EXAM SCANNING/ITEM ANALYSIS REQUEST FORM

DATE__________________________________________________________

FACULTY NAME________________________________________________

EMAIL ADDRESS________________________________________________

DEPARTMENT__________________________________________________

PHONE NUMBER________________________________________________

COURSE ID_____________________________________________________

TEST ID_______________________________________________________

# SCANTRON FORMS (INCL ANSWER KEY)____________________________

# ANSWER KEYS ________________________________________________

OPTIONAL SPECIAL INSTRUCTIONS:
Question # (s) to be skipped (not scored) __________________________
Note: If you wish to have a question skipped, don’t fill out any ovals on the Answer key for that item.

Questions # (s) to be scored correct on every test __________________
Note: If you wish to have an item scored as correct regardless of the student’s response, please fill in all ovals on the answer key for that item.

EMAIL DELIVERY
Do you need a Royal Drive ticket for the Item Analysis Report? Yes No

Do you need a Royal Drive ticket for the data file? Yes No
Note: Only useful if students filled in the ovals for their name

Authorized Pickup:
_____ Faculty Member ONLY
_____ Secretary
_____ Student Assistant
_____ Other Individual (Specify name: ________________________________)

***PLEASE NOTE: All answer sheets must be marked with pencil.***