APPENDIX C: STATE TEST SECURITY INCIDENT REPORTING FORM

Date: _____ School: _____

LEA: _____ Principal: _____

Date of test security violation: _____ Test subject: _____

Room #: _____ Grade: _____

No. of students in room: _____

Describe test security violation, indicate all persons involved, and relay test security guidelines violated (please print).

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Person Completing this Form: _____
(Print full name)

Position: _____

Signature: _____

Deliver form within 24 hours of the initial report of a violation to LEA Assessment Coordinator OSSE Division of Elementary and Secondary Education at:

DC Office of the State Superintendent of Education
Director of Assessment and Accountability
810 First Street NE, 5th floor, Washington, DC 20002
OSSE.Assessment@dc.gov
Fax: (202) 724-7656