**Testing Incident Report Form**

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| **2022-2023 Hawaiʻi Statewide Assessment Program Testing Incident Report Form** |
| School: | School Code: | Today's Date: |
| School Telephone Number: | Test Coordinator Name: |
| Person Completing this Report: | Test Coordinator E-mail: |
|  | Test Administrator Name: |
|  |
| Severity Level: □ Impropriety □ Irregularity □ Breach | Initiated by: □ Adult □ Student |
| Assessment: □ Smarter Balanced ELA/Literacy CAT □ Smarter Balanced ELA/Literacy PT □ Smarter Balanced Mathematics CAT □ HSA Science (NGSS) □ Algebra 1 EOC □ Algebra 2 EOC □ Biology 1 EOC (NGSS) □ HSA-Alt □ ACCESS for ELs □ KĀʿEO |
| Date and Time of Incident: | Grade Level: | Test Session ID: |

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Description of Incident:

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Description of Action Taken:

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Adults Involved:

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| **Name** | **Assessment Role** | **Description of Involvement** | **Action Taken** |
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|  |  |  |  |

Students Involved:

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| **SSID** | **Description of Involvement** | **Action Taken** |
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| *Assessment Section Use Only*Verified: Y or NName and Date: |

Email a scanned copy of the completed form (and additional sheets as necessary) to the Assessment Section at hsa-alt@k12.hi.us.

Or fax the completed form (and additional sheets as necessary) to the Assessment Section at (808) 733-4483.

The school Test Coordinator should retain the original form for documentation purposes.