

Signed document must be  
filed at school site.

**OTIS-LENNON SCHOOL ABILITY TEST SECURITY AGREEMENT**  
**for Test Site Coordinators**

1. I will ensure that all test examiners are trained to administer the examination in compliance with the test administration manuals.
2. I will take all necessary precautions to safeguard all examinations and test materials by limiting access to persons within the local school with a responsible, professional interest in the examination's security.
3. I will not disclose or allow to be disclosed the contents of the examination.
4. I will keep on file the names of persons having access to test materials. All persons having access to the materials shall be required to sign the Otis-Lennon Ability Test Security Affidavit that will be kept on file at the local school site.
5. I will keep the materials in a secure, locked location, limiting access to only those persons responsible for test securing, except on actual testing dates.
6. I will not copy any part of the examination or test materials.
7. I will not review test questions, develop any scoring keys, or review or score any pupil responses except as required by the test contractor's manuals.

**By signing my name to this document, I am assuring that I will abide by the above conditions.**

<b>Test Site Coordinator's Signature:</b>		<b>Date:</b>
<b>Print Name:</b>	<b>Position:</b>	
<b>School:</b>		<b>Region:</b>
<b>School District/Affiliation:</b> Los Angeles Unified School District		

**Principal's Name:** \_\_\_\_\_ **Principal's Initials** \_\_\_\_\_