

Fall 2000

Dear Division and School Testing Personnel:

This is a letter of introduction for the assigned Virginia State Assessment Program (VSAP) Fall 2000 Assessment Auditor. This official letter of introduction, printed on Harcourt Educational Measurement letterhead, and the Auditor's photo-identification serve as the Auditor's credentials and authorization to conduct the school's *VSAP* audit. Your auditor is:

[name of auditor]

The Division Director of Testing was notified in advance of a potential audit. Also, an information sheet is available for any school personnel involved in the audit process. The Auditor will distribute the information sheets during the audit. Any questions should first be addressed to the Division Director of Testing and then, as necessary, to the Virginia Department of Education at 804-225-2102.

We appreciate your cooperation with the conduct of this audit.

Harcourt Educational Measure

AUDIT INFORMATION SHEET

Advance Notification to DDOT

The Virginia Department of Education has notified every Division Director of Testing (DDOT) that a school or schools within the division may be audited during the VSAP Fall 2000 administration.

Audit Purpose

This audit is an integral part of the assessment process. The "Administration Audit" has two purposes. The first purpose is to ensure that divisions administer the test according to guidelines. The second purpose is to actively obtain ways to improve the assessment system by getting direct feedback from those who actually use the system at the division and school level. To achieve this, this on-site audit is being conducted today.

Audit Process

1. The Auditor has been assigned a grade and test subject to be audited today. The Auditor has been given directions to select an Examiner to observe one testing session.
2. If possible, the Auditor will observe the distribution of testing materials to the selected Examiner.
3. The Auditor will remain with the Examiner for the entire testing session, including the return of testing materials to the School Test Coordinator (STC). During the testing session, the Auditor will complete an Observation Checklist. The Auditor should be unobtrusive in the classroom and should not be answering questions from the Examiner or students.
4. After the completion of the testing session, the Auditor will conduct a 15-30 minute post-test interview with the Examiner using a Post-Test Examiner Protocol. The STC, principal, and DDOT are invited to be present for this interview. The Examiner will be asked to read the completed Observation Checklist and the Post-Test Examiner Protocol, and then sign her or his name.
5. Following the Examiner interview, the Auditor will conduct a 15-30 minute interview with the STC using a Post-Test School Test Coordinator Protocol. Other testing personnel (the Examiner, principal, DDOT) are invited to be present for this interview. The STC will be asked to read the completed protocol and then sign her or his name.
6. A photocopy of all completed forms will be left with the STC. Also, a form titled "Evaluation of the Auditor and Audit Process" will be left with both the Examiner and the STC to obtain their input on the audit.
7. The Auditor will schedule and conduct a follow-up interview with the DDOT using a Post-Test DDOT Protocol. Before the interview, the DDOT will be asked to read all of the completed audit forms from the school. Also, the DDOT will be given a photocopy of all completed forms. The "Evaluation of the Auditor and Audit Process" will be left with the DDOT.
8. The originals of all audit forms will be given to the Virginia Department of Education.

WE SINCERELY APPRECIATE YOUR COOPERATION!

**Virginia State Assessment Program (VSAP)
Stanford Achievement Test Series, Ninth Edition**

OBSERVATION CHECKLIST

Date:	_____ (Month, Day, Year)
School Name:	_____
Division:	_____

Name of Auditor: _____	Name of Examiner: _____
Signature: _____	Signature: _____

Prior to the Testing Session

1. Describe the method used to select the Examiner you will observe:

2. Observe the check-out of test materials from the School Test Coordinator (STC) to the Examiner you will be observing. Complete the following in regard to this observation:

a. Did the STC use the *VSAP Examiner's Test Booklet Daily Transmittal Form / Affidavit* to check materials out to the Examiner?

Yes No

Not observed (explain why:) _____

b. Was the checking out of test materials accomplished in a central location or did the STC take the materials to the classroom?

