TESTING CENTER

TEST SCORING & REPORTING REQUEST

Instructor: _____ Course/Section #: _____

Test/Quiz Name: _____ # of Respondents: _____

Reports: ☐ Instructor will pick up on: _____ Shred exams after grading: ☐ Yes ☐ No

☐ Email to: _____ (Exams will be kept for 30 days after grading.)

Report(s) Requested:

☐Student Grade Report (150) ***Most Requested**

Displays individual grade results for each student.

☐Student Stats & Student Response (101 & 105)

Displays statistical data and response selections for each student.

☐Condensed Test Report (206)

Displays a condensed statistical analysis of each question on test.

☐Test Statistics Report (310)

Displays statistics related to the overall test and each defined learning objective.

Notes:

_____ _____

Instructor Signature Date

_____ _____

Testing Center Personnel Date