School District Administrative Claiming (SDAC) Training Attestation Form 2026-2027

I certify that I have reviewed and understand the SDAC materials as follows:

- I understand the administrative claiming activities.
- I understand the Random Moment Sample (RMS) process.
- I understand and have instructions on how to complete the RMS via the SDAC application.
- I have directions on how to report activities under the appropriate time study activity code.
- I have received guidance on distinguishing between health-related and other activities.
- I understand the distinction between the performance of administrative activities and direct medical services.
- I know where to obtain technical assistance if there are questions.
- I understand that samples MUST be completed within 2 days, or the sample will be marked incomplete.
- I understand that I am to keep my password active by signing on weekly to the SCDE Member Portal.

Signature: _____

Date: _____

Print Name: _____

Email Address: _____

School/District: _____

Participants: Return signed copy to District's SDAC Coordinator

District SDAC Coordinator: Email signed copy to SCDE SDAC Coordinator

SY 2026-2027