

REQUEST TO VIEW NORTH DAKOTA STATE ASSESSMENTS

First and Last Name: _____

Date of Birth: _____

Daytime Phone Number: _____

Email Address (optional): _____

List the subject and grade-level of the assessment(s) you are requesting to view:

North Dakota State Assessments are available for viewing only during district office hours when a staff member is available to serve as a monitor. A district staff member will contact requestors to schedule a viewing time. Regardless of the assessment viewing schedule, North Dakota State Assessments will take place on the date and time originally scheduled by the District.

Viewings are subject to the following requirements:

- Students who are required by law to take state assessments will be prohibited from previewing them.
- Because the online version of the assessment is adaptive, only the paper version of the assessment will be available to view.
- Viewings must occur at the district office; the District will not allow a viewing to occur elsewhere.
- Failure by the requestor to arrive on time or failure to attend his/her scheduled viewing may result in the District denying the requestor's subsequent requests to view a North Dakota State Assessment for the remainder of the school year. The Superintendent may make an exception to this rule if the requestor had an emergency or notified the District of the need to reschedule.
- The requestor will be required to check into the main office immediately upon arrival.
- The requestor understands and agrees to comply with the district's policies on visitors in schools (descriptor code KAAA), which accompanies this request form.
- Viewings will be monitored by a district staff member. The district monitor will not be an immediate family member of the requestor (i.e., child, spouse, sibling, parent, grandparent, stepparent, aunt, uncle, in-law, or cousin) or anyone currently residing with the requestor.
- To ensure district operations are not disrupted, viewings shall be restricted to no more than 30-minute intervals per day.
- Only one requestor at a time may view a specific subject and grade-level assessment.

- The requestor must present to the district monitor this request form and a valid, government-issued form of identification showing date of birth.
- The District reserves the right to videotape the requestor while viewing the assessment.
- The requestor is prohibited from copying the assessment and/or removing the assessment from the viewing room.
- The requestor will not bring any image or sound recording devices (including cell phones), writing utensils, backpacks, purses, or bags into the viewing room.
- The District will not copy, scan, email, or otherwise release the assessment to the requestor.
- The requestor agrees not to compromise the validity and reliability of the assessment (e.g., by disclosing any information from the assessment to a student).
- The requestor understands and agrees that failure to comply with any of the district's state assessment viewing requirements may cause the viewing session to end and may cause denial of the requestor's requests to view North Dakota State Assessments for this and the next school years.

I understand and agree to comply with the stated conditions.

Requestor's Signature

Date

RETURN THIS FORM TO:

Andrea Lauer, Business Manager
219 Ave D W, PO Box 499
McClusky, ND 58463
andrea.lauer@k12.nd.us
Fax: 701-363-2239

For district use only.

Date and time form received: _____

The following items *must* be completed by the district monitor:

Date and time of assessment viewing: _____

First and last name of monitor: _____

Form of government ID requestor presented to verify date of birth:

Initial here to certify that the ID was valid and the requestor is over the age of 20: _____

End of McClusky School District #19 Exhibit