



**Testing Irregularity Report: 2020-2021 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+ Winter Retest     ISTEP+ Spring Retest
- 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

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**FOR IDOE USE ONLY:**

Formal Investigation Required: \_\_\_\_\_ Yes \_\_\_\_\_ No

Follow-up Information Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Initials: \_\_\_\_\_