

# Form GT1a: HALI data checking form. Term 1, 2010

|  |                                |  |  |
|--|--------------------------------|--|--|
| Primary school code:<br> _ _ _ _ _ _ _ _ _ _ |                                | Primary school name:                           |  |
| Student's last name:                         |                                | Student's first name:                          |  |
| Class: 1 / 5                                 | Assessor:  _ _ _ _ _ _ _ _ _ _ | 2 <sup>nd</sup> Assessor:  _ _ _ _ _ _ _ _ _ _ |  |

Number in Group |\_|\_|\_|\_|\_|

Date |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_| / |\_|\_|\_|\_|\_|

Time started (24hr clock) |\_|\_|\_|\_|\_| : |\_|\_|\_|\_|\_| (e.g., 14:26)

Time finished (24hr clock) |\_|\_|\_|\_|\_| : |\_|\_|\_|\_|\_| (e.g., 14:26)

Lead Assessor \_\_\_\_\_

Assistant Assessor \_\_\_\_\_

Tick box if there were disturbances during the tests:

|  |                          |
|--|--------------------------|
| Code Transmission One Number Practice  | <input type="checkbox"/> |
| Code Transmission One Number Test      | <input type="checkbox"/> |
| Code Transmission Two Numbers Practice | <input type="checkbox"/> |
| Code Transmission Two Numbers Test     | <input type="checkbox"/> |

Describe Disturbances in Order

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_