TESTING ALLEGATION REPORTING FORM

DATE REPORTED: ________________ SCHOOL: ____________________ LOC#: ___

NAME OF STATE ASSESSMENT: ________________________________

PRINCIPAL: ____________________ BAC: _________________________

TEACHER /TEST ADMINISTRATOR/PROCTOR: ________________________________

Other test administrators/ proctors in the room: ________________________________

Date of Incident: ________________ Test: ________________ Room#: _____________

Complete all applicable information for students below: (Attach additional list or roster, if needed)

<table>
<thead>
<tr>
<th>Student</th>
<th>SSID #</th>
<th>Grade</th>
<th>Test Form</th>
<th>Content Area</th>
<th>Test Item Number</th>
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Brief description of the testing violation:

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Describe steps taken to correct procedure and/or to ensure security was maintained/re-established:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

After this form is submitted to the JCPS Testing Unit via email or fax (485-3775), an allegation packet with specific instructions will be emailed to the school’s principal.

Revised by JCPS Testing Unit 6/19/2014