

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.**