**Test Security Response Form**

This Test Security Response Form is intended for **internal school use only** by a Test Administrator and/or Proctor. This Form must be filled out by the individual that witnessed the testing security concern and reported to the school’s Test Coordinator (TC) or Principal (PR), for official submission through the Submit Test Administration Forms in TIDE (refer to Appendix S: Instructions for Test Coordinators/Principals – TIDE Submission of the Test Security Response Form).

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| **2023-2024 Hawaiʿi Statewide Assessment Program Test Security Response Form** | | | |
| School: | | | Today's Date: |
| Person Completing this Report: | | | |
| Email: | Test Administrator Name: | | |
|  | | | |
| Severity Level: □ Impropriety □ Irregularity □ Breach | | Initiated by: □ Adult □ Student □ Other/NA | |
| Assessment: □ Smarter Balanced ELA/Literacy CAT □ Smarter Balanced ELA/Literacy PT  □ Smarter Balanced Mathematics □ 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:

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

Students Involved:

|  |  |  |
| --- | --- | --- |
| **SSID** | **Description of Involvement** | **Action Taken** |
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| *School Test Coordinator/Principal Use Only*  Submitted into TIDE: Y or N  Name and Date: |

See the HSA-Alt TAM Appendix S for TC/PR TIDE Submission Instructions. The TC/PR should retain the original form for documentation purposes.

**Only after The Assessment Section approves this submission, should the TC/PR submit a Testing Incident in TIDE.**