



Testing Incident Report Form

2018-2019 Hawai'i 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: <input type="checkbox"/> Impropriety <input type="checkbox"/> Irregularity <input type="checkbox"/> Breach		Initiated by: <input type="checkbox"/> Adult <input type="checkbox"/> Student
Assessment: <input type="checkbox"/> Smarter Balanced ELA/Literacy CAT <input type="checkbox"/> Smarter Balanced ELA/Literacy PT <input type="checkbox"/> Smarter Balanced Mathematics CAT <input type="checkbox"/> HSA Science Bridge <input type="checkbox"/> Algebra 1 EOC <input type="checkbox"/> Algebra 2 EOC <input type="checkbox"/> Biology 1 EOC <input type="checkbox"/> HSA-Alt <input type="checkbox"/> ACCESS for ELLs <input type="checkbox"/> KĀ'EO		
Date/Time of Incident:	Grade Level:	Test Session ID:

Description of Incident:

Description of Action Taken:

Adults Involved:

Name	Assessment Role	Description of Involvement	Action Taken

Students Involved:

SSID	Description of Involvement	Action Taken

Assessment Section Use Only

Verified: Y or N

Name and Date:

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.