Request for Evaluation Scanning

To ensure that all scanned items provide the expected results, please:

- · submit a copy of this form
- provide a list of names and corresponding course numbers for each separate batch of evaluations to be scanned
- ensure all answer sheets are facing the same direction within each batch
- ensure all forms have been completed using pencil

Date Subr	mitted:	Department:
Contact: _		Phone Number:
Email Ado	ldress:	
Please be a the date of s from two we	submission. End of semester evaluations, e	the number of batches being submitted, as well as especially after the fall semester, can take anywhere ed sooner due to faculty review, please let us know at
Testing and E count and per turned in to the	ercent of respondents for each item. Items and va	dividual reports in MS WORD that lists the frequency alues are generic unless a sample of the evaluation has been se place a check on the corresponding blanks below if you
	Other descriptive statisticsCircle: Mean	- SD - MIN - Max - Valid Percent
	Questions printed with statistics*	
	Values of items listed (Excellent, Good, 6	etc.)*
	Other (Please Explain)	

^{*} If the department uses a custom form or if the form changes in any way, it would expedite scanning and report return time if the a copy of the form is sent to the office of Testing and Evaluation Services at least one month prior to the arrival of the evaluations. If you have questions, please call the Testing and Evaluation Services office at 1246.