Assessment Irregularity Reporting Form

SAU:	School:	Student State ID(s):
Names & Roles of involved staff	I	
Assessment/test sessions affect	ed:	
Provide a description of the asse	essment irregularity.	
Provide a rationale as to why th	a involved staff balieve	e assessment security was or was not violated.
Provide a rationale as to wry th		assessment security was of was not violated.
Please share any concerns relate to whom, and for what period o		e material exposure. (if applicable - what materials,
Disciplinary action or other actio (Student or educator as applicat		
Date family is informed of irregu	ılarity.	
(Optional) Additional Informatic	n:	
** Please do not inclu	de student names or P	II in this document or subsequent emails.**

Submitted by: ______ Date: ______ Date: ______

Please email the completed form to the appropriate Assessment Coordinator. The Maine DOE Assessment Review Team will review provided documentation within one week of receipt.