21624

GED Testing Service
of the American Council on Education
One Dupont Circle, NW, Suite 250
Washington, DC 20036
(202) 939-9490

L-24 Test Compromise Information Form

Dedicated FAX number for this form: (202) 464-4853

Test Compromise Information

Jurisdiction Experiencing Compromise:

City:

10-Digit Center ID Number: Phone Number: ( ) -

Center Name:

E-mail:

Date of Compromise: ___/___/_____ (mm dd yyyy) Date Compromise was Reported: ___/___/_____ (mm dd yyyy)

Was GED Examiner in testing room when compromise occured? ☐ Yes ☐ No

List of Examiner and Proctors present during testing:

Date Chief Examiner last administered the GED Test: ___/___/_____ (mm dd yyyy)

Description of Compromise: ☐ Check here if you are attaching additional sheets

Action taken: ☐ Check here if you are attaching additional sheets

Testing Volume last 12 months: Years of GED Examiner testing experience:

Date Examiner was last trained: ___/___/_____ (mm dd yyyy) How were you trained? ☐ Hands on ☐ Lecture

Who trained you? ☐ Other GED Examiner ☐ Jurisdictional Staff ☐ STARS
☐ Other If, Other, Who?

Date of Last Jurisdictional Examiners Meeting Attended: ___/___/_____ (mm dd yyyy)

Number of Candidates Tested this Session:

Where did test compromise occur? ☐ Testing Center ☐ Addendum Site ☐ In Transit

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Did the Compromise Occur During Testing Session? ☐ Yes ☐ No

Number of Complete Testing Sessions in the last 12 months:

Description of Secure Storage:

Description of temporary/transportation storage:

Was a written inventory of restricted testing materials made when tests were returned to permanent storage?
☐ Yes ☐ No If YES, attach copy of written inventory

Were Photo ID's checked just before candidats were allowed to enter the Testing Room? ☐ Yes ☐ No

Was a seating chart used? ☐ Yes ☐ No If YES, attach copy of seating chart

Was a Test Surveillance Log used during testing? ☐ Yes ☐ No If YES, attach copy of Log

Provide a history of test compromises at this center: (Attach additional sheets if necessary.)

Signature of Person Completing Report _____ Title _____ Date ___/___/_____

GEDTS Use Only

GEDTS Staff Completing Report:

Report Completion Date: ___/___/_____
mm dd yyyy

Final Disposition ☐ Check here if additional sheets are attached