

# Excessive Erasures Reporting Form

017- _____ Site Code      School	_____ Test Administrator      Grade	Check (✓) 1 <input type="checkbox"/> LEAP 2025 <input type="checkbox"/> State Placement Test <input type="checkbox"/> LEAP 2025 HS <input type="checkbox"/> ELPT <input type="checkbox"/> LAA2 <input type="checkbox"/> LEAP Connect <input type="checkbox"/> EOC <input type="checkbox"/> GEE <input type="checkbox"/> WorkKeys <input type="checkbox"/> ACT <input type="checkbox"/> Other
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<b>Student Information</b>	Date of Occurrence	Subject and subtest	Total number of erasures	Test question range of erasures	<b>Explanation</b>
Name _____  _____ LASID      Date of birth					
Name _____  _____ LASID      Date of birth					
Name _____  _____ LASID      Date of birth					

\_\_\_\_\_  
**Test Administrator's Signature**

Date \_\_\_\_\_

\_\_\_\_\_  
**Test Coordinator's Signature**

Date \_\_\_\_\_

\_\_\_\_\_  
**Principal's Signature**

Date \_\_\_\_\_

