

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