Time Lost Report Form

LEAP ☐ **ELDA** ☐ **Field Test** ☐ **Other (specify)**
_i_LEAP ☐ **EOC** ☐ **LAA2** ☐ _____

School _____ **Room No.** _____ **Date** _____

Test subject _____ **Test Administrator** _____ **TA#** _____

Proctor _____
(if applicable)

Computer Based Record Sheet

Student Name	Session Number	Time Off	Time On	Additional Time Added	Comments

STC will keep this report on file for one year
Dept. of Accountability, Assessment, & Evaluation

CLEAR FORM