CONFIDENTIAL

Testing Incident/Irregularity Report—Group

Washington Comprehensive Assessment Program (WCAP)

(Submit completed form by fax (360) 586-2728 to the OSPI Assessment Operations Office)

District Name: _____ /__/__/__/__/__/__/ School/Site Name: _____ /__/__/__/__/__/
District 5-digit Code School 4-digit Code

District Test Coordinator: _____ Telephone: (____) _____ - _____

Irregularity Submitted By: _____ Telephone: (____) _____ - _____

School Test Coordinator: _____ Telephone: (____) _____ - _____

Content: ☐ ELA ☐ Reading ☐ Writing ☐ Listening ☐ Speaking ☐ Math ☐ Science ☐ ES ☐ MS ☐ Algebra ☐ Int. Math I ☐ Geometry ☐ Int. Math II ☐ Biology

Grade: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 (EOC Bio only) ☐ 10 ☐ 11 ☐

Standard Administrations: ☐ Smarter Balanced ☐ HSPE ☐ Off-Grade Level HS ☐ MSP ☐ EOC ☐ WA-AIM ☐ ELPA21

Alternate Administrations: ☐ Fall/Smarter Balanced ☐ Fall/Off-Grade Level HS ☐ Winter/EOC

Group irregularity: (Include as an attachment the following information)
1) Student Names 2) State Student ID (SSID)

TA Name: _____

Check applicable boxes

- ☐ Damaged materials
- ☐ Student misconduct
- ☐ TA (proctor) misconduct
- ☐ Inappropriate test administration
- ☐ Non-approved tools/manipulatives, supports/accommodations
- ☐ Testing incident involving technology or testing system.
- ☐ Other _____
- ☐ Parents/Guardians notified – Date: _____/_____/_____

District Investigation Recommendation

- ☐ Invalidation not deemed necessary after investigation
- ☐ Request District Score Review *(invalidation determined after score review)*
- ☐ Request OSPI Score Review *(invalidation determined after score review)*
- ☐ Invalidation necessary and set in TIDE Appeals (online) or TIDE Test Incident Codes (paper)

Invalidation, NOT marked during testing window

- ☐ District completed investigation, request OSPI to invalidate *(when outside of TIDE)*

Describe completely all events and actions taken by you or your staff.

_____

_____

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☐ Attachments (submit any additional documentation with this report)

_____ ____/____/_____
School Test Coordinator Signature **Date**

☐ *Consulted with District Test Coordinator.*

_____ ____/____/_____
District Test Coordinator Signature **Date**

☐ *District Test Coordinator consulted with the State Test Coordinator for guidance regarding this irregularity.*

Report perceived errors on a test using the Test Question Ambiguity form: Fax to State Test Coordinator at 360.586.2728