Web-Based Third-Party Assistive Technology for Speech-to-Text Form
New Jersey Student Learning Assessments (NJSLA)
New Jersey Graduation Proficiency Assessment (NJGPA)

This document provides guidance on the use of web based third-party assistive technology for students who require Speech-to-Text as an accommodation while taking an English Language Arts, Mathematics, or Science statewide assessment.

Please select the content area(s): ☐ **ELA** ☐ **Mathematics** ☐ **Science**

Please provide the name of the web-based product used: _____

Students receiving Speech-to-Text as an accommodation may now use a third-party web-based product that requires the use of the internet to initiate the product, if the product is used routinely by the student during classroom instruction. If so, the following protocol must be followed:

- Students receiving Speech-to-Text via a web-based third-party product must be tested in a one-on-one setting regardless of the technology being used. Prior to testing, all technology settings must be reviewed and adjusted to ensure test validity and reliability.

- During the test administration, the student must continually be observed by the test administrator to ensure that the student does not access any website other than the one needed for the delivery of Speech-to-Text. (A proctor is required in the testing room to assist the test administrator in observing the student).

- The student's testing device must be reviewed by the test administrator for any evidence that the device was used for any purpose, outside of its initial intent, after the testing session is complete. This review process should include a review of the device's web history to ensure that test security was not violated and that no test related information was stored on the device.

Note: The above protocol does not apply to students receiving Speech-to-Text via a program-based product that does NOT access the internet.

Speech-To-Text Certification Statement

By completing this form, I hereby certify that I have fully complied with the above listed protocol:

District Test Coordinator:

_____	_____	_____
(Print Name)	**(Signature)**	**(Date)**

School Test Coordinator:

_____	_____	_____
(Print Name)	**(Signature)**	**(Date)**

Technology Coordinator:

_____	_____	_____
(Print Name)	**(Signature)**	**(Date)**

This form must be uploaded to PearsonAccessnext (PAN) by the DTC and the support request number should be emailed to the appropriate state assessment coordinator.