

The superintendent's signature is required and must be submitted from the superintendent's email account. Completed copies of this form should be emailed to <u>assessment@la.gov</u>.

Please include "Contact Update" in the subject line. If you have any questions please contact <u>patricia.newman@la.gov</u>

District/LEA Information	
District/LEA Code:	
District/LEA Name:	
Secure Shipping Address:	
(For Deliver)	y of Secure Materials)
Contact Information	
Name:	
Office Phone:	Mobile Phone:
	(optional)
Valid Email Address:	
As indicated in <u>Bulletin 118</u> ; §5319, pe accepted.	ersonal email addresses (Hotmail, Google, Yahoo, etc.) will not be
Current Position (select all that apply,):
District Test Coordinator (DTC)	Backup DTC
Accountability Contact	Backup Accountability Contact

District Test Coordinators are responsible for ensuring that state assessments are administered in accordance with <u>Bulletin 118</u> – *Statewide Assessment Standards and Practices.* The specific duties and responsibilities of the District Test Coordinator are addressed in <u>Bulletin 118</u>; §5501

District Accountability Contacts should have thorough knowledge of <u>Bulletin 111</u> – *The Louisiana School, District, and State Accountability System.*

Print Superintendent Name

Superintendent Signature

Date