MB ChB Assessment Incident form
for reporting events that may affect student performance
in assessments that inform progress decisions

Use this form to report any incident arising during the course of an assessment where student performance may have been adversely or advantageously affected. Such incidents might include fire alarms, discovering an OSCE simulated patient is known to the student, computer malfunctions, and other unanticipated no-fault incidents not covered by the Special Consideration policies for students with temporary or permanent conditions.

Date of assessment: Time:

Description of assessment: year of course + module, subject, type of assessment etc.

Examiner(s) / Invigilator(s)

Candidate(s) name: Candidate(s) ID number:

Please describe what you observed/experienced:

What impact did this event have on student performance?
Please circle one of the following:

- No impact
- Minimal impact
- Moderate Impact
- Significant Impact

Additional comment:

The above is a true and correct record of events as reported by:

.......................................................... ..........................................................
Signature Date

.......................................................... ..........................................................
Name: please print Role: e.g. student/ examiner

Preferred email address / phone number for contact

Completed forms are to be forwarded to the Module Convenor / Administrator and the MB ChB Assessment Manager MBChB-Assessment@otago.ac.nz by end of next business day.

Approved by MASC, March 2016