

Excessive Erasures Reporting Form

017- _____ Site Code School	_____ Test Administrator Grade _____	Check (✓) 1 <input type="checkbox"/> LEAP <input type="checkbox"/> iLEAP <input type="checkbox"/> GEE <input type="checkbox"/> LAA2 <input type="checkbox"/> ELDA <input type="checkbox"/> Other
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Student Information	Date of Occurrence	Subject and subtest	Total number erasures	Test question range of erasures	Explanation
Name _____ _____ Student ID Date of birth					
Name _____ _____ Student ID Date of birth					
Name _____ _____ Student ID Date of birth					
Name _____ _____ Student ID Date of birth					
Name _____ _____ Student ID Date of birth					

Test Administrator's Signature

Date _____

Test Coordinator's Signature

Date _____

Principal's Signature

Date _____

