Dallas Independent School District

ACP **Item Report Form**

Date: _____

School Name: _____

Teacher Name: _____

ACP Name: _____

Honors?: _____ **YES   or   NO** _____

Subject: _____

Grade: _____

Item Number(s): _____

Description of Concern: _____

_____

_____

_____

_____

_____

_____

_____

Have you checked the **Curriculum Alignment Page** *to verify item alignment?*

Check Curriculum Alignment Pages and test item updates at *http://assessment.dallasisd.org*

Please Return to Test Coordinator

Please scan & email this form *during testing* **to: assessment@dallasisd.org**