

**YSU Comprehensive Testing Center
Report Request Form**

Instructor Name:

Instructor Email Address:

Department:	CRN:
<input type="text"/>	<input type="text"/>

Scoring Weight (if other than default 1pt):

Please indicate the reports you are requesting:

[] – **Student statistics report** – displays statistical data related to the performance of each student.

[] – **Class Frequency Distribution** – illustrates the dispersion of students over the selected grade scale.

[] – **Test Statistics Report** – displays statistics related to the overall test and each defined learning objective.

[] – **Condensed Item Analysis** – displays the breakdown of respondent selections for each item in a condensed format.

[] – **Student Grade Report** – displays individual grade results for each student.

Signature:

Date:

* All Scantron exams will be returned via Campus mail unless otherwise indicated. *

I will pick up exams []

Scantron exams are released only to the faculty of record. Be prepared to show identification.

Testing Center Use ONLY

Date Received:		Date Scanned/emailed		Time		AM [<input type="checkbox"/>] PM [<input type="checkbox"/>]
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