

OLD DOMINION UNIVERSITY

Computer Services

Optical Scanner Usage Form

Instructor / Professor:

Class / Course Name & Section:

Test Description:

Date / Time Opscans Submitted:

 / / :

Phone Number:

 -

E-Mail Address:

Select Scanner Usage Option:

Item Analysis and Test Scoring

Read Opscan Forms (Only)

Select E-Mail Options:

Comma-Delimited Score File (.TXT)

or

Excel SYLK Format Score File (.SLK)

Opscan Test File (Blue or Green)

Item_Analysis.TXT and Test_Scores.TXT
(This is the Printed Output.)

Select Form Type Being Submitted:

G-Green (120 Questions / 10 Response)

B-Blue (200 Questions / 5 Response)

D-Dental Hygiene

EE-Writing Center AExit Exam@

GF-Green Full (120 Questions / 10 Response -Nonscoring)

BF-Blue Full (200 Questions / 5 Response - Nonscoring)

WP-Worth Pickering Survey

SP-Writing Center AWriting Sample Placement@

ALL ENTRIES ABOVE ARE MANDATORY

TO SPEED THE PROCESSING OF YOUR TEST, PLEASE OBSERVE THE FOLLOWING PROCEDURES:

€ Be sure ALL ZEROES are marked in the ID field of the KEY.

∞ Do Not FOLD, PAPER CLIP or STAPLE your Answer Sheets.

∠ Be sure all sheets FACE THE SAME WAY and NO MARKS APPEAR IN THE MARGINS.

LIST OF PERSON(S) AUTHORIZED TO PICK UP THIS EXAM:

(If any names appear below, the Professors/Instructors Signature is Required - A Picture ID may be requested by the Operator.)

Authorization Signature:

1. _____ 2. _____

SPECIAL INSTRUCTIONS FOR THE OPERATOR:

For Completion by Operations Staff Only

Date / Time Completed: ___/___/___ ___:

Completed By:

E-Mail Files Sent By:

E-Mailed
(Check)

File Names

G	RW _____ . <u>DAT</u> (Opscan Raw Data)
G	BL _____ . <u>DAT</u> (Blue Test File)
G	GR _____ . <u>DAT</u> (Green Test File)
G	ST _____ . <u>TXT</u> (Comma-delimited)
G	ST _____ . <u>SLK</u> (Excel SYLK File)
G	_____ . _____ (Other)
G	Item_Analysis . TXT (Test Analysis Report)
G	Test_Scores . TXT (Score File)