

# Appendix H

## TASC™ Incident/Irregularity Report

Date of Incident: _____ / _____ / _____ Month Day Year	Time of Incident _____ am _____ pm
TASC™ Examiner: Printed Name: _____ Signature: _____	TASC™ Coordinator: Printed Name: _____ Signature: _____
Description of the Test Materials Involved (if applicable): Subtest: <input type="checkbox"/> Mathematics <input type="checkbox"/> Writing <input type="checkbox"/> Science <input type="checkbox"/> Reading <input type="checkbox"/> Social Studies Edition: <input type="checkbox"/> English <input type="checkbox"/> Spanish Test Format: <input type="checkbox"/> Standard Print <input type="checkbox"/> Braille <input type="checkbox"/> Audio CD <input type="checkbox"/> Large Print Test Form: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Test Serial Number(s): _____	
Description of the Incident* _____ _____	
Reported to NYS Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ / _____ / _____ Month Day Year Time Reported	
Instructions Provided: _____	
Action(s) Taken: _____	
Reported to CTB McGraw-Hill? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ / _____ / _____ Month Day Year Time Reported	
Instructions Provided: _____	
Action(s) Taken: _____	
Was Incident Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ / _____ / _____ Month Day Year Time Reported	
How Resolved? _____	
Actions taken to ensure this will never happen again* _____ _____	

\*Use additional sheets as needed.