Central site Classroom

Other : _____

Not observed (*explain why*): _____

Describe the Testing Session

1. Check the grade / level being observed:

Test	Grade 4	Grade 6	Grade 9
Reading Vocabulary			
Reading Comprehension			
Mathematics: Problem Solving			
Mathematics: Procedures			
Language			

2. Complete the following in regard to the setting for test administration:

a.	What kind of group is being tested? <input type="checkbox"/> Typical classroom <input type="checkbox"/> Large-group setting (i.e., cafeteria or auditorium)	What is the size of the group? <input type="checkbox"/> Less than 25 <input type="checkbox"/> 25 or more
How many Proctors are present? _____		
b.	Does each student have enough desktop/table space for an open test booklet and answer sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Is seating arranged to discourage student copying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Are instructional materials visible that might influence student performance in testing? (include charts, chalkboard displays, bulletin board materials related to test content)	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Were the test booklets handed out as described in the <i>Examiner's Manual</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	On the demographic page of the answer documents, did the Examiner instruct students to fill out certain items and to skip the sections that a teacher should fill out? (Areas that students should not fill out include Student Not Tested, Limited-English Proficient, Title 1, Disability Status, Local Use, and Special Test Accommodations)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed
g.	Did the Examiner have to add any further explanation for the directions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Did students ask questions related to the mechanics of the test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Did students ask questions about the sample items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Did any individual student's question cause the Examiner to explain something to the entire class? If YES, what was it? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

k. Did the Examiner respond to questions within the guidelines specified in the *Examiner's Manual*? Yes No
 Note any exemplary responses OR responses that concerned you:

l. In what way did the Examiner explain your presence to the students?

 Not explained in my presence

3. **IMPORTANT** – Complete the following “MANIPULATIVES CHECKLIST.” AUDITOR:
 This checklist must be completed as part of the observation of this classroom.

Grade / Subject (Check the <u>one</u> box below that describes the test you are observing.)	Manipulatives allowed				
	For the grade/subject area being observed, place a check mark in the appropriate box (check only <u>one</u>):				
		Available to all students	Not available to all students	Shared by students	Not Used
<input type="checkbox"/> Gr 4 Math	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• (Calculators are not allowed in Grade 4) scratch paper (Problem Solving and Procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 6 Math	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• calculator (Part I, Problem Solving, only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• scratch paper (Problem Solving and Procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 9 Math	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• calculator (Part I, Problem Solving, only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• scratch paper (Problem Solving and Procedures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The testing session I am observing is one that does NOT allow manipulatives.

Regarding USE OF CALCULATORS:

Were students given the opportunity to familiarize themselves with the calculator as directed in the *Examiner's Manual*?

Yes No

Grade 6 and Grade 9 Math (Problem Solving) only:

Were calculators allowed only on Part I, Problem Solving?

Yes No

If “no”, please explain: _____

Were all calculators of the type specified in the *Examiner's Manuals*?

Yes No

If “no”, please explain: _____

During the Testing Session

Complete the following in regard to observations made in the testing area DURING the testing session:

1. Was the room quiet throughout the testing period? Yes No

2. Did the Examiner answer any individual student questions once testing began? Yes No

3. Did the Examiner monitor the classroom unobtrusively? Yes No

4. If there were Proctors or other adults present, did they monitor the testing by moving around the room unobtrusively? Yes No
 N/A

5. Were any of the following conditions observed during the testing session?
Check any that may apply and COMMENT AS NECESSARY BELOW.

- Student became ill during testing.
- Student was observed cheating during the testing session.
- Examiner or another adult appeared to provide improper assistance to student.
- An excessive disturbance or disruption occurred.
- A student's test booklet or used answer booklet is missing.
- The Examiner failed to adhere to the established time limit.
- Another situation that might affect a student's score occurred.

Comments:

6. Complete the items on working time requirements for the grade level you are observing. Check the appropriate grade level and answer questions.

Grade 4

Subtest	Approximate Preparation Time	Testing Time	Total Time
Reading Vocabulary	10	14	24 minutes
Reading Comprehension	10	28	38 minutes
Mathematics: Problem Solving	10	33	43 minutes
Mathematics: Procedures	10	20	30 minutes
Language	10	25	35 minutes

Were the testing times adhered to exactly? Yes No

If "no", please explain:

