



## Scantron Scoring Form

Date In \_\_\_\_\_ Date Needed \_\_\_\_\_

Instructor Name \_\_\_\_\_

Class Name/Section Number \_\_\_\_\_

Number of Tests \_\_\_\_\_ # of Versions \_\_\_\_\_

Sort alphabetically?      Yes      No

Total Questions on Test to be scored \_\_\_\_\_

Total Point Value of Scantron \_\_\_\_\_

If multiple values list those below  
 Point Value of each question listed below

Question #	Point Value

Question #	Point Value

### REPORTS

Check Print or Email or both & if you would like it in PDF or XLS (Excel) format

Reports Available	Print	Email	PDF	XLS
Class Frequency Distribution				
Condensed Item Analysis				
Condensed Test				
Student Grade				NA
Student Response				
Student Statistics				
Test Item Statistics				
Test Statistics				

Scored by \_\_\_\_\_ Email By \_\_\_\_\_ Date \_\_\_\_\_

Picked Up \_\_\_\_\_ Date \_\_\_\_\_