

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)*

Student	SSID #	Grade	Test Form	Content Area	Test Item Number

Brief description of the testing violation:

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.