<input type="checkbox"/> Grade 6			
Subtest	Approximate Preparation Time	Testing Time	Total Time
Reading Vocabulary	10	14	24 minutes
Reading Comprehension	10	28	38 minutes
Mathematics: Problem Solving	10	31	41 minutes
Mathematics: Procedures	10	20	30 minutes
Language	10	25	35 minutes
Were the testing times adhered to exactly? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain: _____			
<input type="checkbox"/> Grade 9			
Subtest	Approximate Preparation Time	Testing Time	Total Time
Reading Vocabulary	10	14	24 minutes
Reading Comprehension	10	28	38 minutes
Mathematics: Problem Solving	10	29	39 minutes
Mathematics: Procedures	10	20	30 minutes
Language	10	25	35 minutes
Were the testing times adhered to exactly? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please explain: _____			

After the Testing Session

Complete the following in regard to observations made in the testing area AFTER the testing session:

1. Were the following materials collected from students at the end of the test session?

ALL COPIES of the test booklets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ALL students' answer booklets	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Mathematics (Problem Solving and Procedures)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

After the testing session, accompany the Examiner to observe the return of materials to the STC.

2. **NOTE:** If it is not practical for the Examiner to return test materials immediately after the testing session, she or he is permitted to retain the materials in locked storage in the classroom/test site until the end of the school day.

- If this is the case for the Examiner you have observed, check:
 This Examiner did not return materials to the STC after this testing session.
- Was locked storage available and used for this purpose?
 Yes No

If "no", what measures were taken to ensure security of the materials?

3. Did the STC verify that the Examiner returned ALL materials and that the Examiner initialed the VSAP Examiner's Test Booklet Daily Transmittal Form/Affidavit? Yes No

Auditor's Concluding Comments

1. AUDITOR: Did you observe any practices during testing that you feel are exemplary and should be shared with others?

2. AUDITOR: Were there things that didn't work well? (e.g., directions Yes No not clear) *If yes, please explain:*

3. AUDITOR: Please note any additional comments/concerns/observations.

Auditor:

1. Please have the Examiner complete this form after the classroom observation and after you have observed the return of materials.
2. Rather than conduct a verbal interview, it is acceptable to allow the Examiner to read and complete this form in writing. However, in the event that the Examiner has questions or needs clarification, you must remain with the Examiner while she or he completes the form.

**Virginia State Assessment Program (VSAP)
Stanford Achievement Test Series, Ninth Edition**

**POST-TEST EXAMINER
PROTOCOL**

General Information

Date: _____ (Month, Day, Year)

School: _____

Division: _____

Examiner's Name: _____

Examiner's Signature: _____ My signature indicates that I have reviewed this document.

Auditor's Name: _____

Auditor Signature: _____

AUDITOR: In your completion of this protocol, did you meet with the Examiner only?

- Yes No

If "no", who else was in attendance?

<u>Name</u>	<u>Position</u>

NOTE: Questions for the Examiner begin on page 2.

Information about Your Training Prior to Testing

1. Were you provided training on:

appropriate test preparation guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
your overall responsibilities as a VSAP Examiner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
test dates and schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
preparation of your testing site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
participation of students with disabilities and/or limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
importance of administration of tests according to established time limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
use of Proctors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
identifying and handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
handling emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
completing the SSID sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
assembling materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Were there any aspects of your training that you felt were particularly effective in preparing you for this administration?

If more training was needed, please provide specific suggestions:

Information about Activities and Preparation Prior to Testing

2. Did you read the *Examiner's Manual* prior to administering your first testing session? Yes No

3. Did you receive the *Examiner's Manual* for review prior to the day of your first testing session? Yes No

If "yes," when: _____ (Month, Day, Year)

Did you find this early receipt useful? Yes No

N/A

4. Did you complete and return the *Examiner's Test Security Agreement* to your STC prior to the beginning of today's testing session? Yes No

5. Did you receive answer documents prior to today to allow time to complete demographic information? Yes No
 If "yes," when: _____ (Month, Day, Year)
 Did you find this early receipt useful? Yes No
 N/A

6. Were you aware that students are not to complete the following demographic information:

Local Use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limited-English Proficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Not Tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Test Accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Did you complete any of the above information prior to today's testing session? If "no", when will this information be completed by you or another adult? _____

Did students complete the remaining demographic information (such as name, date of birth, gender, and so on) themselves? Yes No
 N/A

Were the instructions in the *Examiner's Manual* for completion of the demographic page helpful to you? Yes No
 N/A

