



Testing Irregularity or Security Breach Form

Spring 2026 CMAS and CoAlt: Math, ELA/CSLA, Science, and Social Studies

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

Instructions:

1. Contact Kali Winn as soon as possible if a major misadministration or security breach occurs or is suspected to have occurred.
2. Upload the completed form to Google Drive in the following folder:
Assessments > Administration > CMAS > 25-26 > Irregularity
3. Email Kali Winn when available for review (**do not email the completed form**). All forms are **due by Wednesday, April 29, 2026**.
4. Maintain a copy of the submitted form in school assessment administration records for a minimum of three years.

Program	Contact	Phone	Email	Google Drive Folder
CMAS & CoAlt	Kali Winn	720-316-3065	kaliwinn@csi.state.co.us	Assessments > Administration > CMAS > 25-26 > Irregularity

Notes:

- If the incident involves more than a single student, complete the second page with all student names and SASIDs. A single form does not need to be completed for each student.
- **Do not** discuss, transmit, or reproduce secure test materials on this form or in preparation of this report.

School Name:
SAC Name:
SAC Phone and Extension:
SAC 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"/> Accommodated 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, complete the second page.	
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.	

