



## Disability Services (DS)

### 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