

QUESTION COMMENT FORM

NCCER Testing System



IDENTIFY TEST TAKER

Test Taker Name: _____ Test Taker NCCER Card #: _____

Test Title: _____ Test Date: _____

QUESTION NUMBER

Please write the test question number that you are commenting on in the box:

COMMENTS

- | | |
|--|--|
| <input type="checkbox"/> No correct answer | <input type="checkbox"/> Incorrect or missing graphic |
| <input type="checkbox"/> Not enough information to arrive at an answer | <input type="checkbox"/> Question did not display properly |
| <input type="checkbox"/> More than one correct answer <i>(indicate which answers you think are correct in the description below)</i> | <input type="checkbox"/> Other <i>(describe the problem below)</i> |

DESCRIPTION

Please describe in detail your concern with this question:

PROCTOR

Proctor Name: _____ NCCER Card #: _____

Testing Location: _____ Date Comment Recorded: _____

Instructions: Please enter the candidate question or challenge, including the presented question number, as a Test Taker Comment in the Irregularity Report for the Test Taker's test delivery. For detailed directions on how to log a Test Taker Comment, please refer to the How To Guides on support.nccer.org.

TO MAINTAIN THE INTEGRITY OF NCCER TESTS, YOU MUST SHRED THIS PAPER AFTER SUBMISSION HAS BEEN CONFIRMED.