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: ________________________________