



Testing Irregularity or Security Breach Form

Spring 2025 CMAS and CoAlt: Math, ELA/CSLA, Science, and Social Studies

This form is for use by districts in reporting major misadministrations and security breaches.

Instructions:

1. Call the appropriate contact in the CDE Assessment Division as soon as possible if a major misadministration or security breach occurs or is suspected to have occurred.
2. Complete form and add incident to the *Test Incident Report (TIR)* spreadsheet (download from <http://www.cde.state.co.us/assessment/training-cmas>). Submit the completed form and spreadsheet to CDE through the **CDE Assessment Syncplicity** account. Place the documents in the **Assessment Forms** folder, then email CDE when available for review (do not email the completed form). All forms and TIR spreadsheets are **due by Friday, May 2, 2025**.
3. Maintain a copy of the submitted form in school/district files. Maintain this record for three years.

Program	Contact	Phone	Email	Syncplicity Folder
CMAS	Sara Loerzel	720-316-3065	loerzel_s@cde.state.co.us	Assessment_Forms_2025
CoAlt	Arti Sachdeva	720-316-7184	sachdeva_a@cde.state.co.us	

Notes:

- If the incident involves more than a single student, include a list of all student names and SASID numbers in the description of the test incident. Separate forms do **NOT** need to be completed for each student, but each student is to be listed on a separate line on the TIR spreadsheet.
- **Do not** discuss, transmit, or reproduce secure test materials on this form or in preparation of this report.

District Name:	District Code:
School Name:	School Code:
DAC Name:	
DAC Phone and Extension:	DAC Email:

Test Administration Information: <input type="checkbox"/> CMAS <input type="checkbox"/> CoAlt	
Date of Incident: _____	Date Report Submitted: _____
Test Format: Computer-based <input type="checkbox"/> Paper-based <input type="checkbox"/>	
Content Area: Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Math <input type="checkbox"/> ELA <input type="checkbox"/> CSLA <input type="checkbox"/>	
Unit: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
Student Grade: 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/>	
Test Session Name (if online):	Test Administrator's Name:
Student Name:	SASID:
If multiple students are impacted, attach a sheet with names and SASIDs.	
Detailed Description of Incident:	
Investigation Steps Taken:	
Actions Taken by Staff:	
Proposed Solution:	
Was the incident resolved in a manner that allowed the student to continue testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If incident was related to a particular item, please provide the item number:	
Note: Only students are allowed to read test content.	