

# INSTRUCTOR USE ONLY

|                              |                             |                             |                             |                             |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 100 | <input type="checkbox"/> 90 | <input type="checkbox"/> 80 | <input type="checkbox"/> 70 | <input type="checkbox"/> 60 |
| <input type="checkbox"/> 50  | <input type="checkbox"/> 40 | <input type="checkbox"/> 30 | <input type="checkbox"/> 20 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 9   | <input type="checkbox"/> 8  | <input type="checkbox"/> 7  | <input type="checkbox"/> 6  | <input type="checkbox"/> 5  |
| <input type="checkbox"/> 4   | <input type="checkbox"/> 3  | <input type="checkbox"/> 2  | <input type="checkbox"/> 1  | <input type="checkbox"/> 0  |

(T) (F) KEY

☐ % ☐ 2 ☐ 3 ☐ 5

1 ☐ A ☐ B ☐ C ☐ D ☐ E

2 ☐ A ☐ B ☐ C ☐ D ☐ E

3 ☐ A ☐ B ☐ C ☐ D ☐ E

4 ☐ A ☐ B ☐ C ☐ D ☐ E

5 ☐ A ☐ B ☐ C ☐ D ☐ E

6 ☐ A ☐ B ☐ C ☐ D ☐ E

7 ☐ A ☐ B ☐ C ☐ D ☐ E

8 ☐ A ☐ B ☐ C ☐ D ☐ E

9 ☐ A ☐ B ☐ C ☐ D ☐ E

10 ☐ A ☐ B ☐ C ☐ D ☐ E

11 ☐ A ☐ B ☐ C ☐ D ☐ E

12 ☐ A ☐ B ☐ C ☐ D ☐ E

13 ☐ A ☐ B ☐ C ☐ D ☐ E

14 ☐ A ☐ B ☐ C ☐ D ☐ E

15 ☐ A ☐ B ☐ C ☐ D ☐ E

For Use On  
Test Scoring  
Machine Only.



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Recycle Paper

## TO USE SUBJECTIVE SCORE FEATURE:

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

EXAMPLE OF STUDENT SCORE

|                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 90                                  | 80                                  | 70                                  | 60                                  | 50                                  | 40                                  | 30                                  | 20                                  | 10                                  | 9                                   | 8                                   | 7                                   | 6                                   | 5                                   | 4                                   | 3                                   | 2                                   | 1                                   | 0                                   |                                     |
| 1                                   | 2                                   | 5                                   |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |                                     |

## IMPORTANT

- USE NO. 2 PENCIL ONLY
- FILL BOX COMPLETELY
- CORRECT: ☐ A ☐ B ☐ C ☐ D ☐ E
- ERASE COMPLETELY TO CHANGE
- INCORRECT: ☐ A ☐ B ☐ C ☐ D ☐ E

NAME

SUBJECT

DATE

TEST NO.

PERIOD

FEED THIS DIRECTION

1 2 3 A 5 6 7 A / 9 0 N D • REV 05/13