**Virginia Assessment Program  
Hearing Aids with Internet-Connected Device Form**

## Directions and General Procedures:

Please note: If a student with hearing aids does not need to access an Internet-connected device during state testing, completion of this form is not needed.

Complete this form for any student who requires the use of hearing aids with an Internet-connected device (e.g., cell phone, tablet, smart watch) during the administration of a state assessment. Completion of this form helps ensure that a student has the necessary level of access to an Internet-connected device needed to manage or control the hearing aids during the test session while also confirming the integrity of the state test administration.

Review of this form should be performed annually. If there are any changes to the hearing aids with Internet-connected device technology for the student’s needs, a new form will need to be completed to evaluate the changes prior to the student participating in state assessments. The student’s parent or guardian must be informed of the procedure to be used with the student’s hearing aids with an Internet-connected device during state testing.

If the hearing aids with Internet-connected device technology meets the conditions for:

* option 1 and 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 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.

## Hearing Aids with Internet-Connected Device Review and Specific Procedures:

**Name/Description of Internet-Connected Device for use with Hearing Aids** (specify product name, version, and operating system for each device and app needed)**:** Click or tap here to enter text.

During state testing, the student requires access to hearing aids with a device (e.g., cell phone, tablet, smart watch) that can transmit, receive, photograph, or record information. Review the following and select the option that applies:

**1)** The device used with the hearing aids can be configured or locked during state testing so the student only has access to the hearing aids and associated application.

**Procedure:** The School Test Coordinator 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 hearing aids application 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.

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 used with the hearing aids cannot be configured or locked to limit access but can be placed out of reach of the student during the state test.

**Procedure:** The device must be placed out of reach of the student but in a location to allow the Test Examiner/Proctor to access the device on behalf of the student. If tested in a group setting, a Proctor must be present during the student’s test administration and be familiar with the student’s need to manage or control the hearing aids. The School Test Coordinator and Examiner must also be aware that the Proctor will be assisting with the device, as needed, to manage or adjust the hearing aids.

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 device used with the hearing aids can transmit, receive, photograph, or record information, but neither option **1** nor **2** is possible.

**Procedure:** If option 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 hearing aids with Internet-connected device technology. The Proctor must ensure the student only accesses needed hearing aids technology 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 hearing 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 the 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 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/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 Student Assessment.**

## Form 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/Winter 2023 Growth Assessments | Two Weeks Prior to Testing |
| Fall 2023 Writing SOL Assessments | Friday, September 22, 2023 |
| Fall 2023 Non-Writing SOL Assessments | Friday, October 13, 2023 |
| Spring 2024 Writing SOL Assessments | Friday, January 26, 2024 |
| Spring 2024 Non-Writing SOL Assessments | Friday, February 9, 2024 |
| Summer 2024 Non-Writing SOL Assessments | Friday, May 3, 2024 |
| Summer 2024 Writing SOL Assessments | Friday, May 10, 2024 |