TEST ACCOMMODATIONS INCIDENT REPORT

To Be Completed by the DS Test Proctor

Student’s Name: ________________________________    Date: _________________________

Instructor: ________________________________ Course: ________________________________

In the space below, please describe how you believe that the student violated the guidelines established for using test accommodation services offered by DS:

_____________________________________________________________________________

_____________________________________________________________________________

Proctor’s Signature

Student’s Signature

Distribution:  Instructor
            Coordinator of DS
            Student