

TESTING INCIDENT REPORTING FORM

To be filled in by BAC or DAC. This is NOT to be submitted as a notarized statement.

DATE REPORTED: _____ DATE OF INCIDENT: _____

DISTRICT: _____ SCHOOL: _____

PRINCIPAL: _____ BAC: _____

TEST ADMINISTRATOR and/or PROCTOR (Names of all in the testing area when the incident occurred:

TEST _____

ROOM #: _____

Complete all applicable information for students below: *(Attach additional list or roster, if needed)*

Student	SSID #	Grade	Test Form (If applicable)	Content Area

Brief Description of the Incident:

Describe any immediate actions/steps the district/school took to handle the incident to ensure appropriate test administration procedures and test security were re-established and maintained.

Please attach notarized statements. The statements are to be completed by teacher, proctor, principal, DAC, BAC and/or others with any knowledge of the allegation. The statements should include a thorough description of the allegation. Include a copy of the testing schedule and evidence of Administration Code training.

(Proof of student accommodations and staff Inclusion Training is only needed when accommodations are in question.)