



Nebraska Department of Education

## **2015 REPORT OF SECURITY BREACH**

**(Complete this form for each incident).**

This form is a request for information regarding a test security breach and subsequent investigation.

### **Part I. Provide District Information**

Name of the Reporting Person:	
Email Address:	
Phone:	
DISTRICT NAME	
Building Where Incident Occurred:	
Superintendent Name	
District Assessment Contact	
DAC Email	

### **Part II. Description of Incident**

**Date(s) of Incident:** \_\_\_\_\_

(Fields will expand)

**Describe the incident with as much detail as possible and include the names of individuals involved.**

**Actions taken to investigate the incident.**

**What was the district response to the incident?**

**What actions has the district taken to assure the situation will not be repeated?**

**If inappropriate conduct by personnel is discovered, what action has the district taken?**

**Signature of Superintendent:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent's name (print)** \_\_\_\_\_

**NDE Action:**

**Final Outcome:**

**Return this form to NDE by one of the following methods**

<b>Scan/Email to:</b>	<b>Fax:</b>	<b>Mail to: NDE-Statewide Assessment</b>
<b>nde.stateassessment@nebraska.gov</b>	<b>402 742-2319</b>	<b>PO Box 94987 Lincoln NE 68509</b>