

# Appendix H

## TASC™ Incident/Irregularity Report

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

### 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