## **Print Format Error Report Form**

Annual Testing Program

Check One:	The following information must be completed for each form submitted:		
Braille	Public School Unit Number:	Test Information	
Large Print	Public School Unit Name: School Name:	Test Name:	
Large Print – One Test Item Per Page		Test Form Letter:	
One Test Item Per Page		Test Form Number:	
Other – Please specify	Test Administrator Name:	Test Administration Date:	
	Check the appropriate section of the test that contains the noted potential error(s): Math – Calculator Inactive Math – Calculator Active		

**Instructions:** Record in the spaces provided information about errors found in a print format. Use a separate error report form for each test/form. The public school unit must have a mechanism in place to connect the student to the specific test in case the score must be recalculated due to the error. The public school unit test coordinator must retain the original copy of this completed error report form and keep it on file for six months following the return of test scores. The public school unit must also submit a copy of the report form to the NCDPI/TOPS, as specified below, and submit a copy of the form to the regional accountability coordinator.

Potential Error(s)		Potential Error(s)	For NCDPI Use Only		
Ŭ,	Item	Decomption	Proofer Notes	NCDPI	
	Number			Notes	SA

\* Please list page number in accommodated test book

Annual Testing Program

FAX original to 919.515.4647 ATTN: Accommodations Test Coordinator

Attach a copy to test, return to TOPS Forward a copy to the RAC Retain original for public school unit records

Stock No. 24464

Published July 2024