

**Pre-Secondary One Hong Kong Attainment Test 2025 (Optional)  
Test Administration Report**

Secondary School Allocation Unit (SAU): \_\_\_\_\_

Name of School: \_\_\_\_\_

*Note: Please complete this report and enclose it in the Envelope for Test Administration Report and Report on Special Test Arrangements for Students with SEN. The envelope should be put into the Blue Box for return to the EDB. Schools may also submit the reports through e-FormSS.*

**Part A : Test Material Box and Principal's Packet Irregularity Report**

(1) Conditions of the Test Material Box(es) and Principal's Packet

- ☐ The box(es) and Principal's Packet are not damaged, and the seal is intact.
- ☐ The box(es) or/and Principal's Packet is/are found damaged or/and the seal is not intact to the extent that may lead to the divulgence of the test contents (Please specify the situation in detail and fax this page to the EDB [Fax No.: 2574 0340 / 2904 7387] or return it through e-FormSS **immediately** for follow-up actions).

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(2) Conditions of the Test Materials in the Box(es)

- ☐ The packing of the test materials (including question booklets, answer sheets/booklets and USB flash drives for the Listening Tests) is intact.
- ☐ The packing of the test materials is NOT intact to an extent that may lead to the divulgence of the test contents. (Please specify the situation in detail and fax this page to the EDB [Fax No.: 2574 0340 / 2904 7387] or return it through e-FormSS **immediately** for follow-up actions.)

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Signature of Principal: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

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**Test Administration Report**

**Part B : Test Administration Irregularity Report**

- ☐ No irregularity has been detected during the course of conducting the Test.
- ☐ Irregularity has been detected during the course of conducting the Test (Please provide details):
- |   |   |
|---|---|
| <input type="checkbox"/> Delivery of test materials                     | <input type="checkbox"/> Loss of test materials             |
| <input type="checkbox"/> Students feeling unwell                        | <input type="checkbox"/> Students' late arrival/early leave |
| <input type="checkbox"/> Students without bearing SSPA allocation slips | <input type="checkbox"/> Invigilation                       |
| <input type="checkbox"/> Others (Please specify) _____                  |   |

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part C : Attendance Report of Registered Students**

(1) Number of students present: \_\_\_\_\_

(2) Number of students absent: \_\_\_\_\_

**Part D : Other Comments on Administrative Arrangements of Pre-S1 HKAT 2025 (Optional)**

\_\_\_\_\_

\_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Date: \_\_\_\_\_