|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto: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 NO  Date(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: | | |  |