**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

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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:** |