



Spring 2001

Dear Division and School Testing Personnel:

This is a letter of introduction for the assigned Assessment Auditor for the Spring 2001 Virginia *Standards of Learning* Assessment Program. 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 SOL 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 Measurement

## VIRGINIA *Standards of Learning Assessments*

### 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 *Standards of Learning Assessments* Spring 2001 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 randomly 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 Survey. 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 Survey, and then sign his/her 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 Survey. Other testing personnel (the Examiner, principal, DDOT) are invited to be present for this interview. The STC will be asked to read the completed survey and then sign his/her 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 Survey. 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. Audit forms will be returned to Harcourt where a summary report of all information will be produced.

**WE SINCERELY APPRECIATE YOUR COOPERATION!**



**SPRING 2001: Multiple-Choice and End-of-Course Tests**

**CHECKLIST FOR CLASSROOM OBSERVATION**

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 *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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>DESCRIBE THE TESTING SESSION</b>
-------------------------------------

**1. Check the grade / level being observed:**

	Grade 3	Grade 5	Grade 8
English: Reading			
English: Writing		N/A	N/A
Mathematics			
Science			
History/Social Science			
Computer Technology			

	End-of-Course
Algebra I	
Algebra II	
Biology	
Chemistry	
Earth Science	
Geometry	
English: Reading/Literature and Research	
U. S. History	
World History to 1000 AD / Geography	
World History from 1000 AD / Geography	
World Geography	

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

<b>a.</b>	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"/> More than 25
	How many Proctors are present? _____	
<b>b.</b>	Does each student have enough desktop/table space for an open test booklet and answer booklet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c.</b>	Is seating arranged to discourage student copying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>d.</b>	Are there any instructional materials visible that might influence student performance in testing? (This includes charts, chalkboard displays, bulletin board materials related to test content.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>e.</b>	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 Special Test Accommodations, Disability Status, Limited-English Proficient, SOA Adjustment, Title I, Testing Status, and for End-of-Course tests only, SUB. TEST and Special Code.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not observed	
<b>f.</b>	Were the test booklets handed out as described in the <i>Examiner's Manual</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OBSERVATION CHECKLIST SPRING 2001 MULTIPLE-CHOICE AND END-OF-COURSE TESTS**

g. Did the examiner read the directions verbatim from the *Examiner's Manual*?  Yes  No  
 Not observed

h. Did the examiner have to add any further explanation to the directions?  Yes  No  
 Not observed

i. Did students ask questions related to the mechanics of the test?  Yes  No

j. Did students ask questions about the sample items?  Yes  No

k. Did any individual student's question cause the Examiner to explain something to the entire class?  Yes  No  
*If YES, what was it?*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

l. 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:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

m. In what way did the Examiner explain your presence to the students?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Not explained in my presence

**3. Complete the manipulatives checklist below.**

a. **AUDITOR:** This Checklist must be completed as part of the observation of this classroom.

Grade / Subject (Check <u>one</u> box for the test you are observing.)	Place one check mark in the appropriate box for the grade/subject being observed.	Available Not available			
		To <u>all</u> students	to all students	Shared by students	Not Used
<input type="checkbox"/> Gr 3 Math	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 3 Science	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 5 Math	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• 4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• protractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 5 Science	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• 4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 8 Math	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• 4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• formula sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gr 8 Science	• metric/standard ruler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• 4-function calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OBSERVATION CHECKLIST SPRING 2001 MULTIPLE-CHOICE AND END-OF-COURSE TESTS**

<input type="checkbox"/> <b>Algebra 1</b>	<ul style="list-style-type: none"> <li>• metric/standard ruler</li> <li>• graphing calculator</li> <li>• formula sheet</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Algebra 2</b>	<ul style="list-style-type: none"> <li>• metric/standard ruler</li> <li>• graphing calculator</li> <li>• formula sheet</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Geometry</b>	<ul style="list-style-type: none"> <li>• metric/standard ruler</li> <li>• graphing calculator</li> <li>• compass</li> <li>• formula sheet</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Biology</b>	<ul style="list-style-type: none"> <li>• metric/standard ruler</li> <li>• 4-function calculator</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Chemistry</b>	<ul style="list-style-type: none"> <li>• metric/standard ruler</li> <li>• 4-function calculator</li> <li>• Periodic Table of Elements</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Earth Science</b>	<ul style="list-style-type: none"> <li>• metric/standard ruler</li> <li>• 4-function calculator</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The testing session is one of the following that does NOT allow manipulatives:**

Grade 3 English: Reading  
 Grade 3 English: Writing  
 Grade 3 History/Social Science  
 Grade 5 English: Reading  
 Grade 5 History/Social Science  
 Grade 5 Computer/Technology

Grade 8 English: Reading  
 Grade 8 History/Social Science  
 Grade 8 Computer/Technology  
 Secondary English: Reading/Literature and Research  
 United States History  
 World History to 1000 AD / Geography  
 World History from 1000 AD / Geography

**b. Regarding USE OF CALCULATORS (allowable in all Math and Science tests):**

1. 

