

REQUEST FOR SCANNING SERVICES

NAME: _____	PHONE: _____
DEPARTMENT: _____	DATE: ___/___/___
COURSES & SECTION _____	

ALL SECTIONS MUST BE PLACED IN SEPARATE ENVELOPE(S). PLEASE DO NOT USE SHEETS OF PAPER, PAPER CLIPS, OR RUBBER BANDS. **THEY WILL NOT BE ACCEPTED.**

Tests Scanning

General Information

If more than one section, does Department require scoring by section:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
# of Parts (1 key for each part) _____	Total # Questions to be scored _____	
Any Questions Omitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Item Number(s) OMITTED _____	

Report Options (Please check at least one)	Report Sorting Order (Alpha sort if none checked)
Individual Test Results (with Raw Score and Percentile) Please Check: <input type="checkbox"/> Summary <input type="checkbox"/> One Student Per Page	<input type="checkbox"/> By Student Name---Alpha
Individual Item Responses (with Incorrect Items & Answer Keys) Please Check: <input type="checkbox"/> Summary <input type="checkbox"/> One Student Per Page	<input type="checkbox"/> By Student ID
<input type="checkbox"/> Item Analysis (Test Question Analysis)	<input type="checkbox"/> By Raw Score (Descending)
<input type="checkbox"/> Relative Frequency Distribution (Standardized)	<input type="checkbox"/> No Sort (By the Order as Submitted)
<input type="checkbox"/> Absolute Frequency Distribution	Special Report Options
<input type="checkbox"/> Test Score Distribution (Statistical Summary)	<input type="checkbox"/> Omit Student Names
Note: Please be aware that the ANSWER KEYS are always printed on the Individual Item Responses.	

CORA Scanning Is Now On Another Form

For Information Please Call MIS Helpdesk: 9873

THIS REQUEST FOR SERVICES IS IN SUPPORT OF INSTITUTIONAL PROGRAMS OF RHODE ISLAND COLLEGE AND IS AN APPROPRIATE CHARGE TO THE COLLEGE.

INSTRUCTOR SIGNATURE: _____

SCANNED BY: _____	DATE SCANNED: ___/___/___	DATE NOTIFIED: ___/___/___
PICKED UP BY: _____		DATE: ___/___/___