

Appendix H

TASC™ Incident/Irregularity Report

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|---|---|
| Date of Incident: _____ / _____ / _____ Month Day Year | Test CTR # _____ Session Date _____ / _____ / _____ Month Day Year |
| TASC™ Examiner: Print Name: _____ Signature: _____ | TASC™ Coordinator: Print Name: _____ Signature: _____ |

Description of the Test Materials Involved (if applicable):

Subtest Writing Social Studies Science Reading Mathematics
Edition English Spanish Audio CD Large Print Braille
Assigned Test Form

Test Booklet Serial Number(s): _____

Examinee(s) Information:

Last Name _____ **First Name** _____
UUID _____ - _____ - _____ **DOB** _____ / _____ / _____
Month Day Year

Description of the Incident* _____

Previously reported to NYSED? Yes No If Yes _____ / _____ / _____
Month Day Year Time Reported

Instructions Provided: _____
Action(s) Taken: _____

Previously Reported to DRC? Yes No If Yes _____ / _____ / _____
Month Day Year Time Reported

Instructions Provided _____
Action(s) Taken: _____

What was the resolution ? _____

*Use additional sheets as needed

Incident & Examinee Information