

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 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)

| | |
|---------------------------|--------------------------------------|
| Full Name (print): | Title: (Instructor, TA, etc.) |
| Full Name (print): | Title: (Instructor, TA, etc.) |
| Full Name (print): | Title: (Instructor, TA, etc.) |
| Full Name (print): | Title: (Instructor, TA, etc.) |