SC-Alt Testing Irregularity Form

District Name: _____

School Name: _____

Please document any disruption that occurred during testing if it could affect a student's test scores. Provide a description of the event (including the subject area, form, and task number) and the actions that were taken in response to it.

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Name of person completing form: _____
(Please Print)

Position of person completing form: _____

Upon completion, return this form to the DTC-Alt with all other test materials.