Do you feel that the instructions for completing the demographic data which were dictated to students were appropriately worded? Yes No
 N/A

Comments:

Information about Activities Today

7. Did you receive any test booklets prior to this morning? Yes No
8. Was today the first day of testing for this group of students?
(If yes, skip to question 9) Yes No
- Were the answer documents that your students used given to you today by your STC? If "no": Where were the answer documents stored since the previous testing session? Yes No
- _____
- _____
- _____
9. Whether prior to or during the testing session, were there questions asked by students today that were difficult for you to answer? If "yes", explain: Yes No
- _____
- _____
- _____
10. Regarding the students to whom you administered the test today: Are you the regular teacher of this group of students? Yes No
11. Did you return test materials directly to your STC after today's testing session? Yes No
- If no, have you made arrangements to return the materials to the STC no later than the end of the day? Yes No

Information about Activities Conducted and/or Planned Subsequent to Today's Testing Session

12. Have you already inspected the students' answer documents from today's testing for improper marks or damage? Yes No
- If not, are you familiar with the instructions for this that are in the *Examiner's Manual*? Yes No
13. Are the instructions in the *Examiner's Manual* clear regarding the following:
- use of the "Student Not Tested" grid? Yes No
- the requirement that an answer document be completed for every student enrolled in the grade? Yes No
- completion of the SSID sheet? Yes No
- preparing a bundle of scorable answer documents? Yes No

The Examiner's Suggestions

14. In what way could test materials be packaged differently to make your job easier?

15. What specific suggestions do you have for the improvement of the *Examiner's Manual*?

16. What other information and/or materials would be useful to you in your role as Examiner?

17. Were any of the directions in the *Examiner's Manual* confusing to you or to your students? Yes No
If so, please explain: _____

18. As a result of your experiences in the Fall 2000 administration of the *VSAP*, what changes would you consider making in your own procedures for the next administration?

19. Do you have other suggestions for changes in the test administration procedures? If so, please explain:

PLEASE REVIEW FOR COMPLETENESS, THEN SIGN ON PAGE 1.

NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT WITH THE SCHOOL TEST COORDINATOR.

THANK YOU!

Auditor:

1. Please have the School Test Coordinator (STC) complete this form. This protocol is to be used after the classroom observation.
2. Rather than conduct a verbal interview, it is acceptable to allow the STC to read and complete this form in writing. However, in the event that the STC has questions or needs clarification, you must remain with the STC while she or he completes the form.

**Virginia State Assessment Program (VSAP)
Stanford Achievement Test Series, Ninth Edition**

**POST-TEST SCHOOL TEST COORDINATOR (STC)
PROTOCOL**

General Information

Date:	_____ (Month, Day, Year)	
School:	_____	
Division:	_____	
STC Name:	_____	
STC Signature:	_____	My signature indicates that I have reviewed this document.
Auditor's Name:	_____	
Auditor Signature:	_____	

AUDITOR: In your completion of this protocol, did you meet with the STC only?

- Yes No

If "no", who else was in attendance?

<u>Name</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Questions for the STC begin on page 2.

Information about Your Training Prior to Testing

1. Was specific training provided to you regarding the VSAP tests? Yes No

When was the training held? _____ (Month, Day, Year)

Were you provided training on:

- | | | |
|-------------------------------------------------------------------|------------------------------|-----------------------------|
| appropriate test preparation guidelines? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| your overall responsibilities as the STC? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| security requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| test dates and schedule? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| participation of students with disabilities and/or | | |
| limited-English proficient students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| coding demographic information on the students' answer documents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| conducting test administration in standardized conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| importance of administration of tests | | |
| according to established time limits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| use of Proctors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| identifying and handling testing irregularities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| handling emergencies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| completing the SSID sheet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| assembling materials after testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Were there any aspects of your training that you felt were particularly effective in preparing you for this administration?

