



Testing Irregularity Report: 2019-2020 Assessments

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:

- ILEARN I AM IREAD-3 Spring IREAD-3 Summer WIDA
- ISTEP+ Gr 10 Summer Retest ISTEP+ Gr 10 Winter Retest ISTEP+ Gr 10 Spring Retest
- ISTEP+ Gr 10 First Time Administration Part 1 ISTEP+ Gr 10 First Time Administration Part 2
- ILEARN Biology and/or Optional U.S. Government End-of-Course

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 the 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 Test _____

6) Were any assessments invalidated? ___No ___Yes (Indicate how many _____)

7) Are you requesting guidance from IDOE? ___No ___Yes

8) 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: _____