**ACCESS for ELLs Test Security Incident Report**

**Please complete all requested information and submit to:**

South Dakota Department of Education

Office of Assessment

800 Governors Drive, Pierre, SD 57501

[shari.lord@state.sd.us](mailto:shari.lord@state.sd.us)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Submission: | | | | | | | | | | | | |
| Date of Incident: | | | |  | | | | | | | | |
| Name of contact: | | | | |  | | | | | | | |
| Title: |  | | | | | | | | **Phone:** | |  | |
| District Name: | |  | | | | | | | **District ID:** | | |  |
| School Name: | | |  | | | | | | **School ID:** | | |  |
| School Phone No.: | | | | |  | | | | | | | |
| District Assessment Coordinator: | | | | | | | |  | | | | |
| Assessment: | | | | | | | 🞏 ACCESS for ELLs 🞏 Alternate ACCESS for ELLs | | | | | |
| Domain(s) Affected: | | | | | | 🞏 Reading 🞏 Writing | | | | | | |
|  | | | | | | 🞏 Speaking 🞏 Listening | | | | | | |
| Grades Affected: | | | | 🞏K 🞏1st🞏2nd 🞏3rd 🞏4th 🞏5th 🞏 6th 🞏7th 🞏8th 🞏9th 🞏10th 🞏11th 🞏12th | | | | | | | | |
| Was the Incident Initiated due to Adult or Student Behavior? | | | | | | | | | | 🞏 Adult 🞏 Student | | |

*(The following answer may be continued on page 2 if needed)*

**Description of the alleged test security incident:**

**How was the issue addressed locally?**

*(For Departmental use only)*

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| **State action taken:** |
| **Date of Case Closure:** |