

Request for College of Medicine Testing Services
(may be obtained via e-mail to: amspenc@uky.edu)

Contact Person _____ Phone #/Fax # _____
E-mail address _____ Date of Exam _____
Course/Exam _____ # Students Taking Test _____

STANDARD PRELIMINARY REPORTS:

Cover Memo (Reliability, class mean and range, standard deviation, standard error of measurement)

Exam Quality Graph & Item Quality Graph (Related to item analysis report, reliability of exam)

Item Analysis (Item Difficulty, Item-Total Correlation, % of Students Responding to Each Answer Option per Item - analyzed by class thirds)

Frequency Distribution (Student Scores in Ascending Order)

REPORTS REQUESTED AFTER EXAM REVISIONS:

(Includes all standard preliminary reports above plus requested reports below)

	YES	NO
Your Test Report Explained (Narrative interpretations for each exam report generated)	_____	_____

Student Scores Reports: Alphabetic Sort and Ranked % Sort (Two reports for faculty)	_____	_____
Score Report to Post - special ID #'s required prior to exam (for students)	_____	_____

Frequency Distribution in Descending Order	_____	_____
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Individualized Item Response Report (Feedback to Students) (Student response vs. key for each item, class mean, student's exam score)	_____	_____
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Subtests (Topic Areas) Used? Yes* _____ No _____
**If Yes, please include a completed Exam Subtest request form (attached).*

Summarized Subtest Report (Feedback to Faculty) (Class Mean, % Correct for each Subtest/Topic Area)	_____	_____
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Individualized Subtest Report (Feedback to Students) (Student mean vs. Class mean for each area, exam mean, student's exam score)	_____	_____
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Please write any further instructions or comments in the space below:
