

Instructions for the School Test Coordinator or LEA Test Coordinator:

1. Call OSSE to report a testing irregularity or security breach **IMMEDIATELY** upon discovering it.
2. Complete this form, if instructed to do so by your LEA Test Coordinator or OSSE.
3. Submit this form **within two school days**, via the online OSSE Support Tool.
4. Maintain a copy of the submitted form for your school files.

Note: If the incident affects more than a single student, attach a sheet with a list of all student names and SSID numbers. Separate forms do NOT need to be completed for each student.

LEA/District Name:	
LEA/District Organization Code:	
School Name:	
Contact Name:	Role: <input type="checkbox"/> LTC <input type="checkbox"/> STC
Contact Phone and Extension:	

Test Administration Information: <input type="checkbox"/> Fall <input type="checkbox"/> Spring Date of Incident: _____	
Mode: <input type="checkbox"/> Computer <input type="checkbox"/> Paper Content Area: <input type="checkbox"/> Math <input type="checkbox"/> ELA/L <input type="checkbox"/> DC Science Unit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Student Grade: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11	
Test Administrator's Name:	
Student Name:	Date of Birth: _____
State Student ID Number:	Local Student ID:
Detailed Description of Incident: Investigation Steps Taken: Actions Taken by Staff to Resolve: 	
Was the incident resolved in a manner that allowed the student to continue testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If incident was related to a particular item, please provide item number (note that only students can read test content):	