SCANNING LOG SHEET

*Direct all questions/inquiries to fautesting@fau.edu

Date: _____ Time: _____   Total Number of Scantron sheets _____

Name of Professor: _____   Name of TA: _____

Professor email: _____@fau.edu   TA Email: _____@fau.edu

Contact Phone Number: _____

College: _____   Department: _____

*Scantron total set(s) submitted more than 10 but less than 100 sheets up to 48 hours

*Scantron total set(s) submitted more than 100 sheets processed 3 business days

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

Name of Person Authorized to Pick Up Scantrons	Signature of Person Authorized to pick up (ID REQUIRED for pick up)	Date of Pick Up