



APPENDIX B: IRREGULARITY REPORT

Administration Date _____

Center/Client (City, Country) _____

GROUP IRREGULARITIES

Mistiming

Comments:

___ Overtiming

___ Mistiming

Audio Recording

Comments:

___ Skipping CD Track Number:

___ CD Not Playing Time:

Possible Test Question Errors

Comments:

Test Form _____ Item Number _____

Other Irregularities:

INDIVIDUAL IRREGULARITIES

Examinee Name	Form Code and Serial #	Time of Incident	Defective Materials	Mistiming	Illness	Cheating	Cancel Score	Other

Comments (please use reverse side if additional space is needed):

Test Administrator's Name _____

Test Administrator's Signature _____

Date _____