

**EXAMINATION SCORING CERTIFICATE**

**Regents Examinations and Regents Competency Tests**

BEDS Code(s) \_\_\_\_\_

School Name(s) \_\_\_\_\_

City \_\_\_\_\_ Exam Period:  Jan  June  Aug 20\_\_ \_\_

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 statement:

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, Directions for Administering and Scoring, or 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, Scoring Key or Rating Guide.
4. Where required, my name or initials were clearly recorded on the answer paper or scoring record.
5. The answer sheets and exam booklets were safeguarded while scoring was occurring.

	PRINT NAME	SIGNATURE	EXAM(S) SCORED
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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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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	PRINT NAME	SIGNATURE	EXAM(S) SCORED
11			
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**Make as many copies of this certificate as needed.**

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