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| Districts and charters shall report by telephone or e-mail suspected testing irregularities to the department within three (3) business days of being notified of a suspected testing irregularity (6.10.7.14 NMAC). All sections of this form must be completed by district personnel and submitted to the NMPED’s Language and Culture Division by email to [language.culture@ped.nm.gov](mailto:language.culture@ped.nm.gov) 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: **WIDA Screener for Kindergarten** **WIDA Screener Grades 1-12** | | | | | | | | |
| 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 exactly happened? Who was involved in the incident? How did the school respond to the incident? What will the school do, in the future, to deter this from occurring?) | |  | | | | | | |
| 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 to District: | | | | | | Date of Notification: | | |