

REQUEST FOR A BREACH FORM

This form is for districts to request a breach form. The request must be submitted by the superintendent (or designee) of the district. Please fill in all requested information, scan the form and send it to Paula Mahaley, Ohio Department of Education, Office of Curriculum and Assessment (OCA) at paula.mahaley@education.ohio.gov. The district should retain a copy for one year. The OCA will **only** contact the district if the request is denied or if information is needed.

The charge for a breach form is \$25 per student per test. A purchase order number must be included on this form. The original student test(s) must be invalidated in TIDE or returned to the testing contractor as a DO NOT SCORE. Ohio Administrative Code 3301-13-02(J)(5) allows the breach administration to occur two weeks following the OGT administration and one week following the OAA administration. Please do not use PreID or Generic labels; the back of the document must be bubbled.

The PO for the breach form must be made out to **American Institutes for Research (AIR)** and faxed to AIR at 877.231.7813. Please do not send the PO form to the Ohio Department of Education.

Identification/Contact Information

District District IRN

Building Building IRN

Purchase Order No.

Name of Superintendent Phone #

Name of District Test Coordinator Phone #

District Test Coordinator Email

Signature of Superintendent Date

Test Information -- Note Specific Grade Level and Content Area

Administration Year

Administration

- October
- March
- April/May
- June (OGT Only)

Test

- Ohio Achievement Assessments
- Ohio Graduation Tests

Subject

- Reading
- Mathematics
- Writing
- Science
- Social Studies

Grade

- 3
- OGT

Quantity of Materials Requested:

(If a read-aloud accommodation is required, order test booklet for test administrator at no charge. Mark order 2 + 1)

Reading Test Booklets
Mathematics Test Booklets
Writing Test Booklets
Science Test Booklets
Social Studies Test Booklets

Answer Documents
Administration Manuals
DTC Manuals
BTC Manuals

Special Versions (OGT only)

Braille
Large Print
Language Translation Scripts

**Description of the test incident that may require the use of a breach form.
(Use additional pages as needed)**

Describe the test incident -- give details that will clearly explain the test incident.

Information recorded by the Office of Curriculum and Assessment

Request for a Breach Form is

_____ **Approved**

_____ **Not Approved**

Reason:

P.O. # is provided on page 1

Email sent to Contractor **Time:** _____ **Date:** _____

Email sent to DTC **Time:** _____ **Date:** _____

Invalidation(s) completed in TIDE **Time:** _____ **Date:** _____

OR

Scorable documents will be returned marked DO NOT SCORE per the DTC

OAC Contact _____