

TESTING SERVICES REQUEST FOR TEST SCORING

FACULTY NAME (Print):	EXT:
SCHOOL:	
NUMBER OF QUESTIONS:	DATE:

EMAIL REPORTS ARE NO LONGER AVAILABLE. Scantron results must be picked up in person

REPORTS

STUDENT STATISTICS (101)

Displays student name, student number, raw score and percentage

_____ Student Name – Alphabetical

_____ Raw Score - Descending

COMPARATIVE GRADE (102)

_____ Displays student number and percentage (no name or raw score)

CLASS FREQUENCY DISTRIBUTION (103)

_____ Displays the dispersion of students over the selected grade scale

CONDENSED ITEM ANALYSIS (204)

_____ Displays a breakdown of respondent selections for each item

TEST ITEM STATISTICS (320)

_____ Displays statistical data related to each graded test question

PLEASE ENSURE YOUR NAME IS ON THE OUTSIDE OF THE ENVELOPE

ALLOW TWO BUSINESS DAYS FOR PROCESSING

PRINT YOUR NAME & MAILBOX NUMBER ON THE OUTSIDE OF THE ENVELOPE

To be completed upon pick up only

Pick Up Date: _____

Faculty Signature upon Pick Up: _____