

Invigilator Name: _____

Additional Witness(es): _____

Course: _____ **Instructor:** _____

Date: _____ **Start Time:** _____

Building: _____ **Room/Section:** _____

Time of Incident: _____

Student Name	ID #	Row # Seat #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Describe the student's behaviour (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Cheat Sheet | <input type="checkbox"/> Not stopping at end of exam |
| <input type="checkbox"/> Talking | <input type="checkbox"/> Unauthorized material |
| <input type="checkbox"/> Looking around | <input type="checkbox"/> Tampering with exam |
| <input type="checkbox"/> Looking at another's exam | <input type="checkbox"/> Feeling unwell |
| <input type="checkbox"/> Disruptive Behaviour | <input type="checkbox"/> Other |

Describe the behaviour in detail.

Please be as detailed as possible as this form is official documentation of the incident.

Action Taken:

- Student spoken to
- Another invigilator called over to observe behaviour
- Student moved - at what time? _____
- Cheat sheet confiscated – at what time? _____
- Unauthorized material confiscated – at what time? _____
- EFRT called
- Other

Comments:

How did the situation end?

Did the student write a statement?

Yes

No

Additional comments:

Signature

Print Name