

# 2017 USAD Online Test Proctor Security Affidavit

\* Required

**School Name** \* Name of school you will be proctoring.

---

**School City, Province** \* 

---

## Affidavit

I will serve as the Proctor for the online administration of the Academic Decathlon Essay and Art Test for the aforementioned High School on April 6 and/or April 21, 2017. I am not a Decathlon team coach, assistant coach, or parent of any team member. I am a school employee. I agree to administer and monitor the Essay Test according to the rules and procedures below and according to the test directions that I will be provided.

1. I agree to read the test directions (provided by USAD) aloud to decathletes.
2. I will make sure that decathletes do not bring ANY materials into the room and will supervise the decathletes being tested at all times to make sure they are not using aides of any kind (resource guides, notes, dictionary etc.).
3. I will walk around and monitor students to make sure they do not leave the Internet browser window or open additional tabs within the window.
4. I will make sure students are not using electronic devices of any kind (phones, ipods, etc.) besides the computer issued to them.
5. I will make sure that all decathletes from the school begin testing at the same time and will not allow decathletes who are absent to make up the test at a later date or time.
6. I will make sure that the testing room is secure and will limit access to decathletes only. I will not allow coaches, parents, or any other people in the testing room.

7. I will limit access to the test and test materials by test examinees to the actual testing period.
8. I will collect and check that all materials (scratch paper) have been returned before releasing the decathletes from the testing session.
9. If a decathlete is caught using aides or cheating, I will write down the decathlete's ID number and report this as soon as possible to Daniele Grigsby at USAD. [info@usad.org](mailto:info@usad.org).

## Confirmation

By submitting this form, I hereby acknowledge that I have permission to submit this information, that all above submitted information is accurate, and I will follow the rules and procedures stated above.

**First Name \***

---

**Last Name \***

---

**Position/Title \***

---

**Email \***

---

**Phone \***

---

Please email this completed form to: **info@usad.org** by April 5, 2017. Thank you for your assistance and cooperation.