

INFORMATION TECHNOLOGY-Room 009 LRC (BASEMENT)

EXAM SCORING REQUEST

What would you like us to do with your **Key & Answer Sheets?**

<input type="checkbox"/> Campus Mail	<input type="checkbox"/> I Will Pick Them Up
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Last Name _____ ID Number _____

Curriculum & Course # _____ Section Number _____
(Ex. Chem 100)

Approx. # of Students _____ # of Test Questions _____

If we need to call you, where can we reach you?

Office Phone # _____ Department Phone # _____ Building Location _____
(Ex. CCC, CPS, HEC)

REPORTS

Check Appropriate Items:

Individual Test Results ordered by:	Individual Item Response ordered by:
<input type="checkbox"/> Name	<input type="checkbox"/> Name
<input type="checkbox"/> ID#	<input type="checkbox"/> ID#
<input type="checkbox"/> Raw Score w/Name	<input type="checkbox"/> Raw Score w/Name
<input type="checkbox"/> Raw Score w/out Name	<input type="checkbox"/> Raw Score w/out Name
<input type="checkbox"/> Item Analysis	<input type="checkbox"/> Relative Frequency Distribution
<input type="checkbox"/> Absolute Frequency Distribution	<input type="checkbox"/> Test Score Distribution

Raw Score File Format *for use with electronic grade books*

<input type="checkbox"/> Delimited ASCII	<input type="checkbox"/> Undelimited ASCII
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DISTRIBUTION INSTRUCTIONS: To whom do you want your reports emailed?

Electronic Mail Login: _____

Office Use Only:

Test ID#	Filename
Date	Initials