

District/School:		
Student Name (first & last):		
Parent/Guardian Name (first & last):		
My child has a working microphone for the testing device. ☐ Yes ☐ No	My child has a working webcam for the testing device. ☐ Yes ☐ No	Our household has a second device if needed.
Every parent/guardian of a student who i Aspire Periodic, K-2, and 3-8 Ready for L engaging in remote testing. Students ma	earning, and the Civics exam) must sign	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
I will not read or view the passages or screen;	test items before, during, or after testing	including viewing responses on the
	oduce (such as recording or taking a pict nses with anyone, especially students or other form of communication;	
	rt of the test or security test materials or , through verbal exchange, email, social	•
I will not coach students or give verbald any way;	/non-verbal cues during testing, or alter o	or interfere with students' responses in
I will not violate the guidance provided	in local test administration training;	
I will not allow students to access an eletc.) other than the testing device during		d to, cell phones, tablets, smart watches,
I will not allow student use of a cell pho administration policy for communication	one or other prohibited electronic device	other than as approved in the local test
during, and after test administration. I ur	nderstand what actions are strictly prohib ohibited activities may result in student s	est materials must be maintained before, ited. If any prohibited actions occur, I will core invalidations. I have discussed with
My signature certifies that I have read an	d agree to the above-stated expectation	S.