**Virginia Assessment Program
Health Management Device Form**

**Directions and General Procedures:**

Complete this form for each student with a documented health need who requires the use of a health management device such as a health monitor, phone, smart watch, or tablet, with or without an app, during the administration of a state assessment. Completion of this form helps ensure that consideration is given to the type of health management technology needed by the student while also protecting the integrity of the state test administration.

Review of this form should be performed annually. If there are any changes to the health management technology for the student’s health needs, a new form will need to be completed to evaluate the new device(s) or new version(s) of the app prior to the student participating in state assessments. The student’s parent or guardian must be informed of the procedures to be used with the student’s health management technology during state testing.

If the health management device technology meets the conditions for:

* option A, B.1, or B.2, the individual completing the form at the school level does not need to submit it to the Division Director of Testing (DDOT), but it is to be maintained in the student’s educational record.
* option B.3, once the form has been completed at the school level, a copy is to be forwarded in a secure manner to the DDOT for review. The completed form is to be maintained in the student’s educational record and in the Office of the DDOT.

**Date:** Click or tap to enter a date.

**Student Information:**

School Division: Click or tap here to enter text. School: Click or tap here to enter text.

Student Name:Click or tap here to enter text. Grade: Choose an item.

State Testing Identifier (STI):Click or tap here to enter text.

**Health Management Device/App Review and Specific Procedures:**

**Name/Description of Health Management Device** (specify product name, version, and operating system for each device and app, if applicable)**:** Click or tap here to enter text.

During state testing, the student requires access to a health management device that (select one):

[ ]  **A)** does **not** require use of a device (e.g., cell phone, tablet, etc.) that can transmit, receive, photograph, or record information other than the student’s health-related data.

**Procedure:** If the device has an audible alert and the device cannot be set to silent or vibrate, the student must be tested in an individual setting or in a group setting with other students who are accustomed to the sound of the audible alert. Because the student’s health management device that will be used during state testing cannot transmit, receive, photograph or record information other than the student’s health-related data, the device may be used with no additional guidance.

 After each test is administered, the Test Examiner, Proctor (if present), and all other staff members present for the test session, must sign written statements confirming the test was administered according to the procedures of this form and that secure testing conditions were maintained throughout the test. The written statement(s) must be retained on file and secured in the office of the DDOT until the scores are verified and the division’s Authorization to Report (ATR) is approved for the test administration.

[ ]  **B)** requires use of a device (e.g., cell phone, tablet, etc.) that can transmit, receive, photograph, or record information other than the student’s health-related data. Review the following and select the option that applies.

[ ]  **1.)** The device can be configured or locked during state testing, so the student only has access to the health management application and the student’s health-related data.

**Procedure:** The School Test Coordinator (STC) and Test Examiner/Proctor must be sure of the steps needed to configure or lock the device to ensure the student only has access to the health management application and the health-related data during the state test. The device must be locked prior to the start of the state test and unlocked when the student completes the test and leaves the secure test environment. If the device has an audible alert and the device cannot be set to silent or vibrate, the student must be tested in an individual setting or in a group setting with other students who are accustomed to the sound of the audible alert.

After each test is administered, the Test Examiner, Proctor (if present), and all other staff members present for the test session, must sign written statements confirming the test was administered according to the procedures of this form and that secure testing conditions were maintained throughout the test. The written statement(s) must be retained on file and secured in the office of the DDOT until the scores are verified and the division’s Authorization to Report (ATR) is approved for the test administration.

[ ]  **2.)** The device cannot be configured or locked to prevent access but can be placed out of reach of the student during the state test.

**Procedure:** If the device has an audible alert and the device cannot be set to silent or vibrate, the student must be tested in an individual setting or in a group setting with other students who are accustomed to the sound of the audible alert. The device must be placed out of reach of the student, but in a location so the Test Examiner/Proctor can access and monitor the device on behalf of the student. The Test Examiner/Proctor must be familiar with the student’s health needs and associated technology. To maintain test security, the Test Examiner/Proctor is to ensure that only functions necessary for monitoring and maintaining student health are accessed. If tested in a group setting, a Proctor must be present during the student’s test administration. The STC and Examiner must also be aware that the Proctor will be monitoring the device on behalf of the student.

After each test is administered, the Test Examiner, Proctor (if present), and all other staff members present for the test session, must sign written statements confirming the test was administered according to the procedures of this form and that secure testing conditions were maintained throughout the test. The written statement(s) must be retained on file and secured in the office of the DDOT until the scores are verified and the division’s Authorization to Report (ATR) is approved for the test administration.

[ ]  **3.)** The student needs to use a health management device that can transmit, receive, photograph, or record information other than the student’s health-related data, but neither option **1** nor **2** is possible.

**Procedure:** If option B.3 is selected, a copy of this form must be forwarded in a secure manner to the DDOT for review with attention to the due dates at the end of this document. A Proctor must directly observe the student throughout the duration of the test and be familiar with the student’s health needs and associated technology. The Proctor must ensure the student only accesses needed technology for health management and does not access the Internet, other applications, or software features not permitted for testing. The STC and Examiner must also be aware that the Proctor will be monitoring the device.

All staff members present for the test session must sign a written statement indicating:

* the student was monitored throughout the entire test,
* the student only accessed the technology necessary for health management, and
* the test was administered under secure test conditions and according to the procedures of this form.

 The written statements must be retained on file and secured in the office of the DDOT until the scores are verified and the division’s Authorization to Report (ATR) is approved for the test administration.

**Form Completion/DDOT Review:**

Enter title, name, and date below for person completing this form.

| **Title/Position** | **First and Last Name** | **Date**  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**If option B.3 is selected**, enter the name and date below to verify that the DDOT or Designee has reviewed this form.

| **Title/Position** | **First and Last Name** | **Date**  |
| --- | --- | --- |
| Division Director of Testing or Designee | Click or tap here to enter text. | Click or tap to enter a date. |

**This form and related documentation are subject to audit by the Office of Assessment.**

**Form Completion Due Dates:** Completion of this form prior to the deadlines below is strongly encouraged for adequate test administration preparation.

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| **Test Administration** | **Form Deadline** |
| Fall Growth Assessments | Friday, July 19, 2024 |
| Winter Growth Assessments | Friday, November 8, 2024 |
| Fall 2024 Writing SOL Assessments | Friday, September 27, 2024 |
| Fall 2024 Non-Writing SOL Assessments | Friday, September 27, 2024 |
| Spring 2025 Writing SOL Assessments | Friday, February 7, 2025 |
| Spring 2025 Non-Writing SOL Assessments | Friday, February 7, 2025 |
| Summer 2025 Non-Writing SOL Assessments | Friday, May 16, 2025 |
| Summer 2025 Writing SOL Assessments | Friday, June 13, 2025 |