



2020 IAR Assessment

Form to Report a Testing Irregularity or Security Breach

Instructions for the School Test Coordinator or District Test Coordinator:

1. Complete this form, if instructed to do so by your District Test Coordinator or
2. ISBE. Submit this form **within five school days**.
3. Maintain a copy of the completed report for three years.

District Name:	
School RCDTS Code:	
School Name:	
Contact Name:	Role: <input type="checkbox"/> DTC <input type="checkbox"/> STC
Contact Phone and Extension:	

Test Administration Information:	
Grade: _____	Subject: _____
Content Area: <input type="checkbox"/> Math <input type="checkbox"/> ELA/L	
Mode: <input type="checkbox"/> CBT <input type="checkbox"/> PBT	
Unit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Date of Incident: _____	
Test Administrator's Name:	
Student Name:	Date of Birth: _____
Student ID Number:	
Detailed Description of Incident:	
Investigation Steps Taken:	
Actions Taken by Staff to Resolve:	
Was the incident resolved in a manner that allowed the student to continue testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If incident was related to a particular item, please provide item number (note that only students can read test content):	

