ITEM REQUISITION FORM
(For Paper/Pencil Evaluations)

Course Name ___________________________ Course Number _____________________

Course Director ____________________________ Phone Ext. ______________________

Year ______ Date of Evaluation ________________ Number of Students ______

School ______________________ (i.e., O.T, P.T, Grad. School, etc.) PID:___________

Type of Course

_____ Lecture Only   _____ Laboratory Only

_____ Lecture/Laboratory   _____ Clinic Only

_____ Lecture/Clinic   _____ Other

Instructor-selected items:
Select additional items you would like included on your evaluation besides the core items. List by catalog number.
____________________________________________________________________________________
____________________________________________________________________________________

Original Items: If the catalog items do not cover your needs, you may include original items on your questionnaire by writing them below. Original items must be statements in agree-disagree format and may not exceed 80 characters, including spaces.

1. ________________________________________________________________________

2. ________________________________________________________________________

3. ________________________________________________________________________

4. ________________________________________________________________________

NOTE: The total number of core, instructor-selected and original items may not exceed 25.

Please return to:
Margie Ytuarte, MBA
Testing Center Coordinator
Academic Technology Services
Dental Building, Room 2.467T, MSC 7895
Office: 210-567-2292   Fax: 210-567-2706

Rev. 7/2012