CENTER FOR INCLUSIVE TEACHING AND LEARNING

Room 403 Albertson Hall

EXAM SCORING REQUEST

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

☐ Campus Mail	☐ I Will Pick Them Up

Last Name _____ **ID Number** _____

Building _____

Curriculum & Course # _____ **Section/Version**_____
(Ex. Chem 100)

Do you use Test Scores on the Web? ☐ **Yes** ☐ **No**

REPORTS

Check Appropriate Items:

Individual Test Results ordered by:	**Individual Item Response ordered by:**
☐ Name	☐ Name
☐ ID#	☐ ID#
☐ Raw Score w/Name	☐ Raw Score w/Name
☐ Raw Score w/out Name	☐ Raw Score w/out Name
☐ **Item Analysis**	☐ **Relative Frequency Distribution**
☐ **Absolute Frequency Distribution**	☐ **Test Score Distribution**

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

☐ Delimited ASCII	☐ Undelimited ASCII

DISTRIBUTION INSTRUCTIONS: To whom do you want your reports emailed?

Email address: _____@uwsp.edu

Office Use Only:

Test ID#	Filename
Date	Initials
Test ID#	Filename
Date	Initials
Test ID#	Filename
Date	Initials
Test ID#	Filename
Date	Initials