

## Appendix E: Testing Incident Report

School Name: \_\_\_\_\_

School Test Coordinator Name: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Incident Specifics:

Names of students (s) involved:

\_\_\_\_\_

Student ID number(s):

\_\_\_\_\_

Grade Level(s):

\_\_\_\_\_

Assessment Content Area(s):

\_\_\_\_\_

Names of adult(s) involved:

\_\_\_\_\_

Position of adult(s) involved (include school position (e.g., teacher, principal) and role in the assessment (e.g., Test Administrator):

\_\_\_\_\_

Please describe the incident in detail: [Use additional sheets if necessary to detail the incident]

Please describe the corrective action taken to address the incident: [Use additional sheets if necessary to detail the incident]

Scan and email this form to UH staff at [kaiapuni@hawaii.edu](mailto:kaiapuni@hawaii.edu). At the end of the test window send original hard copies to:

Hawaiian Immersion Assessment Project

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Honolulu, HI 96822