ACCESS for ELLs
Test Security Incident Report

Please complete all requested information and submit to:
Department of Public Instruction
Office of Student Assessment
PO Box 7841, Madison, WI 53707-7841
osamail@dpi.wi.gov
Fax: 608-266-8770

Date of Submission:

Date of Incident:

Name of Informant:

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)

State action taken:

Date of Case Closure: