**CONFIRMATION OF DESTRUCTION FORM**

**Wisconsin Alternate Assessment for Students with Disabilities (WAA-SwD)**

This form is to be used to confirm the secure destruction of any WAA-SwD test materials.

**District Name:**

**District Number:**

**The following WAA-SwD test materials were destroyed:**

**NUMBER OF TEST BOOKS**

**DESTRUCTION PROCESS USED**

(See reverse side for allowable methods)

**GRADE**

**Acknowledgement:** By signing below, I acknowledge my responsibility for test security and confirm the above disposition of all WAA-SwD test books.

*Signature of District Assessment Coordinator (DAC)*

*Date*

*Print Name of DAC*