and Rules 3301-7-01, 3301-13-02 and 3301-13-05 of the Ohio Administrative Code.

I agree not to disclose or discuss the contents of the tests in a manner that would assist a person to cheat or would in any other way compromise the validity of the test questions. Furthermore, I agree that all student-specific information obtained either prior to or during the oral test administration will remain strictly confidential.

My responsibility for maintaining the security of student information, test questions and materials continues even after the test concludes and the test materials are returned.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*The district, school or organization must maintain a copy of this form and provide it to the Department upon request. It should not be returned with other test materials.*