

Job ID Number \_\_\_\_\_

**REQUEST FOR TEST SCORING**

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Phone 9 \_\_\_\_\_ Class \_\_\_\_\_ Section \_\_\_\_\_

No. of Tests \_\_\_\_\_ No. of Questions \_\_\_\_\_

<b>Answer Key</b>
Identification
<b>ABCDEFGHIJ</b>
1 50
1 100
1 Question Amount

**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)

**Individual Item Response**

- Alpha By Name
- Student ID
- Descending by Raw Score
- Scanned Sequence (No Sort)

- Item Analysis
- Frequency Distribution
- Test Score 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.