SCANNING LOG SHEET

FAU TESTING AND CERTIFICATION
Florida Atlantic University

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

*Please direct all question/inquiries to fautesting@fau.edu

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 **72 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 Authorized to pick up (ID REQUIRED for pick up)	Date of Pick Up

Testing Office Use Only:

Log # _____
Total: _____
Intial _____
Date: _____