



IR page _____ of _____ School Code: _____

2017 AP® Coordinator's Incident Report (IR) Form

Date of Report: _____ School Name: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

AP Coordinator Contact Information

Name (please print): _____ Signature: _____

Summer Phone Number: () _____ Email: _____

Exam Information (Please print)

Exam Title: _____

Exam Code: _____

Exam Section: _____

Exam Date: _____

Exam Form (Please print)

The form information appears in the lower right-hand corner of the multiple-choice and free-response booklets. Please include the form (e.g., Form O, A, I, etc.) and the form code (e.g., Form 4NBP).

Form: _____

Form Code: _____

Type of Incident (Grid all that apply and explain the events in detail below)

- | | |
|---|--|
| <input type="radio"/> Defective Materials (Grid all that apply)
<input type="radio"/> Multiple Choice <input type="radio"/> Short-Answer Response
<input type="radio"/> Free Response
<input type="radio"/> Master Audio CDs _____
<input type="radio"/> Chinese and Japanese Exams on CD
<input type="radio"/> Equipment Problems
<input type="radio"/> Short-answer responses and/or free responses written in wrong book
<input type="radio"/> Early opening of Section II packs
<input type="radio"/> Mix-up or redistribution of free-response books during administration/administration irregularity
<input type="radio"/> Misplaced Answers
<input type="radio"/> Illness
<input type="radio"/> Missing Exam Materials | <input type="radio"/> Misconduct <input type="radio"/> Student Dismissed
<input type="radio"/> Overtiming — Number of Minutes: _____
<input type="radio"/> Undertiming — Number of Minutes: _____
<input type="radio"/> Interruption — Number of Minutes: _____
<input type="radio"/> Disturbance — Number of Minutes: _____
<input type="radio"/> Student Shared Same AP Number
<input type="radio"/> Student Used Ink on Answer Sheet
<input type="radio"/> Student Used Extra Paper
<input type="radio"/> Student Used Cell Phone/Prohibited Device or It Made Noise
<input type="radio"/> Student Removed/Attempted to Remove Exam Materials
<input type="radio"/> Testing Off-Schedule
<input type="radio"/> Other |
|---|--|

Was AP Services for Educators contacted? ☐ yes ☐ no

AP Services Case Number: _____

Did the incident compromise the student's ability to test enough to require late testing? ☐ yes ☐ no

Has an alternate exam been ordered? ☐ yes ☐ no

☐ **Individual student incident — Complete the following:**

Student's Name: _____ **Student's AP Number:** _____

☐ **Group incident — On a separate piece of paper, provide the exam title, the school code(s), and the names and AP numbers of all students involved.**

Number of Students Involved: _____

REQUIRED: Incident Detail — Explanation (Describe all events and actions taken on next page)

ETS USE ONLY								
FRB	SR	MCB	OB	ML	MS	C/J	DATE	INITIALS

IR page _____ of _____

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Incident Detail

REQUIRED: Incident Detail — Explanation (Describe all events and actions taken):