

Updated July 2022



## New Jersey Start Strong Testing Irregularity Form

### Purpose:

This form is to be completed and uploaded by the District Test Coordinator (DTC) or School Test Coordinator (STC). Please follow the steps outlined below:

1. Call the appropriate Start Strong program coordinator immediately to report a testing irregularity.
2. The DTC, or at the discretion of the DTC, the STC must complete this form with all the required fields completed.
3. Save the file and use file name formatted "DistrictName\_SchoolName\_Administration\_CycleDate;" for example, "**AnyDistrict\_AnySchool\_FALLSS20XX\_09172X.**"
4. The DTC must upload the completed form to PearsonAccess<sup>next</sup> (PAN) within five school days. See directions in the Start Strong Administration Policies document.
5. After a successful upload, email the Support Request ID only to the Start Strong program coordinator. Include the name of the form, CDS code, and district and school name in the subject line. Do not include any student personally identifiable information (PII) in the email.

When completing this form, you must provide a detailed description of the incident; name of the device; investigation steps taken; and actions taken by staff to resolve the incident. Use additional paper, if necessary.

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_ Organization Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number and Extension: \_\_\_\_\_ Role: \_\_\_\_\_

Test Administration: \_\_\_\_\_

Type of Issue: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Grade: \_\_\_\_\_ Assessment: \_\_\_\_\_

Test Format: \_\_\_\_\_ Testing Device Type: \_\_\_\_\_ Test Form: \_\_\_\_\_

Unit: \_\_\_\_\_ Item Number(s): \_\_\_\_\_

Test Administrator Name: \_\_\_\_\_ Test Administrator SMID: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student State ID Number (NJSMART ID): \_\_\_\_\_

**Provide detailed description on the next page.**