Were students given the opportunity to familiarize themselves with the calculator as directed in the <i>Examiner's Manual</i> ?
<input type="checkbox"/> Yes <input type="checkbox"/> No    Go to DURING THE TESTING SESSION
  
2. 

Were students using graphing calculators asked to clear the calculator's memory before the test began?
<input type="checkbox"/> Yes <input type="checkbox"/> No

**DURING THE TESTING SESSION**

**Complete the questions below in regard to observations made in the testing area DURING the testing session.**

1. 

Was the room quiet throughout the testing period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------------------	----------------------------------------------------------
  
2. 

Did the Examiner answer any individual student questions once testing began?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------	----------------------------------------------------------
  
3. 

Did the Examiner monitor the classroom unobtrusively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------	----------------------------------------------------------

**OBSERVATION CHECKLIST SPRING 2001 MULTIPLE-CHOICE AND END-OF-COURSE TESTS**

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.
- Any 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.
- Another situation that might affect a student's score occurred.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did students remain in the test setting until ALL students completed the test?

- Yes
- No – 1  
Students were dismissed from the test setting when most students had finished. Those who had not finished remained in the room until they had finished testing.
- No –2  
Once the majority of students had completed the test, those who had not finished were moved to a different location to complete testing.  
Did you observe precautions taken during this move to:
  - a. maintain the security of test materials?  
 Yes  
 No. If "no," explain:  
\_\_\_\_\_  
\_\_\_\_\_
  - b. avoid interaction of students with each other or with learning materials?  
 Yes  
 No. If "no," explain:  
\_\_\_\_\_  
\_\_\_\_\_

7. After how many minutes did each of the following occur?  
First student finished the test: \_\_\_\_\_  
Approximately half of the students finished the test: \_\_\_\_\_  
All students completed the test: \_\_\_\_\_

**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  Yes  No  
ALL students' answer documents  Yes  No

**OBSERVATION CHECKLIST SPRING 2001 MULTIPLE-CHOICE AND END-OF-COURSE TESTS**

**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, he/she is permitted to retain the materials in locked storage in the classroom/test site as late as, but no later than, 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?
- \_\_\_\_\_
- \_\_\_\_\_

**If you responded to any part of this question, skip Question 3 and go on to the final section of this Checklist.**

3. a. Did the STC verify that the Examiner returned ALL materials and initial the *Examiner's Daily Test Booklet Transmittal Form*?       Yes     No
- b. Did the STC have the Examiner read and sign Affidavit on the *Examiner's Daily Test Booklet Transmittal Form* on the last day of testing?       Yes     No  
 N/A (Not the last day)

**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 not clear) *If yes, please explain:*       Yes     No
- \_\_\_\_\_
- \_\_\_\_\_
3. AUDITOR: Please note any additional comments/concerns/observations.
- \_\_\_\_\_
- \_\_\_\_\_





**Auditor:**

1. 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. 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 Standards of Learning Assessments  
SPRING 2001: Multiple-Choice and End-of-Course Tests**

**POST-TEST EXAMINER  
PROTOCOL**

**General Information**

<b>Date:</b>	_____	(Month/Day/Year)
<b>Division:</b>	_____	
<b>Examiner's Name:</b>	_____	
<b>Examiner's Signature:</b>	_____ My signature indicates that I have reviewed this document.	
<b>Auditor's Name:</b>	_____	
<b>Auditor Signature:</b>	_____	

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

Yes       No    If "No", who else was in attendance?

