TESTING CENTER WORK ORDER

Please complete the following information, attach with test materials, and bring to the HPD Testing Center (HPDTC). The HPDTC is located on the 5th floor of the Terry Administration Building, Room 1525. For consultation, please contact a Testing Center staff member: by email, **hpdtc@nova.edu**, or phone: Katrenna Johnson at extension 21522 or Rosario Ortiz at extension 21525.

Today's date:					Semester:					
Course instruct	or(s):									
Contact person:					Contact phone ext. or cell#:					
Email address:										
		□ Exar								
•	est scored by HF	<u>Y:</u> PDTC this semester t ptist; KN=Kendall; Fl		ter(s) from	which this class is	comprised)				
AA-1-FL	□ BMS-1	☐ BSN-BP	□ D-1	□ M-1	☐ MBS-1	□ OD-1	□ 0T-1	☐ PH-1	□ PT-1-FL	
☐ AA-2-FL ☐ AA-1-TA	☐ BMS-2	☐ BSN-FL ☐ BSN-FM	□ D-2 □ D-3	☐ M-2 ☐ M-3	☐ MBS-2	□ OD-2 □ OD-3	□ OT-2	☐ PH-2 ☐ PH-3	□ PT-2-FL	
☐ AA-2-TA		☐ BSN-KN Cohort:	□ D-4	□ M-4		□ OD-4	□ PA-1 □ PA-2	☐ PH-4		
	<u> </u>	<u> </u>	<u> </u>			<u> </u>		JI.		
TEST GENERATION REQUESTS					TEST COPYING REQUESTS					
☐ Generate test from new test questions. Submit on flash drive or by e-mail in MS Word or .txt format. File name:					After final review, <u>please</u> notify HPD Testing Center of Final Approval . After final approval, test copying requests can be completed.					
☐ Generate test from questions stored in bank.					□ Copy test. Total number of copies needed:					
Question bank name: Item #s:					Number of test versions requested: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Use scrambled answers on test versions: ☐ Yes ☐ No					
11em #5					Use scramb	ied answers o	n test version	is: 🗀 Yes 🗀	NO	
☐ Add new questions to saved bank.					Special Requests: ☐ Print test double-sided. (Save paper, check this box.) ☐ Have a baseline of the same factor of the same fa					
Ouestion bank name:										
☐ Print out question bank. Question bank name:					☐ Use colored paper for cover sheets.☐ Different color for each version?☐ Yes☐ No					
Number of test questions:					☐ Use special cover sheets. (Please attach.)					
Please indicate special scoring options (e.g., multiple responses, weighted					☐ Insert or append extra sheets. (Please attach.)					
points, extra credit	•									
Date requested for final review:					Date/time test will be administered:					
Special instru	ctions:									
									<u></u>	

Contact person:		Contact info:				
Course #(s):		Test Name and #:				
\$CORE REQUESTS		RE-SCORE REQUESTS				
□ Score test. Test generated by HPDTC? □ Yes If test was not generated by HPDTC provided? □ 1 □ 2 □ 3 □ 4 Number of student score sheets sub Total number of questions: Total points test is worth:	c, how many test keys are mitted:	□ Re-score test. □ Add students to previously scored test. Number of student score sheets submitted: □ Credit all student responses. Question(s) #: □ Omit question(s) #: □ Multiple responses accepted (either/or). (Any of the following answers may be selected to give credit.)				
☐ Questions with weighted point	values.					
Question #	Point value	Question #	Responses accepted			
■ Multiple responses accepted.	☐ Extra credit points.					
Question #	Responses accepted	☐ Gradebook alteration requests.				
		Other requests.				
☐ Multiple responses <u>required</u> .		\$CORE\$ & \$TATI\$TICAL	REPORT\$			
Question #	Responses required	Standard reports (Scores, Item Stats, Histogram) Gradebook reports:				
		Additional reports:	Print 🖵 Email			
Special instructions:						
Access instructions						
Access instructions: ☐ Anyone has permission to pick-u ☐ Permission to pick-up, view, or ed						
☐ No one has permission to pick-u	p, view, or edit my tests, scores, c	or statistics.				