

DLM

Test Security Incident Report Form



DYNAMIC
LEARNING MAPS

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:

School Name:

School Phone No.:

Principal:

District Assessment Coordinator:

Subject(s) Affected: English Language Arts Mathematics Science

Grades Affected: 3rd 4th 5th 6th 7th 8th 9th 10th 11th

Description of the alleged test security incident (*continue on page 2 if needed*):

How was the issue addressed locally?

(For Departmental use only)

State action taken:

Date of Case Closure: