CTP ONLINE AT HOME FAMILY AGREEMENT FORM

Your student's school has offered to allow your student to participate in online administration of the Comprehensive Testing Program (CTP) under proctored, remote conditions. By participating in this remotely proctored CTP Online, you and your student are entrusted with the security and confidentiality of this important test. Please carefully review the below responsibilities and, by completing the form, attest to your ability to perform them. You will need to complete and submit separate forms for each student in your household that plans to participate in remote CTP Online testing at home. **Please return this form to your School Help Contact.**

I acknowledge that the CTP is a secure test and agree to the following conditions of use to ensure the test's security:

1. I will follow the rules and guidelines for remote proctoring as shared by my student's school. I will arrange space in my home where my student can be alone for the duration of the exam on each day of administration. No other persons in our home will have access to this space during administration.
2. I will not allow my student to disclose, generally or specifically, the contents of the test to anyone.
3. I will not permit my student or anyone else to copy, photograph, screenshot, or otherwise capture or record any part of the exam.
4. I understand that there will be disciplinary and legal consequences for any violation of test security.
5. I grant permission to a designated proctor from my student's school to observe my student using video monitoring software throughout the test to ensure that CTP Online test administration adheres to remote test and security guidelines.

By writing my name on this document, I am affirming to both my student's school and ERB, the owner of the CTP, that I am the parent, legal guardian, or otherwise have legal authority on behalf of my student and that I, and anyone else in my home with access to the test materials, will abide by the above conditions. I understand that all information entered in this form will be viewed only by my student's teacher or assigned school testing staff.

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Please save this form to your computer before completing the fields. Information entered into the form while viewing it in a browser window cannot be saved. Right click on the form and select "Save as" to save the file, then open the saved file on your computer and complete the application.

What is your email address?

In what grade is your student?

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10

What is the name of your student's primary homeroom teacher?

If there are any special requests or considerations you'd like your student's test proctor to know, please enter them here:

By typing your name below, you affirm that you will make every effort to preserve test security, as described on Page 1.

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