



Donna Independent School District IRREGULARITY & DOCUMENTATION FORM



To be completed by the DTC after full investigation.

In house:

Procedural:

Serious:

Campus Testing Coordinators {CTC's} are required to prepare this form for submission after reporting the irregularity/incident to the Testing Director. This form must be accompanied by original copies of all required documents including statements from all parties involved in the incident and any other requested documentation. Statements must be typed (when asked by Ms. Alvarez) or in legible handwriting, dated, and **signed** by the submitter. All documentation must be submitted to Ms. Alvarez within 48 hours after it is reported.

Campus Testing Coordinator and Principal Information

Date:	Campus Principal Name:
Campus:	Campus Principal Signature:
CTC Name:	CTC Signature:

People Involved: List all the people involved in the irregularity/incident.

Name:	Title:
Name:	Title:
Name:	Title:

General Assessment Information

Test Version (check one) STAAR 3-8 : _____ Eng: ____ Sp: ____ STAAR EOC: _____	Incident Date(s):	Grade:	Test Subject(s):
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Brief Description of Incident:

Briefly describe the event that happened. Include names of those who will provide a statement separate from this description.

Campus Plan of Action (TEA Auditable)

Please use the Action Plan form to describe the specific steps the campus will take to prevent a recurrence of the incident.

Record the date and time you reported the incident to the District Testing Coordinator

Date:	Time:	Describe any Special Instructions provided by the DTC:
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