If more training was needed, please provide specific suggestions:

Information about Your Activities and Preparation Prior to Testing

2. Have you read the *STC Manual*? Yes No
3. Have you read an *Examiner's Manual*? Yes No
4. Have you collected completed *Examiner's Test Security Agreements* from all Examiners and Proctors? Yes No
5. On what date did your DDOT deliver the secure test booklets to your school?
 _____ (Month, Day, Year)
6. Did your DDOT deliver the *VSAP School Test Booklet Transmittal Form* to you with secure test materials? Yes No
7. Did you verify the quantity of secure test booklets as described in the *STC Manual*? Yes No
8. After your receipt of the secure test materials, did you find and report any discrepancies or shortages of materials to your DDOT?
 If yes, how were they resolved?
Comments:

9. Since your receipt of the secure materials, have they been stored in a secure location except when in use in actual testing sessions?
 Where? _____ Yes No

10. Did you provide training to Examiners on:

appropriate test preparation guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
their responsibilities for this test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
test dates and schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
preparation of the testing site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
participation of students with disabilities and/or limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
importance of administration of tests according to established time limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
use of Proctors in the testing site(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
identifying and handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
handling emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
completing the SSID sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
organizing and packing materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Were there activities that you felt were particularly effective in preparing your school for this administration?

11. Did you distribute *Examiner's Manuals* to Examiners for their review prior to testing? Yes No

12. a. Do Examiners complete students' demographic information? Yes No
(If yes, go to 12b.)

If not completed by Examiners, who completed the following sections of the students' demographic pages?

Local Use? _____

Limited-English Proficient? _____

Student Not Tested? _____

Disability Status? _____

Special Test Accommodations? _____

Title 1? _____

b. Did you distribute answer documents to Examiners prior to testing to allow them time to complete demographic information? Yes No

13. Did you encounter any difficulties in scheduling today's test sessions? Yes No

If so, how did you handle them?

Information about Activities Conducted Today

- 14. Were any secure test booklets delivered to any Examiner prior to this morning? Yes No
- 15. Did you use the *VSAP Examiner's Test Booklet Transmittal Form / Affidavit* to distribute secure test booklets to Examiners? Yes No
- 16. In what ways did you monitor today's test sessions?

- 17. What instructions or procedures are in place that will help Examiners prevent or cope with possible interruptions (such as students going to the restroom)?

18. To date, what kind(s) of testing irregularities have been reported to you?
 (Check any that may apply.)

- Student became ill during a testing session.
- Student was observed cheating during the testing session.
- An adult appeared to provide improper assistance to student.
- An excessive disturbance or disruption occurred.
- A student's test booklet or used answer document is missing.
- Any unused/unassigned test booklet or answer document is missing.
- An Examiner failed to adhere to established time limits.
- Another situation that might affect a student's score occurred.

Was the situation(s) checked above reported promptly to your DDOT?

Yes No

What procedure do your Examiners follow to report irregularities to you?

DO YOU HAVE ANY COMMENTS ABOUT THESE PROCEDURES?

19. Did each Examiner deliver secure test materials, including the students' answer documents, to you immediately after the conclusion of her or his testing session? Yes No
 (If "yes", skip question 20 -- go to question 21.)

20. Was the Examiner(s) who retained the materials instructed to place them in locked storage immediately after the testing session? Yes No
 What assistance did you provide to Examiners to ensure that testing materials were kept secure?

If any Examiner has retained the secure materials, have you made arrangements for her or him to return them no later than the end of the day? Yes No

21. Are the directions in the *STC Manual* clear as to how you are to verify receipt of all test materials from the Examiners? Yes No

**Information about Activities Conducted
and/or Planned Subsequent to
Today's Testing Session(s)**

22. Are you prepared to establish a make-up test session(s) for students who missed today's test administration? Yes No
Who typically administers make-up tests to students in your school?

23. Has your DDOT provided instruction or information regarding retention of: Yes No
manuals? Yes No
rulers and calculators? Yes No

The STC's Suggestions

24. Are the directions in the *STC Manual* clear regarding packaging of answer documents for return to the DDOT? Yes No
If not, how could they be improved?

25. What specific suggestions do you have for improvement of the *STC Manual*?

26. In regard to future administrations of the VSAP tests, what information or training would you like to see to help make test administrations go more smoothly?

27. What suggestions do you have in regard to procedures prescribed in the *STC Manual* and *Examiner's Manuals* for distribution, collection, and assembly of test materials?

28. As a result of your experiences in the Fall 2000 administration of the VSAP tests, what changes would you consider making in your own procedures for the next administration?

PLEASE REVIEW FOR COMPLETENESS, THEN SIGN ON PAGE 1.

*NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT
WITH THE STC AND THE DDOT.*

THANK YOU!

Auditor:

1. Please have the Division Director of Testing (DDOT) complete this form. This protocol is to be used after the completion of the classroom observations for all schools within the division.
2. Rather than conduct a verbal interview, it is acceptable to allow the DDOT to read and complete this form in writing. However, in the event that the DDOT has questions or needs clarification, you must remain with the DDOT while she or he completes the form.

**Virginia State Assessment Program (VSAP)
Stanford Achievement Test Series, Ninth Edition**

POST-TEST DDOT PROTOCOL

General Information

Date:	_____ (Month, Day, Year)	
Division:	_____	
DDOT Name:	_____	
DDOT Signature:	_____	My signature indicates that I have reviewed this document.
Auditor's Name:	_____	
Auditor Signature:	_____	

AUDITOR: In your completion of this protocol, did you meet with the DDOT only?
If no, who else was in attendance?

<u>Name</u>	<u>Position</u>
_____	_____
_____	_____
_____	_____

NOTE: Questions for the Division Director of Testing begin on page 2.

**Information about Activities Conducted
Prior to Testing**

1. Has your signed *VSAP Division Test Security Agreement* been returned to **Harcourt Educational Measurement**? Yes No
If so, when was it returned? _____ (Month, Day, Year)
2. Have you read the *DDOT Manual*? Yes No
3. Have you read the *STC Manual*? Yes No
4. Have you read an *Examiner's Manual*? Yes No
5. Did you verify receipt of secure materials as described in the *DDOT Manual*? Yes No
6. Were test booklets stored in a secure location prior to delivery to the schools? Yes No
Where? _____
7. Was delivery of materials directly to the schools helpful to you? Yes No
8. Was it necessary to deliver secure test materials to any school *earlier* than 4 school days (96 hours) prior to the school's first day of testing? Yes No
If "yes":
Which school(s): _____
Please explain the circumstance(s) that made this necessary:

9. Was the *VSAP School Test Booklet Transmittal Form* delivered to the school(s) with secure test materials as described in the *DDOT Manual*? Yes No
10. After their receipt of the secure test materials, did STCs report any discrepancies or shortages? Yes No
If yes, how were they resolved?
Comments:

11. Since delivery of secure test materials to the school(s), have your division overage materials remained in a secure location? Yes No
Where?

12. Did you provide training to STCs on:

appropriate test preparation guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
responsibilities of STCs and Examiners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
grades and subject areas that were to be tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
security requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
participation of students with disabilities and/or		
limited-English proficient students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
arranging for testing sites?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
handling testing irregularities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
organizing and packing materials after testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
importance of administration of tests		
according to established time limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
training Examiners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
scheduling testing sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
arranging for make-up testing sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Were there activities that you felt were particularly effective in preparing your division for this administration?

13. Did you check to make sure that all STCs conducted training for Examiners and Proctors? Yes No

14. What instructions did you give STCs for identifying, reporting, and resolving testing irregularities?

15. Did you order Braille and/or large print? Yes No
(If "no", skip question 16 -- go to question 17.)

16. Do you have suggestions for improving the process for ordering Braille and large-print test forms?

Do you have any suggestions for improvement of the packaging and/or delivery of the special forms?

Did you have problems with your dissemination of the special forms to schools? If "yes", please explain: Yes No

Information about Activities Conducted During Testing

17. In what way(s) was test administration monitored in your school division?

18. To date, what kind(s) of testing irregularities have been reported to you?
(Check any that may apply.)

- Student became ill during a testing session.
- Student was observed cheating during the testing session.
- An adult appeared to provide improper assistance to student.
- An excessive disturbance or disruption occurred.
- A student's test booklet or used answer document is missing.
- Any unused/unassigned test booklet or answer document is missing.
- An Examiner failed to adhere to established time limits.
- Another situation that might impact a student's score occurred.

Was the situation(s) checked above reported promptly to you?

- Yes No

What procedure do your STCs follow to report irregularities to you?

DO YOU HAVE ANY COMMENTS ABOUT THESE PROCEDURES?

**Information about Activities Conducted
and/or Planned Subsequent to Testing Sessions**

19. Do you have a specific procedure already in place to ensure that STCs are keeping all secure test booklets, including those that have been used in testing sessions, in locked storage overnight? Yes No
If so, please describe it briefly:

20. Are STCs aware of requirements for establishing make-up test sessions? Yes No
21. Have you read, and are you comfortable that you understand, the instructions for assembling and shipping the scorable answer documents to the Harcourt Brace Scoring Center? Yes No
22. Have you made preparations to inventory the secure test booklets, place them in locked storage, and return the *VSAP Test Booklet Inventory Form* to the Department of Education by November 15, 2000? Yes No
23. Are you aware that both you and the superintendent must sign the *VSAP School Division Affidavit* and return it to **the Department of Education** by November 15, 2000? Yes No

The DDOT's Suggestions

24. In what way could the shipment of non-secure testing materials be better organized to help you distribute them to the STCs?

25. What specific suggestions do you have for improvement of the *DDOT Manual*?

26. Do you have specific suggestions for improvement of the *STC Manual*?

27. This year, the *Examiner's Manual* included specific directions for administering each subject area test. Do you believe this was helpful? Yes No
Do you have specific suggestions for improvement of the *Examiner's Manual*?

28. In regard to future administrations of the VSAP tests, what information or training would help make the test administration go more smoothly?

29. What other information and/or materials would be useful to you in your role as DDOT?

30. As a result of your experiences in the Fall 1998 administration of the VSAP tests, what changes will you consider making in your own procedures for the next administration?

31. What suggestions do you have in regard to procedures prescribed in the *DDOT Manual* for distribution, collection, and assembly of test materials?

32. Do you have other suggestions for making the VSAP testing go more smoothly?

PLEASE REVIEW FOR COMPLETENESS, THEN SIGN ON PAGE 1.

NOTE: THIS FORM WILL BE PHOTOCOPIED AND LEFT WITH THE DDOT.

THANK YOU!

**Virginia State Assessment Program (VSAP)
Stanford Achievement Test Series, Ninth Edition**

EVALUATION OF THE AUDITOR AND AUDIT PROCESS

AUDITOR:

1. Leave a copy of this form with the Examiner, the STC, the Principal, and the DDOT.
2. On each copy, complete the following information:

Auditor Name: _____ **Date:** _____

School: _____

Division: _____

Grade Observed: _____

Subject Observed: _____

TO Examiner, STC, Principal, and DDOT:

The Virginia Department of Education and Harcourt Educational Measurement would appreciate your assistance in improving the audit process for future administrations of the VSAP. Once completed, you may either mail or fax this form to Harcourt Educational Measurement per the information on the last page.

Thank you very much for participating in this audit and for your part in administering the VSAP assessments.

1. Please indicate your position:
 Examiner School Test Coordinator Division Director of Testing
 Other (specify) _____

2. Was the Auditor punctual? Yes No Not known to me

3. Did the Auditor present appropriate identification to you? Yes No

4. Did the Auditor meet with you to complete an audit Post-Test Protocol (questionnaire)?
 Yes No

At what time did this take place? _____

5. To your knowledge, did the Auditor meet with any of these other persons?
(Leave the line for your position blank.)

Examiner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known to me
School Test Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known to me
Division Director of Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not known to me

6. Did the Auditor conduct the audit in a professional manner? Yes No

If not, please explain: _____

7. Did the Auditor exhibit a basic knowledge of the program being audited? Yes No

If not, please explain: _____

8. Were the items on the questionnaire to which you responded directly related to the program?

Yes No

If not, please explain: _____

9. To your knowledge, was the presence of the Auditor in the classroom an impediment to student performance?

Yes No Not known to me

If so, please explain: _____

10. Are you aware of any difficulties that the audit caused either in the school or in the specific testing session that was audited?

Yes No

If so, please explain: _____

11. What suggestions do you have for making the audit better?

12. *Optional*

Your name (printed): _____

Signature: _____ Date: _____

May we contact you for clarification or follow-up if needed?

Yes No

13. Please mail your completed Audit Evaluation to:

Coordinator, Virginia State Assessment Program (VSAP)
Harcourt Educational Measurement
555 Academic Court
San Antonio, TX 78204

If you prefer, you can send your completed form by toll-free fax to

1-800-547-2059

Thank you very much for your time and attention.