

DLM

Test Security Incident Report Form



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

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: