



Dr. Jennifer McCormick
Superintendent of Public Instruction

DEPARTMENT OF EDUCATION

Working Together for Student Success

Testing Irregularity Report: 2017-18 Assessments Initial Notification

Please note: The school corporation/nonpublic school may be contacted if additional information is needed. Also, a copy of this report will be provided to the school corporation/nonpublic school if an investigation is necessary.

Select **ONE** testing window:

- ISTEP+ Part 1 ISTAR Part 1 ECA-Winter IREAD-3 Spring WIDA
 ISTEP+ Part 2 ISTAR Part 2 ECA-Spring IREAD-3 Summer
 ECA-Summer

1) Date: _____

Corporation Name and Number: _____

School Name(s) and Number(s): _____

Person Submitting Report: _____ Title: _____

Telephone Number: (____) _____ Email Address: _____

CTC's Printed Name: _____ CTC's Signature: _____

2) Describe what took place:

3) Explain steps taken by the school/corporation upon learning about the situation (explanation should also include any actions taken to ensure the irregularity does not occur again):

4) Indicate the number of students/classrooms affected: Students: _____ Classrooms: _____

5) Indicate testing mode: Online Test _____ Paper/pencil Test _____

6) Were any assessments invalidated? ___ No ___ Yes (Indicate how many _____)

7) Submit this form via fax (317-233-2196) to: Indiana Department of Education
Office of Student Assessment
Attention: Director of Student Assessment

FOR IDOE USE ONLY:

Formal Investigation Required: ___ Yes ___ No

Follow-up Information Needed: ___ Yes ___ No

Date: _____ Initials: _____