



New District Assessment Coordinator (DAC) Appointment Form

To be completed by the Superintendent

This form is used to ensure the contact information the Assessment Unit maintains on District Assessment Coordinators (DACs) remains up-to-date as assessment information is shared with districts throughout the calendar year. As a reminder, each district may appoint one individual to be the DAC. The DAC may work with a team within the district, however CDE will only send communications to the DAC, who is responsible for disseminating information to other district personnel.

When appointing an individual to fulfill the role of DAC, please remember:

- The DAC will have access to student Personally Identifiable Information (PII) including assessment files & reports.
- The DAC will be responsible for giving user permissions to state assessment vendor systems and secure file distribution systems to other district staff. These user permissions may also include access to student PII.
- The DAC will be responsible for training district and school personnel (including charter schools) and administration of all state assessments.
- The DAC should be able to use Excel, assessment management systems, and Syncplicity (the site CDE uses to transmit secure information to/from districts). **Reminder: Student PII must not be emailed to CDE.**

Please complete this form and return to Melissa Carpenter at carpenter_m@cde.state.co.us. If there are additional changes to the DAC contact information throughout the year, re-file this form with Melissa Carpenter, so the district does not miss important state assessment communications.

| New DAC Contact Information: | |
|---|----------------|
| First and Last Name: | District Name: |
| Name of Previous DAC: | District Code: |
| DAC Office Mailing Address: | |
| City: | Zip Code: |
| Email Address: | |
| Work Phone: | Extension: |
| Cell/Summer Phone (optional, will not be shared on CDE site): | |

| Assessment Materials & Reports Delivery Facility: | |
|--|------------|
| Mailing/Shipping Address (must not be a P.O. Box): | |
| City: | Zip Code: |
| Materials Contact First and Last Name: | |
| Work Phone: | Extension: |

Superintendent's Signature: _____ Date: _____

Superintendent's Name (please print): _____