

3. Session Report Form

999901

⚠ One form is needed per session.
⚠ Please complete, scan, and return to forms@cmecc.ca

Class Name: G4-401

Test Administrator Name: Anastasia Rose

Please complete as shown: 

Test Administrator Position:

 School teacher, but not teacher of the selected class Other, please describe _____

Type of testing session:

 Regular Makeup

Session Number:

 1 2 3 4 5

Date of testing:

 18 DD: Day 3 March 4 April

Timing of Test and Questionnaire Sessions

START

END

| | | |
|----------------|----------------|---|
| (a) 8:45AM | (b) 9:20AM | Administrative tasks (e.g., assigning computers to students, preparation of students, instructions) |
| (a) 9:20AM | (b) 10AM | Part 1 of the test |
| (a) 10:15AM | (b) 10:30AM | Preparation of students for part 2 |
| (a) 10:30AM | (b) 11:00AM | Part 2 of the test |
| (a) 11:15AM | (b) 11:50AM | Student Questionnaire |

Continued on next page...

Were there any special circumstances or unusual events during the testing session (e.g., students leaving, disturbing the test session, attempting to cheat; fire alarms or other disruptive noise or incident, etc.)?

No Yes, please explain

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| Number of students affected: |
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Brief construction noise towards end of part 2.

Did students indicate that there were any particular problems with the test (e.g., test too difficult or confusing, struggling with any particular task, etc.)?

No Yes, please explain

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| Number of students affected: |
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Were there any problems with the testing materials (e.g., errors or omissions in the Student Tracking Form, insufficient supply of materials, etc.)?

No Yes, please explain

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|------------------------------|
| Number of students affected: |
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Were there any technical problems that prevented data collection from any of the students?

No Yes, please explain and provide the student line number

Student line No. 10 had to switch computers for the student questionnaire, but was able to successfully complete it.

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|------------------------------|
| Number of students affected: |
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| |

Were there any students requiring special accommodations (e.g., extended time, one-on-one assessment, etc.)?

No Yes, please provide the student ID and specify the accommodations.

Student line No. 4 required additional time for Part 2.

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|------------------------------|
| Number of students affected: |
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