Name

Position

_____	_____
_____	_____
_____	_____
_____	_____

**NOTE:** The Examiner is to begin on Page 2.

**Information about Your Training  
Prior to Testing**

1. a. Were you provided training by your STC on:
- |                                                                                            |                              |                             |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Your overall responsibilities as an SOL 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<br>limited-English proficient students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coding of 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 |
| 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 |

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

---



---



---

c. If more training was needed, please provide specific suggestions:

---



---



---

**Information about Activities and  
Preparation Prior to Testing**

2. Did you receive the *Examiner's Manual* for review prior to the first day of testing? *If "Yes," when:* \_\_\_\_\_ *(Month/Day/Year)*  Yes  No  
 If "Yes," did you find this early receipt useful?  Yes  No
3. Did you read the *Examiner's Manual*?  Yes  No  
 If "Yes," when: \_\_\_\_\_ *(Month/Day/Year)*
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 testing to allow time to complete demographic information?  Yes  No  
 If "Yes," when: \_\_\_\_\_ (Month/Day/Year)  
 If "Yes," did you find this early receipt useful?  Yes  No

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

Limited English Proficient?	<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
Testing Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SOA Adjustment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Title I?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(End-of-Course tests only) Special Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(End-of-Course tests only) SUB.TEST?	<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? \_\_\_\_\_ (Month/Day/Year)  Yes  No

Did students complete the remaining demographic information (such as name, birthday, gender, and so on) themselves?  Yes  No

Were the instructions in the *Examiner's Manual* for completion of the demographic page helpful to you? *Mark N/A if the Examiner did not complete the page.*  Yes  No  N/A

Do you feel the instructions that were dictated to students for completing the demographic data were appropriately worded? *Mark N/A if the Examiner did not complete the page.*  Yes  No  N/A

Comments?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Was it clear to you prior to the testing session which materials should be assembled for students' use in testing?  Yes  No  
 Other than test booklets, were you able to assemble these materials a day or more prior to testing?  Yes  No

**Information about Activities Today**

8. Did you receive any test booklets prior to this morning?  Yes  No

9. **ONLY FOR GRADES 3, 5 and 8. SKIP TO QUESTION 10 IF EOC.**  
 Was today the first day of testing for this group of students?  Yes  No  
 If "Yes", skip to question 10.  
 If "No," where were the answer documents stored since the previous testing session?

---



---

10. Prior to and/or during the testing session, were there any questions asked by students that were difficult for you to answer?  Yes  No  
 If "Yes," please explain:

---



---



---

11. Regarding the students to whom you administered the test today, are you the regular teacher of this group of students?  Yes  No

12. Did you return test materials directly to your STC after today's testing session? If "Yes", go the question 13.  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**

13. Have you already inspected the students' answer documents from today's testing for improper marks or damage?  Yes  No  
 If "No," are you familiar with the instructions addressing this in the *Examiner's Manual*?  Yes  No

14. Are the instructions in the *Examiner's Manual* clear regarding the following:

Coding of special testing accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Use of the "Testing Status" grid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For whom and how to complete the "SOA Adjustment" grid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The requirement that an answer document be completed for <u>every student enrolled in the course or grade</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Completion of the SSID sheet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preparing a bundle of scorable answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>The Examiner's Suggestions</b>
-----------------------------------

15. In what way could test materials be packaged differently to make your job easier?
- |  |
|--|
|  |
|  |
|  |
16. What specific suggestions do you have for the improvement of the *Examiner's Manual*?
- |  |
|--|
|  |
|  |
|  |
17. What other information and/or materials would be useful to you in your role as Examiner?
- |  |
|--|
|  |
|  |
|  |
18. Were the sample test items provided in the test booklets sufficient to enable students to understand their task? If "No," please explain:  Yes  No
- |  |
|--|
|  |
|  |
|  |
19. Were any of the directions in the *Examiner's Manual* confusing to you or to your students? If "Yes," please explain:  Yes  No
- |  |
|--|
|  |
|  |
|  |
20. As a result of your experiences in this administration of the Standards of Learning Assessment, what changes would you consider making in your own procedures for the next administration?
- |  |
|--|
|  |
|  |
|  |

21. Do you have other suggestions for changes in the test administration procedures?


*PLEASE REVIEW FOR COMPLETENESS, THEN SIGN PAGE 1.*

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

*Thank you!*

**Auditor:**

1. This protocol is to be completed after the classroom observation.
  2. Rather than conduct a verbal interview, it is acceptable to allow the STC to read and complete this form. 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 Standards of Learning Assessments  
SPRING 2001: Multiple-Choice and End-of Course Tests**

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

<b>General Information</b>
----------------------------

<b>Date:</b>	<hr/>	<i>(Month/Day/Year)</i>
<b>Division:</b>	<hr/>	
<b>STC's Name:</b>	<hr/>	
<b>STC's Signature:</b>	<hr/>	My signature indicates that I have reviewed this document.
<b>Auditor's Name:</b>	<hr/>	
<b>Auditor Signature:</b>	<hr/>	

**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>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**NOTE:** The STC is to begin on page 2.

