



Dallas Independent School District

Benchmark Test Item Report Form

Date: _____

School Name: _____

Teacher Name: _____

Benchmark Test: _____

Question Number: _____

Test Item Number: _____

Describe Test Item Problem: _____

***Please Return to your Test Coordinator ***

Fax Form to Local Assessment: (972) 925-4440

Check for test item updates at <http://Benchmark.dallasisd.org>