

# TESTING CENTER WORK-ORDER

- Please complete the following information, attach with test materials, and give to a Testing Center staff member.
- The Testing Center is located on the 5<sup>th</sup> floor of the Terry Administration Building, Room 1524.
- For consultation, please contact a Testing Center staff member:  
Beverly Kaner at extension 2-1522, Jacquelyn Moore at extension 2-1733, Rosario Ortiz at extension 2-1525.

Today's date: \_\_\_\_\_ CIRCLE SEMESTER:    Fall    Winter/Spring    Summer

Course instructor: \_\_\_\_\_

Contact person's name and phone number/extension: \_\_\_\_\_

Course number (3 prefix & 4 digit number, according to the NSU catalogue): \_\_\_\_\_

CLASS - **CIRCLE ALL THAT APPLY:**    BHVS1    BHVS2    BSN\_\_\_\_\_    BP    FL    FM    D1    D2    D3    D4    PG1    PG2  
M1    M2    M3/4    MBS1    MBS2    MPH1    MPH2    OD1    OD2    OD3    OD4    AA1    AA2    OT1    OT2  
PA1    PA1-AD    PA2    Ph1    Ph1-INT    Ph2    Ph2-INT    Ph3    Ph3-INT    DPT1    DPT2    Special: \_\_\_\_\_

PREPARED BY TESTING CENTER?    yes    no

Test name or # \_\_\_\_\_ -or-  Quiz name or # \_\_\_\_\_    ( Final test/quiz on this roster for this semester)

TEST GENERATOR REQUESTS	SCORE REQUESTS
<input type="checkbox"/> <b>Generate test from new test items.</b> <input type="checkbox"/> <b>Copy test.</b> Total number of copies needed: _____ <input type="checkbox"/> <b>Generate test from items stored in item bank.</b> (List item bank name and numbers on back.) <input type="checkbox"/> <b>Add new items to item bank.</b> (List item bank name and numbers on back.) <input type="checkbox"/> <b>Print out items from item bank.</b> (List item bank name and numbers on back.) Date requested for final review: _____ Date/time test will be administered: _____ Number of test items: _____ Submit on disc with file in Word® text only format: File name: _____ Test forms requested with scrambled answers? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of test forms requested: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <b>SPECIAL REQUESTS:</b> <input type="checkbox"/> Use colored paper for test. <input type="checkbox"/> Use colored paper for cover sheets. Different color for each version? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Use colored paper for back sheets. Different color for each version? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Use special cover sheets. (Please attach.) <input type="checkbox"/> Insert or append extra sheets. (Please attach.)	<input type="checkbox"/> <b>Score test.</b> <input type="checkbox"/> <b>Re-score test.</b> <input type="checkbox"/> <b>Add students to previously scored test.</b> Number of test keys: _____ Number of student score sheets submitted: _____ Total points test is worth: _____ <div style="display: flex; justify-content: space-around;"> <span><i>Item #s</i></span> <span><i>Point values</i></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <input type="checkbox"/> Additional fill-in/essay points: _____  Are these extra credit points? </div> <div style="width: 35%;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No </div> </div> <p><b>Select from the following special options that apply.</b></p> <input type="checkbox"/> Multiple responses accepted (either/or). <i>Any of the following answers may be selected to give credit.</i> <div style="display: flex; justify-content: space-around;"> <span><i>Item #s</i></span> <span><i>Responses accepted</i></span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"> <input type="checkbox"/> Multiple responses required.  <i>All of the following answers must be selected to give credit.</i>  <div style="display: flex; justify-content: space-around;"> <span><i>Item #s</i></span> <span><i>Responses accepted</i></span> </div> </div> <div style="width: 35%;"> <input type="checkbox"/> Credit all students for items #s: _____  <input type="checkbox"/> Omit item #s: _____  <input type="checkbox"/> Gradebook alteration requests. (Explain on back.)  <input type="checkbox"/> Other requests. (Explain on back.) </div> </div>

<b>NAME</b>	<b>TEST (SPECIFY LEVEL OF ACCESS GRANTED: NONE, PICK-UP, VIEW, EDIT)</b>	<b>SCORES (SPECIFY LEVEL OF ACCESS GRANTED: NONE, PICK-UP, VIEW, EDIT)</b>	<b>TEST STATISTICS (SPECIFY LEVEL OF ACCESS GRANTED: NONE, PICK-UP, VIEW)</b>

- No one has permission to pick-up, view, or edit my tests, scores, or test statistics.
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