

## Social Media/Unallowable Devices Concern Report

Complete and submit the report form if any of the following situations occurred:

- A staff member or student used a device such as a cell phone, iPad, tablet, smart watch, or device unrelated to testing to take a picture or video of test materials;
- A staff member or student used a device such as a cell phone, iPad, tablet, smart watch, or device unrelated to testing to access unallowable resources during testing;
- Test materials or information about test content were shared via email, text, instant messaging, or social media; or
- School staff is unable to confirm that a cell phone, smart watch, or unallowable device was not used during testing.

Submit a Testing Irregularity Report AND document locally, but DO NOT submit this report if the following situation occurred:

- A staff member or student had a cell phone, smart watch, or other unallowable device in the testing room when test materials were present but school administrators confirmed (see below) the device was not used to capture or share test information or as an unallowable resource during testing.
  - School administrators must consult with the staff member or student (parents may need to be contacted for assistance) to review email, text messages, or any other social media outlets to which the staff member or student had access to ensure testing information was not referenced, obtained, videoed, shared on social media, or sent to others.
  - School administrators must confirm the student did not use the device as a resource during testing.
  - The school must locally document the review steps it implemented to complete the actions in the two bullet points above and also locally maintain documentation confirming no test security violation occurred (i.e., written statements from Test Administrators (TAs)/proctors, staff and/or student interviews, etc.).

**Note:** The public school, charter school, Choice school, or accredited non-public school may be contacted if additional information is needed. Also, a copy of this report will be provided to the school corporation/nonpublic school if an investigation is necessary.

### Select the testing window in which the concern/violation occurred. \*

ILEARN 3-8

IREAD-3

ILEARN Biology ECA

WIDA ACCESS

I AM

ILEARN U.S. Government ECA

### Date of Incident \*

Month Day Year

### Corporation Name:

**Corporation Number: \***

Four Digit Code

**School Name:**

**School Number: \***

Four Digit Code

**Person Submitting Form: \***

First Name

Last Name

**Title: \***

**Phone Number: \***

**Email: \***

example@example.com

**Corporation Test Coordinator: \***

First Name

Last Name

**Corporation Test Coordinator Phone Number:**

**Corporation Test Coordinator Email: \***

Complete A, B, C or D depending on which option matches the concern being reported.

**A: PICTURE OF TEST MATERIAL TAKEN BY CELL PHONE OR OTHER DEVICE**

Select Yes next to each action step to confirm school administrators have completed these required steps.

**A copy of the picture is attached to this report and will be faxed (please do not email) to the Indiana Department of Education (IDOE).**

Yes

**School administrators consulted with the staff member or student (parents may need to be contacted for assistance) to review email, text messages, or any other social media outlets to which the staff member or student had access and confirmed testing information was not shared on social media or sent to others. The school attached interview summaries and other details confirming this to this report.**

Yes

**School administrators confirmed the staff member or student's picture(s) of test materials has been deleted and is no longer accessible. The school provided documentation of this in this report.**

Yes

**School administrators are aware it is a local decision to determine staff/student level consequences when a staff member/student has violated testing requirements. IDOE will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.**

Yes

**B: UNALLOWABLE RESOURCES FROM A CELL PHONE OR OTHER DEVICE WERE ACCESSED DURING TESTING**

Provide the specific grade level, content area, and test session/segment in which the unallowable resource was used below. Select Yes to confirm that the following steps have completed the following tasks. Attach interview summaries and other details to this report, as needed.

**Grade Level:**

**Content Area:**

**Test Session/Segment:**

**School administrators consulted with the staff member or student (parents may need to be contacted for assistance) to review email, text messages, or any other social media outlets to which the staff member or student had access and confirmed testing information was not referenced, obtained, or shared on social media or sent to others. The school provided documentation of this in this report.**

Yes

**School administrators are aware it is a local decision to determine staff/student level consequences when a staff member/student has violated testing requirements. However, IDOE will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.**

Yes

**C: TEST MATERIALS OR INFORMATION ABOUT TEST CONTENT HAS BEEN POSTED ON SOCIAL MEDIA OR SHARED VIA EMAIL, TEXT, OR INSTANT MESSAGING**

Select Yes or provide responses next to each action step to confirm school administrators have completed these required steps:

**A copy of the posting or email is attached to this report and will be included in the last section (please do not email) to IDOE.**

Yes

**School administrators interviewed the staff member or student (parents may need to be contacted for assistance) to determine the magnitude of the social media breach. The school attached interview summaries and other details to this report.**

Yes

**Where was the posting displayed (list all applicable social media sites)? What is the student's username or handle? What was the story title (if applicable)?**

**When was the information posted? How long was it available?**

**How many other individuals accessed the posting?**

**Did other individuals who received or accessed the posting use or share it?**

**What grade level, content area, test section/segment, and item number(s) were posted?**

**When did the student who posted the information complete the test section/segment with the item that was posted?**

**When do other students in the school in the grade level of the item(s) that was posted complete the identified test section/segment?**

**School administrators confirmed the staff member or student's picture(s) text, email, instant message or social media posting of test materials has been deleted and is no longer accessible. The school provided documentation of this in this report.**

Yes

**School administrators are aware it is a local decision to determine staff/student level consequences when a staff member/student has violated testing requirements. However, OSA will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.**

Yes

**D: USE OF CELL PHONE OR OTHER UNALLOWABLE DEVICE VIOLATION CANNOT BE DETERMINED BY SCHOOL**

Provide the specific grade level, content area, and test session/segment in which the unallowable resource was used below. Select Yes to confirm that the following steps have completed the following tasks.

**Grade Level:**

**Content Area:**

**Test Session/Segment:**

**School administrators consulted with the staff member or student (parents may need to be contacted for assistance) to review email, text messages, or any other social media outlets to which the staff member or student had access and confirmed testing information was not referenced, obtained, or shared on social media or sent to others. The school provided documentation of this in this report.**

**School administrators are aware it is a local decision to determine staff/student level consequences when a staff/student has violated testing requirements. However, IDOE will provide guidance to the school corporation regarding any additional actions required at the corporation or school level.**

Yes

**Please provide a detailed description of what took place. \***

**Explain the action steps that will be taken by the corporation to ensure this concern does not occur again in any school. This description should include but not be limited to a review of Section 6, Part B (1) "Communication with students regarding test protocols" in the Indiana Assessments Policy Manual with staff and students. \***

**Session ID (if applicable):**

**Test Name (e.g., IREAD-3 Segment 1): \***

**Have any tests been invalidated? \***

Yes

No

Unknown

**Number of tests invalidated:**

