

**Manheim Township School District**

**Confidentiality Notice**

**for review of**

**Pennsylvania's Alternate System of Assessment (s)**

I have requested permission to review the Pennsylvania's Alternate System of Assessment (PASA) video prior to the submission my child’s PASA testing.

I understand that by reviewing the PASA materials at my son/daughter’s school, I agree to maintain confidentiality with regard to the specific content of the test questions, the format of the test, and all other matters related to specifics of the testing.

I further acknowledge that to disclose, record, or otherwise distribute information regarding the PASA would be considered a breach of test security and is subject to penalties as set forth in the Pennsylvania School Code.

I further understand that I am not permitted to record or take notes of the video testing session and that I will be accompanied by a school administrator at all times when reviewing the testing video.

Parent Name Date

Parent Signature PA Driver’s License

Administrator Date

Rev. 3/11/13