IMAGINING the possibilities. MAKING THEM HAPPEN.

Indiana Department of Education

Glenda Ritz, NBCT
Indiana Superintendent of Public Instruction

# Testing Concerns and Security Violations Report

This form is designed to allow individuals who have concerns about the administration of the Indiana Assessment System to notify the Indiana Department of Education of potential integrity and security concerns. All concerns that are supported by "articulable facts" will be further investigated. At the very least, the corporation/school against which the concern is raised will be notified of the concern (and provided a copy of this report), and the Indiana Department of Education will review with the corporation/school appropriate test administration procedures.

*(**Note:** This form is not designed for use by corporations or schools to report a "Testing Irregularity.")*

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**1) Select the assessment to which the test security concern is related:**

☐ **ISTEP+** ☐ **IREAD-3** ☐ **NAEP**
☐ **ISTAR** ☐ **ECA** ☐ **WIDA**

**2) Select the mode of assessment involved:**

☐ **Online/computer based assessment** ☐ **Paper/pencil assessment**

**3) DESCRIPTION OF CONCERN:**

**4) CORPORATION NAME and CORPORATION NUMBER:**

**5) SCHOOL NAME and SCHOOL NUMBER:**

**6) How did you learn of this concern?**

**EVIDENCE**

**7) What specific information do you have of this concern?**

**(a) Witnesses, names, and telephone numbers:**

**(b) If you were involved directly, as a parent or a school employee, please explain your involvement:**

**(c) Please include/attach any other evidence you have of this concern.**

Although the Indiana Department of Education does not have jurisdiction over all concerns, we are always willing to work with local corporations and schools to clarify appropriate procedures for testing. Frequently, the concern can be corrected by providing corporations/schools with additional information about correct test administration procedures. Thank you for your expression of concern.

Signature: _____

Printed name: _____

Address: _____

Telephone Number: _____

Date: _____

Please return the completed form to:

**INDIANA DEPARTMENT OF EDUCATION**
**OFFICE OF STUDENT ASSESSMENT**
**115 W. Washington Street**
**South Tower, Suite 600**
**Indianapolis, IN 46204**

**Fax Number: 317-233-2196**

Indiana Department of Education
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