**Information about Your Training  
Prior to Testing**

1. a. Was specific training provided to you regarding the SOL tests?  Yes  No  
 If "No", skip to question 2. If "Yes," continue.

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

b. On which of these topics were you provided training?

Appropriate test preparation guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your overall responsibilities as an SOL 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
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
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

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

---



---



---

d. If more training was needed, please provide specific suggestions.

---



---



---

**Information about 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 materials to your school? \_\_\_\_\_ (Month, Day, Year)

6. How many school days before testing were your secure materials delivered to your school? \_\_\_\_\_

7. Did your DDOT deliver the *SOL School Test Booklet Transmittal Form* to you with secure test materials?  Yes  No

8. Did you conduct an inventory of secure materials as described in the *STC Manual*?  Yes  No

9. a. After your receipt of the secure test materials, did you find any discrepancies or shortages? (If "No", skip to question 10.)  Yes  No

b. Did you report these discrepancies or shortages to your DDOT?  Yes  No  
 If "Yes", how were they resolved?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Since your receipt of the secure test materials, have they been stored in a secure location except when in use in actual testing situations?  Yes  No

11. a. On which of these topics did you provide training to your Examiners? (Check one answer to each topic.)

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
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
Dealing with students who need more time to finish?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

\_\_\_\_\_

\_\_\_\_\_

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

---



---

12. Did you distribute answer documents to Examiners prior to testing to allow them time to complete demographic information?  Yes  No  
 (If "Yes," go to question 13. If "No," continue.)  
 When was the demographic information completed?  
 Date Completed: \_\_\_\_\_  
 Who completed the following demographic information?  
 Limited English Proficient? \_\_\_\_\_  
 Disability Status? \_\_\_\_\_  
 Special Test Accommodations? \_\_\_\_\_  
 Testing Status? \_\_\_\_\_  
 SOA Adjustment? \_\_\_\_\_  
 Title I? \_\_\_\_\_  
 (EOC tests only) Special Code? \_\_\_\_\_  
 (EOC tests only) SUB. TEST? \_\_\_\_\_

13. Did you encounter any difficulties in scheduling today's test sessions?  Yes  No  
 If "Yes," what were they and how did you handle them?

---



---



---

**Information about Activities  
 Conducted Today**

14. Was it necessary for you to break packages of test booklets in order to complete their distribution to Examiners?  Yes  No

15. Were any secure materials delivered to any Examiner prior to This morning?  Yes  No

16. Did you use the *SOL Examiner's Test Booklet Transmittal Form/Affidavit* to distribute secure test booklets to Examiners?  Yes  No

17. In what ways did you monitor today's test sessions?


18. What procedure is in place for handling students who don't finish a test in the allotted time? Please include a description of what is done if it is necessary for a student to eat lunch prior to completing a test.


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


20. 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.
- Any adult appeared to provide improper assistance to student.
- An excessive disturbance or disruption occurred.
- A student's test booklet or answer document is missing.
- Any unused/unassigned test booklet is missing.
- Another situation occurred that might affect a student's score.

\_\_\_\_\_

\_\_\_\_\_

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

Yes     No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENT AS NECESSARY BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Did each Examiner deliver secure test materials, including the students' answer documents, to you immediately after the conclusion of his/her testing session?  Yes  No  
 (If "Yes," skip to question 23. If "No", continue with question 22.)
22. 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 him/her to return them no later than the end of the day?  Yes  No
23. 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)**

24. 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?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
25. Has your DDOT provided instruction regarding disposition of non-secure test materials?  Yes  No

**The STC's Suggestions**

26. In what way could test materials be packaged differently to make your job easier?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
27. What specific suggestions do you have for improvement of the *STC Manual*?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

---

---

---

---

---

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

---

---

---

---

---

**30.** As a result of your experiences in this administration of the SOL 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 DDOT.*

*THANK YOU!*

**Auditor:**

1. Complete this form after all of the division's audits and interviews of Examiners and STCs have been completed.
2. Rather than conduct a verbal interview, it is acceptable to allow the DDOT to read and complete this form. 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 Standards of Learning Assessments  
SPRING 2001: Multiple-Choice and End-of-Course Tests**

**POST-TEST DDOT PROTOCOL**

**General Information**

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

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

Yes       No    If "No", who else was in attendance?

