

Onslow County Schools Parent/Guardian Request Testing Outside the Scheduled Test Window and Test Security Documentation

My signature below indicates I have read and understand the following:

- ☞ I am requesting an administration of one or more End-of-Grade (EOG), End-of-Course (EOC) or NCEXTEND1 tests outside of the regular test window. I understand the school principal will submit a letter of request along with a copy of this form to the Director of Research & Accountability Department to be processed with the North Carolina Department of Public Instruction (NCDPI). I understand that state testing can be administered outside of the test window *only* if approved by the NCDPI and that submission of this request does not guarantee approval.
- ☞ I understand EOG and EOC tests are designed to assess the entire curriculum; therefore, I agree for the course/grade to end early and/or for my child to complete all requirements of the course early, i.e. independent additional work prior to the administration of the test *as required* by the school/teacher.
- ☞ In order for NC tests to be valid, all test items must remain secure. Therefore, I agree I will NOT discuss, disseminate, describe or otherwise reveal the contents of any assessment to any other person. I will not make copies of the assessment or any test items, take notes, text message, or otherwise compromise the assessment or any test items. I understand discussing or divulging secure test information could be considered a misadministration of the test(s) resulting in a score of zero. I understand my child will be required to leave school immediately after completing the test(s) each day and that test(s) must be administered on the last day(s) my child will be in attendance.
- ☞ I understand I am responsible for contacting the school after the regular scheduled test administration dates for test results/scores. (In most cases, scores will not be available at the time of a special/early test administration.)

Student Name: _____ Grade: _____

School: _____

Test(s) requested to be administered outside of the test window:

Date(s) requested for test(s) to be administered: _____

Last day student will attend school: _____
(if student is moving or will be out of the area for the rest of semester or school year): _____

Transfer school	City	State	Date of Semester End

Reason for Request: _____
(Attach additional information as requested by school) _____

Parent/Guardian Signature (required)

Date

Student Signature (recommended)

Date