**New Jersey DLM 2018-2019 Irregularity Report Form**
**Use to Report a Significant Testing Irregularity and/or Test Security Breach**

**Instructions for the Assessment Coordinator:**
This form is completed by the Assessment Coordinator with the assistance of the test administrator if necessary. Keep a copy of this completed form, give one to your Chief School Administrator, and email the form to Assessments@doe.nj.gov.

- **Security Breach: Complete and submit form without delay. NJ DLM training materials and test security agreements detail security breach identifications.**
- **Other Testing Irregularities: Complete and submit form within one week when reporting a significant test administration issue.**
    - Test administration issues include, but are not limited to, the following:
        - Missing testlet components such as missing item responses, missing graphics, etc.;
        - Missing accessibility features selected in the AP, for example magnification not present (after verifying that the student's accessibility profile was marked correctly);
        - DLM technology issues not related to district technology/internet failure;
        - Use of incorrect student login ID;
        - Failure to provide manipulatives or objects when test requirement;
        - School/District emergency resulting in test session left open and/or device left unattended
    - **Do Not Report** issues related to schedule changes; taking breaks during testing due to student fatigue/behavior; district technology issues; substituting manipulatives; changing test administrators; student absenteeism resulting in late or incomplete testing due to close of test window; etc.

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| **District Name:** | |
| **School Name:** | |
| **CDS Code:** | |
| **Assessment Coordinator Name:** | |
| **Contact Phone Number:** | |
| **Assessment Coordinator Email Address:** | |
| **Chief School Administrator Name:** | |
| **Test Incident Date:** | |
| **Test Administrator Name:** | |
| **Student Name:** | **Grade Level of Assessment:** Blank |
| **Student SID Number:** | **DOB:** |
| **Description of Incident:** **When completing this form you must be specific and provide exact details regarding the incident. You must include the content area, testlet number, and if necessary based on the incident, the DLM testlet code.** | |