

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 (IDOE) 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 IDOE 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.” The Testing Irregularity Report form in Appendix C of the Indiana Assessments Policy Manual should be used to report irregularities that are not related to test security concerns.)

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

- ILEARN I AM IREAD-3 Spring IREAD-3 Summer WIDA
 ISTEP+ Winter Retest ISTEP+ Spring Retest

2) Select the mode of assessment involved:

- Online/computer-based assessment Paper-and-pencil assessment

3) CORPORATION NAME and CORPORATION NUMBER:

4) SCHOOL NAME and SCHOOL NUMBER:

5) DESCRIPTION OF CONCERN (please attach description if more space is needed):

6) How did you learn of this concern?

INVALIDATION

- 7) Did the school invalidate the test? Yes No I don't know

EVIDENCE

8) What specific information do you have about this concern?

(a) Witnesses, names, and telephone numbers (please attach details if more space is needed):

(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 regarding this concern.

Although IDOE 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**

OR

Fax Number: 317-233-2196



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