

Test Scoring Request Form

Pickup & Delivery Location:

100 Gaskill Hall
513.529.3419

MCIS USE ONLY

Test #: _____
System Id: 2321

This form must be submitted when tests are delivered for scoring

IDENTIFICATION

Instructor's name: _____ Phone: _____

Department and course number: _____ Course modifier (if applicable) _____

Title to be printed on test scoring results: _____

Approximate number of answer sheets: _____

Contact person (other than instructor): _____ Phone: _____

TEST COMPOSITION

Is scramble used? (circle one) **Yes** **No** If Yes, number of forms: (including key) _____

Question Types:	Number of Questions	Penalty Fraction per Question Type
5-Choice	_____	Penalty fraction may be used to control guessing. It is computed as: $FINAL\ SCORE = NUMBER\ CORRECT - (PENALTY\ FRACTION \times NUMBER\ INCORRECT).$ A value of 1/4 for five choice questions is "break even."
10-Choice	_____	
Total Questions	_____	

TEST OPTIONS

Separate section listing? **Yes** **No** Individual student output? **Yes** **No**
 If Yes, number of sections: _____ **Copy of Individual Responses? Yes No**

Please provide the following data if output is desired for computerized gradebooks:

Unique Id: _____

MCIS USE ONLY

Received: Date ____/____/____ Time: _____ By: _____
 Processed through scanner: Date: ____/____/____ By: _____
 Actual number os answer sheets: _____ Unique Id verified by: _____
 Individual informed test scoring has been completed: Date: ____/____/____ Time: _____
 Test scores returned: Date: ____/____/____ Received by: _____