

PARSCORE MARKING EXAM

DROP-OFF FORM

SCHOOL OF: Business CAS Construction
 Health Energy Transportation

Date: _____

INSTRUCTOR INFORMATION

Name:	Phone Number:
Email Address:	

EXAM INFORMATION

Exam Title:	
Course Number:	Number of Students:
Total Number of Questions:	Number of Versions:
Questions to be Deleted:	Question Weights:
Multiple Answers on Key: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please indicate the following: <input type="checkbox"/> And (e.g. A+B) <input type="checkbox"/> Or (e.g. AB)	

Are you picking up your exam? If no, you will only be receiving marks electronically. Yes No

REPORTS

<input type="checkbox"/> Class Response	
Item Analysis	<input type="checkbox"/> Standard <input type="checkbox"/> Detailed
Roster Report	<input type="checkbox"/> Raw score <input type="checkbox"/> Percent <input type="checkbox"/> Student ID <input type="checkbox"/> Student Last Name <input type="checkbox"/> Set
	Sorted by <input type="checkbox"/> Student ID <input type="checkbox"/> Student Last Name <input type="checkbox"/> Set
	<input type="checkbox"/> Email Roster Report (fill out email address above)
Score Distribution	<input type="checkbox"/> Percentile <input type="checkbox"/> Histogram
Student Test	<input type="checkbox"/> Standard (test items & answers) <input type="checkbox"/> Basic (student score only)

PLEASE REMEMBER TO PICK UP YOUR EXAM(S)