



Fall 2001

Dear Division and School Testing Personnel:

This is a letter of introduction for the assigned Assessment Auditor for the Fall 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* Fall 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!**



**FALL 2001: Writing Tests**

**CHECKLIST FOR CLASSROOM OBSERVATION**

|                                       |
|---------------------------------------|
| <b>Date:</b> _____ (Month, Day, Year) |
| <b>School Name:</b> _____             |
| <b>Division:</b> _____                |

|                               |                                |
|-------------------------------|--------------------------------|
| <b>Name of Auditor:</b> _____ | <b>Name of Examiner:</b> _____ |
| <b>Signature:</b> _____       | <b>Signature:</b> _____        |

**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 8 | End-of-Course |
|------------------------------------|---------|---------------|
| English: Writing (multiple-choice) |         |               |
| English: Writing (direct writing)  |         |               |

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

|                                      |   |  |
|--------------------------------------|---|--|
| <b>a.</b>                            | What kind of group is being tested?<br><input type="checkbox"/> Typical classroom<br><input type="checkbox"/> Large-group setting (i.e., cafeteria or auditorium)   | What is the size of the group?<br><input type="checkbox"/> Less than 25<br><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? (include 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 booklets, 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 Limited-English Proficient, Disability Status, Special Test Accommodations, Testing Status, Title I, and SOA Adjustment) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not observed                |
| <b>f.</b>                            | Were the test booklets (if a multiple-choice session) or writing prompts (if direct writing) handed out as described in the <i>Examiner's Manual</i> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>g.</b>                            | (If a direct Writing session:) Did the Examiner count the Writing prompts and complete the cover sheet that was enclosed in the package of Writing prompts?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A                         |
| <b>h.</b>                            | Did the Examiner read the directions from the <i>Examiner's Manual</i> ?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>i.</b>                            | Did the Examiner have to add any further explanation for the directions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>j.</b>                            | Did students ask questions related to the mechanics of the test?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>k.</b>                            | Did students ask questions about the sample items?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**OBSERVATION CHECKLIST FALL 2001 WRITING TESTS**

|           |  |  |
|-----------|--|--|
| <b>l.</b> | Did any individual student's question cause the Examiner to explain something to the entire class?<br><i>If YES, what was it?</i><br>_____<br>_____<br>_____   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>m.</b> | Did the Examiner respond to questions within the guidelines specified in the <i>Examiner's Manual</i> ?<br><i>Note any exemplary responses OR responses that concerned you:</i><br>_____<br>_____<br>_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>n.</b> | In what way did the Examiner explain your presence to the students?<br>_____<br>_____<br>_____<br><input type="checkbox"/> Not explained in my presence  |  |

**During the Testing Session**  
**SOL Writing Test**

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

|           |  |  |
|-----------|--|--|
| <b>1.</b> | ( <i>If a Direct Writing session:</i> ) Were a dictionary and scratch paper available to each student?<br>_____  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>2.</b> | ( <i>If a Direct Writing session:</i> ) Was it necessary for students to share dictionaries?<br>If so, how was this accomplished?<br>_____<br>_____<br>_____ | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A |
| <b>3.</b> | Was the room quiet throughout the testing period?  |  |
| <b>4.</b> | Did the Examiner answer any individual student questions once testing began?   |  |
| <b>5.</b> | Did the Examiner monitor the classroom unobtrusively?  |  |
| <b>6.</b> | If there were Proctors or other adults present, did they monitor the testing by moving around the room unobtrusively?  |  |

**OBSERVATION CHECKLIST FALL 2001 WRITING TESTS**

7.

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

Comments:

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8.

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:

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9.

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**  
**SOL Writing Test**

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?
- (If a multiple-choice session) ALL COPIES of the test booklets  Yes  No  N/A
- (If a direct Writing session) ALL COPIES of the Writing prompts  Yes  No  N/A
- ALL students' answer booklets  Yes  No  N/A

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

3. Did the STC verify that the Examiner returned ALL materials and initial the *Examiner's Transmittal Form*?  Yes  No  N/A

**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
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**OBSERVATION CHECKLIST FALL 2001 WRITING TESTS**

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

|                   |
|-------------------|
| <hr/> <hr/> <hr/> |
|-------------------|





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**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.
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**VIRGINIA Standards of Learning Assessments  
ENGLISH: WRITING TEST**

**POST-TEST EXAMINER  
PROTOCOL**

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

|                              |  |
|------------------------------|--|
| <b>Date:</b>                 | _____ (Month, Day, Year)   |
| <b>School:</b>               | _____  |
| <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>    | _____  |

