

University of Toronto Scarborough

# EXAM INCIDENT REPORT – ILLNESS/BEHAVIOURAL

To be used to report ALL instances of physical or  
mental health/behavioural illness, occurring during an exam.

Submit this report to your Departmental Office at the conclusion of the exam.

This form will be required by the Office of the Registrar as supporting documentation to properly adjudicate a petition to defer the affected exam.

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

COURSE CODE: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

EXAM LENGTH: \_\_\_\_\_

REPORT OF PRIMARY WITNESS (Please include ALL the following information):

**OVERVIEW REPORT** (Please complete all appropriate lines)

Student Name: \_\_\_\_\_

Student #: \_\_\_\_\_

Time illness/behavior first observed/reported by student: \_\_\_\_\_

Subsequent times observed/reported by student: \_\_\_\_\_

Time student left the exam room: \_\_\_\_\_

Page #/question student working on at time of leaving exam room: \_\_\_\_\_

Student was notified of the following prior to leaving the exam room:

- ☐ They cannot return to the exam.
- ☐ They should complete the Absence Declaration located on ACORN.
- ☐ They will need to petition to request to defer the final exam.

**DETAILED REPORT**

(Please provide as much detail as possible about the incident, observed behaviour of the student and any discussion with the student prior to their leaving the exam room).

**Report Completed By** (please print your full name): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Position:** ☐ Instructor ☐ Invigilator ☐ TA

**Email:** \_\_\_\_\_ **Your Cellphone #:** \_\_\_\_\_

**NAMES OF ANY OTHER INVIGILATORS WHO WITNESSED INCIDENT** (please print)

<b>Full Name</b> (print):	<b>Title:</b> (Instructor, TA, etc.)
<b>Full Name</b> (print):	<b>Title:</b> (Instructor, TA, etc.)
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