

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