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

**NOTE:** The Division Director of Testing is to begin on Page 2.

### Information about Activities Conducted Prior to Testing

1. Has your signed *SOL Division Test Security Agreement* been returned to Harcourt Educational Measurement?  Yes  No  
 If "Yes," 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 the *Examiner's Manuals*?  Yes  No
5. Was delivery of non-secure materials directly to the schools helpful to you?  Yes  No
6. Did you verify receipt of secure materials as described in the *DDOT Manual*?  Yes  No
7. Were test booklets stored in a secure location prior to delivery to the schools?  Yes  No  
 Where? \_\_\_\_\_
8. Was it necessary to deliver secure test materials to any school *earlier* than four 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 *SOL 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:

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
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
Conducting test administration in standardized conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coding demographic information on the students' answer documents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Which of your activities were particularly effective in preparing your division for this administration?

--

--

--

**13.** Did you check to make sure that all STC's conducted training for Examiners and Proctors?  Yes  No

**14.** What instructions did you give STC's for identifying, reporting, and resolving testing irregularities?

--

--

**15.** You were asked to provide counts of students needing special forms (Braille, large print, and audiocassettes). Did you have any students who needed special forms in Spring 2001? (If "no", skip question 16 and go to question 17 on the next page.)  Yes  No

**16.** Do you have suggestions for improving the process for ordering Braille, Large-print, and audiocassette tapes?  Yes  No

If "Yes," please explain:

--

--

Do you have any suggestions for improvement of the packaging and/or delivery of the special forms?  Yes  No

If "Yes," please explain:

--

--

Did you have any problems with your dissemination of the special forms to Schools?  Yes  No

If "Yes," please explain:

--

--



<b>Information about Activities Conducted On the Test Administration Date</b>
-----------------------------------------------------------------------------------

17. In what way(s) did you monitor test administration 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.
- Any 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.
- Any other situation(s) that might impact a student's score.

\_\_\_\_\_

\_\_\_\_\_

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

Yes     No

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENT AS NECESSARY BELOW:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information about Activities Conducted  
and/or Planned Subsequent to  
the Test Administration Date**

19. Do you have a specific procedure already in place to ensure that STCs are keeping all secure test materials, including those that have been used in testing sessions, in locked storage overnight?  Yes  No  
If "Yes," please describe it briefly:  
\_\_\_\_\_  
\_\_\_\_\_
20. Are STCs aware of requirements for establishing make-up test sessions?  Yes  No
21. Are you aware that, after all testing has been completed, scorable answer documents and non-scorable test booklets are to be shipped to different locations?  Yes  No
22. Have you read, and are you comfortable that you understand, the instructions for assembling and shipping the scorable answer documents to the Iowa City Scoring Center?  Yes  No
23. Have you read, and are you comfortable that you understand, the instructions for assembling and shipping the non-scorable test booklets to the San Antonio Scoring Center?  Yes  No
24. Are you aware that both you and the superintendent must sign the *SOL School Division Affidavit* and return it to **the Department of Education** no later than two weeks after the end of your testing window?  Yes  No

**The DDOT's Suggestions**

25. In what way could the shipment of both non-secure and secure testing materials be better organized to help you distribute them to the STCs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. What specific suggestions do you have for improvement of the *DDOT Manual*?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Do you have specific suggestions for improvement of the *STC Manual*?  Yes  No


28. Do you have specific suggestions for improvement of the *Examiner's Manuals*?  Yes  No


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


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


31. As a result of your experiences in the Spring 2001 administration of the SOL tests, what changes will you consider making in your own procedures for the next administration?


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


33. Do you have other suggestions for making the SOL 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 Standards of Learning Assessments**  
***SPRING 2001: Multiple-Choice and End-of-Course Tests***

<b>EVALUATION OF THE AUDITOR AND AUDIT PROCESS</b>
----------------------------------------------------

**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 Standards of Learning Assessments. 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 SOL 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?  Yes    No    Not known to me

4. Did the Auditor meet with you to complete an audit questionnaire?  Yes       No

At what **time** did this take place? \_\_\_\_\_ AM or PM (*Please circle one*)

5. To your knowledge, did the Auditor meet with any of these persons? (*Please respond to each item*)

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 testing program being audited?

Yes       No

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes       No

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OPTIONAL:**

Your name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

May we contact you for clarification or follow-up if needed?       Yes       No

**Please return your completed evaluation either by fax or by mail  
within 1 week of receiving it to:**

Virginia SOL Program Coordinator  
Harcourt Educational Measurement  
19500 Bulverde Rd.  
San Antonio, TX 78259  
FAX: 1-800-547-2059

***Thank you! Your time and participation are greatly appreciated.***