This report should be **completed *by the Principal or assisting Test Coordinator***following an incident in which an irregularity in test security and/or test administration occurred on local assessments within the WCSD Testing Program. For security breaches\* related to the state testing program complete the Nevada Online Incident Reporting form (<https://www.washoeschools.net/Page/14303>).

Call or email within 24 hours to report incidents to the sponsoring department. Include WCSD Assessment Support when submitting a formal report and documentation for the incident, email: AssessmentSupport@washoeschools.net.

|  |  |  |  |
| --- | --- | --- | --- |
| *School Year:* |  |  *Report Date:* |  |
| *School:* |  |  *Phone#:* |  |
| *School Principal:* |  |
| *Person Completing Form (name, position):*  |  |

 .

|  |  |
| --- | --- |
| *Date of Incident:*  |  |

TYPE IN THIS FORM; text boxes will expand to fit content.

Test(s) for which the irregularity occurred, complete all sections for the reported test:

**District Course Final Exam**

*Check box and complete all sections.*

|  |  |  |
| --- | --- | --- |
|  | **Test Name/Course** | **Term/Semester** |
|  |  |

**Interim & Universal Screener Assessments**

*Check box and complete all sections.*

|  |  |  |
| --- | --- | --- |
|  | **Test Name and Test Part (if applicable)** | **Term / Testing Window**  |
|  |  |

**OTHER: District Assessment**

*Check box and complete all sections.*

|  |  |  |
| --- | --- | --- |
|  | **Test Name and Other Test Detail** | **Term / Testing Window**  |
|  |  |

**RESPOND TO EACH QUESTION COMPLETELY AND ACCURATELY.**

*The spaces below should be completed by the Principal or assisting Test Coordinator; include as separate attachments statements from individuals who can provide details about the irregularity.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **SECURITY BREACH:** Was the security of test items/content, including student responses, breached?
 |  |  | **NO** |  | **YES** |
|  |  |  |  |  |  |
| 1. **CHEATING:** Was this an incident of student cheating?

 |  |  | **NO** |  | **YES** |

1. **PRINCIPAL/TEST COORDINATOR REPORT: Provide a detailed description of the irregularity, including how it occurred, how and by whom it was discovered, and the outcome**.

|  |
| --- |
|  |

1. **Describe site corrective action.** (action taken to help ensure against future testing irregularities)

|  |
| --- |
|  |

1. **Supporting documents** (staff and student statements, attendance roster, signature log, etc.). Include as separate file attachment.

|  |
| --- |
|  |

1. **Provide student information in the table below or as an attachment to this form. Include students involved in or impacted by the irregularity.**
* Tests for students who were cheating, communicating with one another, or accessing unauthorized materials or devices MUST BE INVALIDATED. Improper test administration may also result in the invalidation of test results.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student Name** | **Student ID** | **DOB** | **Grade Level** | **Test Invalidated? (Yes or No)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*\*\*\*Add rows as needed or attach separate rosters containing the same information\*\*\**

Note: Before submitting this form and accompanying documentation, check that every question has a response. Do not leave a section blank**. Scan supporting documentation as a PDF and submit with this form by email to** **AssessmentSupport@WashoeSchools.net**