REQUEST FOR TEST SCORING

Name ______________________  Date ________________

Department _________ Phone 9____  Class ________ Section ________

No. of Tests _____  No. of Questions _____

CHECK TYPE OF REPORTS DESIRED

[ ] STANDARD REPORTS PACKAGE
(Individual Tests Results [Alpha by Name], Individual Item Response [Alpha By Name], Item Analysis, Frequency Distribution, Test Score Distribution)

If you don’t need all of the reports listed above, please check the ones that you desire:

Individual Test Results

___ Alpha By Name
___ Student ID
___ Descending by Raw Score
___ Scanned Sequence (No Sort)
___ Item Analysis

Individual Item Response

___ Alpha By Name
___ Student ID
___ Descending by Raw Score
___ Scanned Sequence (No Sort)
___ Frequency Distribution

This form must be filled out completely. Response sheets should be all facing one direction. All response/answer sheets should be submitted in an envelope. To assure the security of the tests and results, test scoring requests should be submitted to Iliahi 127 in person.

Allow 24 hours before pickup. Requests not correctly submitted will not be processed.