CONFIDENTIAL

Testing Incident/Irregularity Report—Individual

Washington Comprehensive Assessment Program (WCAP)

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

District Name: _____ /__/__/__/__/__/ (District 5-digit Code) School/Site Name: _____ /__/__/__/__/__/ (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 only) ☐ 10 ☐ 11 ☐ 12

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

Individual Student Irregularity:

Student Name: _____

State Student ID: /___/___/___/___/ - /___/___/___/ - /___/___/___/

TA Name: _____

Check applicable boxes

- ☐ Damaged materials
- ☐ Student misconduct
- ☐ Illness preventing test completion
- ☐ Student accessed non-approved tools/manipulatives, supports
- ☐ Student not provided the appropriate 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.

_____

_____

_____

_____

_____

_____

☐ 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