# District of Columbia Statewide Test Security Incident Reporting Form

Please use this form to submit test security incidents to the Office of the State Superintendent of Education (OSSE).

You may report test security incidents in the following ways: (1) online via the [Online Incident Reporting Form](https://osse.dc.gov/page/test-security-incident-report-form), or (2) by phone at 202-304-3269. Local Education Agency (LEA) test coordinators should submit incident reports via the [OSSE Support Tool](https://octo.quickbase.com/db/main). Please report within 24 hourswhen possible.

Submitted by (please check all that apply):

\_\_ LEA Test Coordinator \_\_ School Test Coordinator \_\_Test Administrator \_\_ Test Proctor

\_\_ Other School Staff \_\_ Student \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names and roles of staff involved (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of students involved (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the incident (use the back of this form or attach additional pages if needed):

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If you are an LEA test coordinator submitting this form, please enter content into a ticket in the [OSSE Support Tool](https://octo.quickbase.com/db/main) (OST). Also, please include the following details in your description of the incident, if known:

* Assessment\* (PARCC, MSAA, DC Science, DLM, ACCESS for ELLs, Alternate ACCESS)
* Testing grade and subject
* Testing group name
* Test administrator and proctor names
* Number of students in room/test session

Name of person completing this form (not required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_