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

Date of Submission:

Date of Incident:

Name of contact:

Title: **Phone:**

District Name: **District ID:**

School Name: **SSID #:**

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: