

Request to Utilize Other Personnel
West Virginia Assessment Administration, 2018- 2019 School year
You must circle the assessment that this request is for, if you do not circle one it will be **NOT be processed**

CBA's WVGSA WVASA SAT School Day

Name of School: _____
 Principal: _____

District: _____
 SC (if applicable): _____

Please complete the following for all long-term aides and teachers on permit for whom you are requesting permission. If necessary, you may attach additional documentation. All approved personnel will need to be trained and sign the appropriate security agreements prior to testing. **All information must be completed for each employee for whom you are requesting approval.**

Employee's Name (Last, First)	Employee's Job Title	Student's Name (Must list each student individually.)	Does employee currently work with this student and for how long?	Requesting Permission to	Justification of Request (Give a specific reason why it is necessary to use this employee to administer a WV-MAP Assessment.)
	<input type="checkbox"/> Long-term Aide <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> < 1 yr. <input type="checkbox"/> > 1 yr.	<input type="checkbox"/> Scribe <input type="checkbox"/> Administer WVGSA Grades 3-8 or SAT School Day w/out supervision <input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Long-term Aide <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> < 1 yr. <input type="checkbox"/> > 1 yr.	<input type="checkbox"/> Scribe <input type="checkbox"/> Administer WVGSA Grades 3-8 or SAT School Day w/out supervision <input type="checkbox"/> Other (specify) _____	
	<input type="checkbox"/> Long-term Aide <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> < 1 yr. <input type="checkbox"/> > 1 yr.	<input type="checkbox"/> Scribe <input type="checkbox"/> Administer WVGSA Grades 3-8 or SAT School Day w/out supervision <input type="checkbox"/> Other (specify) _____	

 Signature of Principal

 Date

 Signature of District Test Coordinator

 Date

Scan and email form to the Office of Assessment, tsapping@k12.wv.us or cchristy@K12.wv.us



West Virginia DEPARTMENT OF
EDUCATION