



Testing Irregularity Report: 2016-17 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, ISTEP+ Part 2, IREAD-3 Spring, IREAD-3 Summer, WIDA, ISTAR Part 1, ISTAR Part 2, ECA-Winter, ECA-Spring, 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) Were any assessments invalidated? No Yes (Indicate how many)

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

***** separator line *****

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Formal Investigation Required: Yes No

Follow-up Information Needed: Yes No

Date: Initials: