



APPENDIX D: STATE TEST SECURITY VIOLATION
LOCAL EDUCATION AGENCY (LEA)
PLAN OF ACTION

1. Describe test security violation.
2. Indicate all persons involved.
3. Indicate proposed LEA plan of action to address violation and prevent future security violations.
4. Deliver form to the OSSE, Director of Assessment within **seven (7)** days of the incident at:

DC Office of the State Superintendent of Education
Director of Assessment, OSSE.Assessment@dc.gov
Fax: (202) 724-7656
810 First St, NE, 9th floor, Washington, DC 20002

Date: _____ School: _____

LEA: _____ Principal: _____

Date of test security violation: _____ Test subject: _____

Room #: _____ Grade: _____

No. of students in room: _____

LEA proposed plan of action to prevent future security violations (add additional pages if necessary):

Person Completing this Form: _____
(Print full name)

Position: _____

Signature: _____