**Fall 2001 SOL Writing Test, Post-Test Examiner Protocol**

**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:** The Examiner is to begin on Page 3.

**Information about Your Training  
Prior to Testing**

1. 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                  |                              |                             |
| Limited-English proficient students?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coding of demographic information on the students' answer booklets? | <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 |

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 the First Day of  
Testing**

2. Did you read the *Examiner's Manual*?  Yes  No  
When? \_\_\_\_\_ (Month, Day, Year)
3. 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
4. Did you receive the *Examiner's Manual* for review prior to the first day of testing?  Yes  No  
If "yes," when: \_\_\_\_\_  
Did you find this early receipt useful?  Yes  No  
 N/A
5. Did you receive answer booklets prior to testing 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:

|                              |                          |     |                          |    |
|------------------------------|--------------------------|-----|--------------------------|----|
| 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 |

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? \_\_\_\_\_

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | N/A |                          |    |

Did students complete the remaining demographic information (such as name, birthday, gender, and so on) themselves?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | N/A |                          |    |

Were the instructions in the *Examiner's Manual* for completion of the demographic page helpful to you?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | N/A |                          |    |

Do you feel that the instructions for completing the demographic data which were dictated to students were appropriately worded?

|                          |     |                          |    |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| <input type="checkbox"/> | N/A |                          |    |

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Information about Activities Today**

7. Did you receive any test booklets or writing prompts 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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9. Whether prior to or during the testing session, were there questions asked by students that were difficult for you to answer?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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10. Regarding the students to whom you administered the test today: Are you the regular teacher of this group of students?  Yes  No

Fall 2001 SOL Writing Test, Post-Test Examiner Protocol

11. If you did not return test materials directly to your STC after today's testing session, have you made arrangements to return the materials to the STC no later than the end of the day?  Yes  No  
 N/A

**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* about completion of answer booklets clear regarding the following:
- use of "Testing Status" grid?  Yes  No
- the requirement that an answer booklet be completed for every student enrolled in the grade?  Yes  No
- completion of the SSID sheet?  Yes  No
- preparing a bundle of scorable answer booklets?  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. In regard to the sample test items provided in the test booklets: Were these items sufficient to enable students to understand their task?  Yes  No  
If "no", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fall 2001 SOL Writing Test, Post-Test Examiner Protocol**

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

**19.** As a result of your experiences in the Fall 2001 administration of the SOL Writing test, what changes would you consider making in your own procedures for the next administration?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20.** 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. 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  
ENGLISH: WRITING TEST**

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

**General Information**

|                           |  |
|---------------------------|--|
| <b>Date:</b>              | _____ (Month, Day, Year)   |
| <b>School:</b>            | _____  |
| <b>Division:</b>          | _____  |
| <b>STC Name:</b>          | _____  |
| <b>STC 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 STC only?  
 Yes       No If "no", who else was in attendance?

| <u>Name</u> | <u>Position</u> |
|-------------|-----------------|
| _____       | _____           |
| _____       | _____           |
| _____       | _____           |
| _____       | _____           |

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



**Information about Your Training  
Prior to Testing**

1. Did your DDOT provide specific training for you regarding the SOL Writing test?  Yes  No

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

Were you provided training on:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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<br>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 |

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

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

**Fall 2001 SOL Writing Test, Post-Test STC Protocol**

7. Did you conduct an inventory of secure materials 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?  Yes  No  
 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?  Yes  No  
 Where? \_\_\_\_\_

10. Did you provide training to Examiners on:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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<br>Limited-English proficient students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coding of demographic information on the students' answer booklets?                        | <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 needed more time to complete the test?                           | <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. Did you distribute answer documents to Examiners prior to testing to allow them time to complete demographic information?  Yes  No  
 N/A

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

|                              |       |
|------------------------------|-------|
| Limited English Proficient?  | _____ |
| Disability Status?           | _____ |
| Special Test Accommodations? | _____ |
| Testing Status?              | _____ |
| SOA Adjustment?              | _____ |
| Title I?                     | _____ |

**Fall 2001 SOL Writing Test, Post-Test STC Protocol**

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. 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 (a) **FOR THE MULTIPLE-CHOICE COMPONENT ONLY:** Did you use the *SOL Examiner's Test Booklet Transmittal Form/Affidavit* to distribute secure test booklets to Examiners?  Yes  No

16 (b) **FOR THE DIRECT WRITING COMPONENT ONLY:** Did you use the *SOL Examiner's Writing Prompt Transmittal Form/Affidavit* to distribute writing prompts 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 restroom)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fall 2001 SOL Writing Test, Post-Test STC Protocol**

**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, writing prompt, or used answer document is missing.
- Any unused/unassigned test booklet, writing prompt, or answer document is missing.
- Any other 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 booklets, to you immediately after the conclusion of his/her testing session?  Yes     No  
*( If "yes", skip question 22 -- go to question 23.)*

**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?

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25. Has your DDOT provided instruction regarding disposition of materials listed in Section 6.5 of the STC Manual (*STC Manual, Examiner's Manuals, unused and/or damaged answer booklets*)?  Yes  No

**The STC's Suggestions**

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

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

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

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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?

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**Fall 2001 SOL Writing Test, Post-Test STC Protocol**

- 30.** As a result of your experiences in the Fall 2001 administration of the SOL tests, what changes would you consider making in your own procedures for the next administration?

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*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 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 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  
ENGLISH: WRITING TEST**

**POST-TEST DDOT PROTOCOL**

**General Information**

|  |
|--|
| <b>Date:</b> _____ (Month, Day, Year)  |
| <b>Division:</b> _____   |
| <b>DDOT Name:</b> _____  |
| <b>DDOT Signature:</b> _____ <b>My signature indicates that I have reviewed this document.</b> |
| <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  Yes  No to Harcourt Educational Measurement?  
If so, when was it returned? \_\_\_\_\_ (Month, Day, Year)
2. Did you read the *DDOT Manual*?  Yes  No
3. Did you read the *STC Manual*?  Yes  No
4. Did you read the *Examiner's Manuals*?  Yes  No
5. Did you verify receipt of secure materials as described in the DDOT Manual?  Yes  No
6. Were materials stored in a secure location prior to delivery to the schools?  Yes  No  
Where? \_\_\_\_\_
7. 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): \_\_\_\_\_
8. (*Complete only if the answer to question 7 is "Yes".*) Please explain the circumstances that made it necessary to deliver secure test materials *earlier* than 4 school days prior to testing.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Was the *SOL School Test Booklet/Writing Prompt 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 coverage materials remained in a secure location?  Yes  No  
*Where?*  
\_\_\_\_\_



**Fall 2001 SOL Writing Test, Post-Test DDOT Protocol**

12. Did you provide training to STCs on:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Responsibilities of STCs and Examiners?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Multiple-choice and direct-writing components of the Writing test?                         | <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<br>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 |

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. You were asked to provide counts of students needing special forms (Braille, large print, and audiocassettes) along with counts of students needing regular forms. Did you have any students who needed special forms in Fall 2001?  Yes  No

( If "no", skip question 16 -- go to question 17.)

**Fall 2001 SOL Writing Test, Post-Test DDOT Protocol**

16. Do you have suggestions for improving the process for ordering Braille, large-print, and audiocassette tapes?

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

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Did you have problems with your dissemination of the special forms to schools?

Yes    No

If "yes", please explain:

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**Information about Activities Conducted Today**

17. In what way(s) did you monitor test administration in your school division?

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**Fall 2001 SOL Writing Test, Post-Test DDOT Protocol**

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, writing prompt, or used answer document is missing.
- Any unused/unassigned test booklet, writing prompt, 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  
Today's Testing Sessions**

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 so, please describe it briefly:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. Are STCs aware of requirements for establishing make-up test sessions?  Yes     No

**Fall 2001 SOL Writing Test, Post-Test DDOT Protocol**

21. Are you aware that, after all testing has been completed, scorable answer booklets and non-scorable test booklets and writing prompts 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 booklets 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 and writing prompts 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 Virginia Department of Education?  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*?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
28. What specific suggestions do you have for improvement of the *Examiner's Manuals*?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
29. In regard to future administrations of the SOL Writing test, what information or training would help make the test administration go more smoothly?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Fall 2001 SOL Writing Test, Post-Test DDOT Protocol**

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

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

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

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**33.** Do you have other suggestions for making the SOL Writing test go more smoothly?

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*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**  
**ENGLISH: WRITING TEST**

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

**Component Observed:**       **Multiple Choice**  
( check one )                       **Direct Writing**

**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.

**Fall 2001 SOL Audit Evaluation**

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 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fall 2001 SOL Audit Evaluation

9. Was the presence of the Auditor in the classroom an impediment to student performance?

Yes       No

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



**Fall 2001 SOL Audit Evaluation**

- 13.** Please mail your completed Audit Evaluation to:

Virginia Program Coordinator  
Harcourt Educational Measurement  
19500 Bulverde Road  
San Antonio, TX 78259

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.***