

PART 1

IMPORTANT

USE NO. 2 PENCIL ONLY

- MAKE DARK MARKS
- ERASE COMPLETELY TO CHANGE

EXAMPLE: A B C D E

TO USE SUBJECTIVE SCORE FEATURE:

- Mark total possible subjective points
- Only one mark per line on key
- 163 points maximum

EXAMPLE OF STUDENT SCORE:

1	2	3	4	5
50	50	50	50	50
9	9	9	9	9
4	3	2	1	0

SUBJECTIVE SCORE INSTRUCTOR USE ONLY

100	90	80	70	60
50	40	30	20	10
9	8	7	6	5
4	3	2	1	0

	(T)	(F)	KEY		
	%	2	3	4	5
1	<input checked="" type="checkbox"/>	B	C	D	E
2	A	<input checked="" type="checkbox"/>	B	D	E
3	A	<input checked="" type="checkbox"/>	C	D	E
4	A	<input checked="" type="checkbox"/>	C	D	E
5	A	B	<input checked="" type="checkbox"/>	C	E
6	A	B	<input checked="" type="checkbox"/>	D	E
7	A	B	<input checked="" type="checkbox"/>	D	E
8	A	B	<input checked="" type="checkbox"/>	D	E
9	<input checked="" type="checkbox"/>	B	C	D	E
10	A	B	<input checked="" type="checkbox"/>	D	E
11	<input checked="" type="checkbox"/>	B	C	D	E
12	A	B	<input checked="" type="checkbox"/>	D	E
13	<input checked="" type="checkbox"/>	B	C	D	E
14	A	B	<input checked="" type="checkbox"/>	D	E
15	A	<input checked="" type="checkbox"/>	C	D	E
16	A	<input checked="" type="checkbox"/>	C	D	E
17	A	<input checked="" type="checkbox"/>	C	D	E
18	A	<input checked="" type="checkbox"/>	C	D	E
19	A	B	<input checked="" type="checkbox"/>	D	E
20	A	B	<input checked="" type="checkbox"/>	D	E
21	A	B	<input checked="" type="checkbox"/>	D	E
22	A	<input checked="" type="checkbox"/>	C	D	E
23	<input checked="" type="checkbox"/>	B	C	D	E
24	<input checked="" type="checkbox"/>	B	C	D	E
25	A	<input checked="" type="checkbox"/>	C	D	E
26	A	B	<input checked="" type="checkbox"/>	D	E
27	A	<input checked="" type="checkbox"/>	C	D	E
28	A	<input checked="" type="checkbox"/>	C	D	E
29	A	B	<input checked="" type="checkbox"/>	D	E
30	<input checked="" type="checkbox"/>	B	C	D	E
31	A	B	<input checked="" type="checkbox"/>	D	E
32	A	<input checked="" type="checkbox"/>	C	D	E
33	A	B	<input checked="" type="checkbox"/>	D	E
34	A	<input checked="" type="checkbox"/>	C	D	E
35	A	B	<input checked="" type="checkbox"/>	D	E
36	A	B	<input checked="" type="checkbox"/>	D	E
37	A	<input checked="" type="checkbox"/>	C	D	E
38	A	B	<input checked="" type="checkbox"/>	D	E
39	<input checked="" type="checkbox"/>	B	C	D	E
40	<input checked="" type="checkbox"/>	B	C	D	E
41	A	B	C	D	E
42	A	B	C	D	E
43	A	B	C	D	E
44	A	B	C	D	E
45	A	B	C	D	E
46	A	B	C	D	E
47	A	B	C	D	E
48	A	B	C	D	E
49	A	B	C	D	E
50	A	B	C	D	E

SCANTRON FORM NO. 882-E

NAME	<i>Key (Last, First)</i>
SUBJECT	
DATE	TEST NO.
	HOUR

TO REORDER CALL 1-800-722-6876
CUSTOMER SERVICE DEPARTMENT

TEST RECORD	
PART 1	
PART 2	
TOTAL	