

Examination Title: _____

Packing Code: _____

EXAMINATION SCORING CERTIFICATE

Regents Examinations and Regents Competency Tests

BEDS Code: _____ School Name: _____

School Address: _____ City: _____

Administrator/Principal: _____ Exam Period: _____ 2017

As one of the undersigned scoring leaders and scorers who participated in the scoring of Regents Exams and Regents Competency Tests (*each* participating scorer *must* sign this certificate), I hereby declare my belief in the correctness of the following:

The rules and guidance materials for scoring these exams were fully and faithfully observed, and in particular:

1. As a scorer, I was trained using the procedures and materials described in the applicable Information Booklet for Scoring or Directions for Administering and Scoring and Scoring Key and Rating Guide.
2. The scoring committee of which I was a member included the required minimum number of scorers as specified in the applicable Information Booklet for Scoring, Directions for Administering and Scoring, or Scoring Key and Rating Guide.
3. Test questions were assigned to me for scoring according to the procedures described in the applicable Information Booklet for Scoring, Directions for Administering and Scoring or Scoring Key or Rating Guide.
4. As a scorer, I did not rate the responses of my own students.
5. Where required, my name or initials were clearly recorded on the answer paper or scoring record.
6. The answer sheets and exam booklets were safeguarded while scoring was occurring.

	PRINT NAME	SIGNATURE	EXAM(S) SCORED
1			
2			
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As principal or collaborative site scoring leader, I attest that the rules and regulations for scoring, as listed above, were fully and faithfully observed.

Principal or Scoring Leader _____ Date ____ / ____ / ____

***** Make as many copies of this certificate as needed. *****

After completion, **photocopy and return the original completed certificate to the State Education Department** in a locked Regents box. Retain a photocopy in school files for one year.