Appendix C: State Test Security Incident Reporting Form

1. Describe test security violation, the date and specific testing room in which the incident occurred.
2. Indicate all persons involved, assessment type, tested grade, subject and number of students in room.
3. Deliver form to the State Test Integrity Coordinator, Office of Data Management and Assessment **within 24 hours** of the incident at:

DC Office of the State Superintendent of Education
Dr. Tonya Mead, State Test Integrity Coordinator
Email: tonya.mead@dc.gov
Division of Data Management, Assessment and Research
810 First St, NE, 9th floor, Washington, DC 20002

Date of Incident: _____ LEA: _____ School: _____

Test Monitor: _____ Phone: _____ Name of Assessment: _____

Test Subject: _____ Room #:_____ No. of students in room: _____ Grade: _____

Test Administrator's Name: _____Test Proctor's Name: _____

Indicate Exam Type: ☐ PBA ☐ EOY ☐ Other _____ Indicate Modality: ☐ Pencil/Paper ☐ Computer

Student's Name (First Initial, Last Name Only **or** First Name, Last Initial) **or** USI _____

Test Bar Code (paper-based) or Authorization Code (computer-based) _____

Describe possible violation in relation to the Test Security Guidelines and persons involved (please print).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Person Completing this Form: _____
(Print full name)

Position: _____

Signature: _____ Date: _____