

Scantron Test Grading Request Form

Please allow 2-3 business days for completion

Date of Request:

Date Needed:

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Please fill out scantron for answer key and put it on top.

For student name on answer key, please bubble **Answer** for last name and **Key** for first name.

Class Information

Instructor Name:	Class #:
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Instructor Email:

Reports Wanted? (Ask office staff for examples of different reports):

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|---|---|--|
| <input type="checkbox"/> Student Statistics | <input type="checkbox"/> Student Grade Report | <input type="checkbox"/> Condensed Item Analysis |
| <input type="checkbox"/> Class Frequency Distribution | <input type="checkbox"/> Detailed Item Analysis | <input type="checkbox"/> Condensed Test Report |
| <input type="checkbox"/> Class Learning Report | <input type="checkbox"/> Student Achievement Report | <input type="checkbox"/> Test Statistics |
| <input type="checkbox"/> Student Response Report | <input type="checkbox"/> Item Analysis Graph Report | <input type="checkbox"/> Test Item Statistics |

Report Delivery: Printed Emailed Excel Other: _____