

**ASSESSMENT ASSURANCES**  
**School Year 20 - 20**

**[Insert School Name]** assures that it will adhere to all policies and requirements outlined in the Indiana Department of Education's ("Department") Assessment Policies, Administration and Security Manual.

*Please review, sign and submit no later than October 1<sup>st</sup> to Ball State University - Office of Charter Schools ("OCS").*

---

School Name

---

School Leader Name

---

School Test Coordinator Name

---

Date