



CAASPP System—Security Breach and Testing Irregularity Report Form

The LEA CAASPP Coordinator may use this form to provide the required information to the California Department of Education's CAASPP Office at caasppirreg@cde.ca.gov or fax to (916) 319-0969.

LEA (District/Charter): _____ CD Code:

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LEA (School/Test Site): _____ School Code:

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LEA CAASPP Coordinator Name: _____ Date of Report: _____

CAASPP Coordinator Telephone: _____ Coordinator E-mail: _____

LEA (Superintendent/Charter Administrator) Name: _____

LEA Mailing Address: _____

LEA (District/Charter) City/Zip: _____

Check All That Apply.		
<input type="checkbox"/> Testing Irregularity <i>(Before/During/After Testing)</i>	<input type="checkbox"/> Smarter Balanced – ELA <input type="checkbox"/> Smarter Balanced – Mathematics <input type="checkbox"/> CST, CMA, or CAPA – Science <input type="checkbox"/> STS – RLA <input type="checkbox"/> Alternate Assessment – ELA <input type="checkbox"/> Alternate Assessment – Mathematics	Date of Incident <i>(Breach/Irregularity):</i> _____ Grade (s) Involved: _____ Number of Students Involved: _____ Number of Students Tested in School: _____
<input type="checkbox"/> Security Breach <i>(Before/During/After Testing)</i>		

Please specify the section(s) of the "CAASPP Test Security Agreement for LEA CAASPP Coordinators and CAASPP Test Site Coordinators" or "CAASPP Test Security Affidavit for Test Examiners, Proctors, Scribes, and Any Other Persons Having Access to CAASPP Tests" that were violated.

Section(s) violated:

Briefly describe the irregularity. **Do not** include the names of staff members or students involved. Include details of how the incident was verified and any action taken locally.