

JOB NUMBER _____

**OFFICE OF MEASUREMENT AND EVALUATION OF TEACHING
REQUEST FOR SCANNING SERVICE**

Please complete this form and submit it with the sheets to be scanned.

Date: _____ Department: _____

Course Identification for Item Analysis: _____

Instructor Name: _____

Contact Person (if different from Instructor): _____

Telephone Number of Contact Person: _____

TYPE OF REQUEST:

_____ This is a test to be scored.

_____ Put output on Mainframe VAX to be copied.

_____ Copy output to disk/CD/memory stick submitted with this request.

_____ This is a questionnaire to be scanned (no keys).

_____ Put output on Mainframe VAX to be copied.

_____ Provide a printout of frequencies and percentages for this questionnaire. (If you would like anything further, please let us know.)

IF THIS REQUEST IS FOR A TEST TO BE SCORED:

1. Total number of items on the test: _____
(If you wish to omit any items, leave them blank on your key and subtract them from the total indicated above.)

2. Number of keys for your test: _____
If you would like your test to be scored in parts, please complete a separate key for each part of the test and complete the following.
Number of items on each key (specify only if more than one key submitted):

Key 1 2 3 4 5 6 7 8 _____

3. List student scores on item analysis:
_____ ALPHABETICALLY (by last name)
OR
_____ NUMERICALLY (by I.D. number)

4. _____ Provide a list of the items that each student answered incorrectly.

PLEASE MAKE SURE ALL SHEETS ARE FACING THE SAME DIRECTION