

SCANNING LOG SHEET



Florida Atlantic University

*Please fill in ALL required fields or it may delay processing of your results

Name of Instructor: _____ Date: _____ Time: _____
(Not TA)

Contact Phone Number: _____ College: _____ Dept: _____

Email Address: _____ @ fau.edu Email Address: _____ @ fau.edu

Results sent to FAU email addresses only.
Limit 2 email addresses only

PDF REPORTS TO BE EMAILED	
Student Statistics (Raw Scores)	
Test Statistics	
Condensed Test Report (Item Analysis)	
Frequency Distribution	
*CHECK ALL THAT APPLY	

EXCEL FIELDS TO BE EXPORTED	
Student Name	
Student ID Number	
Item Response	
Special Codes	
*CHECK ALL THAT APPLY	

Please allow **48 hours** for processing.
Scantrons will be retained for **2 weeks only**; after 2 weeks scantrons will be destroyed.

Please check one: Retain Scantrons for 2 weeks Destroy Scantrons after results are sent

Name of Person Authorized to Pick Up Scantrons

Signature of Person When Picked Up (ID REQUIRED)

Date of Pick Up

Testing Office Use Only:
Log # _____
Total: _____
Initial _____
Date: _____

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