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| When a testing irregularity occurs, the district must notify PED by email within **3** days. All sections of this form must be completed by district personnel and submitted to the PED Assessment Bureau by email to ped.assessment@state.nm.us within **10** days of the incident. Failure to do so may result in a reprimand. Use additional pages as necessary. All sections of this form, along with supporting documentation, must be typed. |
| School District Code: | School District Name: | Date of Incident: |
| Assessment: [ ] **PARCC** [ ] **SBA** [ ] **NMAPA** [ ] **ACCESS** [ ] **EOC** [ ] **ISTATION** |
| Name/Position of Person Reporting: |
| Phone: | Email: |
| **School and Student Information** |
| If the incident involved multiple students, provide a supplemental sheet identifying the test, grade level, and State Student Identification Number for each student. Do **not** include additional student identifiable information. |
| School Code: |  | School Name: | Test Subject(s): |  |
| Grade(s): |  | SSID(s): |  |
| **Incident Information** |
| Description of Incident:(What happened?) |  |
| School District Action:(How was the incident handled by the district?) |  |
| School District Recommendation:(Do you recommend invalidating scores?” |  |
| **Personnel Information** |
| Name/Position of Staff Involved and NMPED License Number |  | Did staff receive training in test security?[ ] YES [ ] NODate(s) of Training: |
| Name/Email of District Test Coordinator |  |
| Name/Email of School Test Coordinator: |  |
| **PED Use Only** |
| Report processed by: |  | Date: |  |
| PED decision |  | Date of Notification to District: |  |