



## Homebound Testing Form

A separate form must be completed by the System Test Coordinator for each student tested.

**Online Test:** \_\_\_\_\_

**Paper Test:** \_\_\_\_\_

Student Name: \_\_\_\_\_

SSID: \_\_\_\_\_

Test: \_\_\_\_\_

Test Date(s): \_\_\_\_\_

District: \_\_\_\_\_

School: \_\_\_\_\_

Test Administrator: \_\_\_\_\_

Proctor: \_\_\_\_\_

Testing Environment (briefly describe the setting and include the address of the testing site):

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Justification for Homebound Testing:

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System Test Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be submitted to Student Assessment for approval prior to homebound testing. Once approval has been obtained, the System Test Coordinator is responsible for communicating the approval to the appropriate Building Test Coordinator and ensuring that the Homebound Test Administrator and Proctor are trained on Test Security, the ALSDE Homebound Testing Guidance, and the test administration procedures for the named assessment.

Prior to the homebound administration, the **Homebound Test Administrator and Proctor Oaths** must be completed in full and signed by the Test Administrator and Proctor. **Either the Building Test Coordinator or the System Test Coordinator must keep this form, along with the signed oath form, on file with state assessment training materials as evidence of training.**

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**ALSDE Office Use Only:**

ALSDE Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

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## Homebound Test Administrator Oath

**Purpose:** To affirm that the Homebound Test Administrator has been trained on the policies and procedures that are applicable to this role, and all responsibilities and test security policies therein and gives his or her consent to fully comply with all requirements governing the ACAP.

**Instructions:** Carefully read the information below. **Initial** each certification statement and **sign** the form where indicated.

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### Homebound Test Administrator

I do hereby solemnly certify and affirm that I will fully comply with all requirements governing the ACAP and I attest to the following statements:

\_\_\_\_\_ I have received training on the *Guidelines for Homebound Testing*.

\_\_\_\_\_ I have received training on test security and have signed the four required test security forms:

1. *Test Security Policy*
2. *Digital Device Policy*
3. *Alabama Ethics in Test Administration*
4. *Security and Confidentiality Statement (Not Required)*

\_\_\_\_\_ I understand my obligations to faithfully administer the assessment to which I have been assigned.

\_\_\_\_\_ I agree to adhere to and follow the Guidelines for Homebound Testing on which I have been trained.

\_\_\_\_\_ I understand my obligations concerning test security and confidentiality, and I am aware of the penalties that may result from a test security violation.

\_\_\_\_\_ I am aware that failure to comply with the training I have received may result in the invalidation of the student's test scores.

\_\_\_\_\_ I agree to abide by the *Digital Device Policy*.

I do hereby further solemnly certify and affirm that I have been trained and will fully comply with all requirements concerning test security, confidentiality, and test administration procedures.

\_\_\_\_\_  
Homebound Test Administrator Printed Name

\_\_\_\_\_  
Homebound Test Administrator Signature

\_\_\_\_\_  
District

\_\_\_\_\_  
School

\_\_\_\_\_  
Date





## Homebound Proctor Oath

**Purpose:** To affirm that the Homebound Proctor has been trained on the policies and procedures that are applicable to this role, and all responsibilities and test security policies therein and gives his or her consent to fully comply with all requirements governing the ACAP.

**Instructions:** Carefully read the information below. **Initial** each certification statement and **sign** the form where indicated.

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### Homebound Proctor

I do hereby solemnly certify and affirm that I will fully comply with all requirements governing the ACAP, and I attest to the following statements:

\_\_\_\_\_ I have received training on the *Guidelines for Homebound Testing*.

\_\_\_\_\_ I have received training on test security and have signed the four required test security forms:

1. *Test Security Policy*
2. *Digital Device Policy*
3. *Alabama Ethics in Test Administration*
4. *Security and Confidentiality Statement (Not Required)*

\_\_\_\_\_ I understand my obligations to faithfully proctor the assessment to which I have been assigned.

\_\_\_\_\_ I agree to adhere to and follow the Guidelines for Homebound Testing on which I have been trained.

\_\_\_\_\_ I understand my obligations concerning test security and confidentiality, and I am aware of the penalties that may result from a test security violation.

\_\_\_\_\_ I am aware that failure to comply with the training I have received may result in the invalidation of the student's test scores.

\_\_\_\_\_ I agree to abide by the *Digital Device Policy*.

I do hereby further solemnly certify and affirm that I have been trained and will fully comply with all requirements concerning test security, confidentiality, and test administration procedures.

\_\_\_\_\_  
Homebound Proctor Printed Name

\_\_\_\_\_  
Homebound Proctor Signature

\_\_\_\_\_  
District

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

