

ParSCORE™  
TEST FORM

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NAME Key- Test Form B  
LAST FIRST MIDDLE  
 SUBJECT STAT 110 Test 1  
 DATE Fall 2015 HOUR/DAY Hitchcock

- |                            |                            |                                     |               |
|----------------------------|----------------------------|-------------------------------------|---------------|
| <input type="checkbox"/> T | <input type="checkbox"/> F | 1 A B <input type="checkbox"/> D E  | 51 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 2 A B <input type="checkbox"/> D E  | 52 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 3 A <input type="checkbox"/> C D E  | 53 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 4 A B C <input type="checkbox"/> E  | 54 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 5 A <input type="checkbox"/> C D E  | 55 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 6 A <input type="checkbox"/> C D E  | 56 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 7 <input type="checkbox"/> B C D E  | 57 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 8 A <input type="checkbox"/> C D E  | 58 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 9 A B C <input type="checkbox"/> E  | 59 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 10 <input type="checkbox"/> B C D E | 60 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 11 <input type="checkbox"/> B C D E | 61 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 12 A <input type="checkbox"/> C D E | 62 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 13 A B <input type="checkbox"/> D E | 63 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 14 A B <input type="checkbox"/> D E | 64 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 15 A B C <input type="checkbox"/> E | 65 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 16 A B C <input type="checkbox"/> E | 66 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 17 A B <input type="checkbox"/> D E | 67 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 18 A B C <input type="checkbox"/> E | 68 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 19 A B <input type="checkbox"/> D E | 69 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 20 <input type="checkbox"/> B C D E | 70 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 21 A B C <input type="checkbox"/> E | 71 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 22 A <input type="checkbox"/> C D E | 72 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 23 A B C <input type="checkbox"/> E | 73 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 24 A <input type="checkbox"/> C D E | 74 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 25 <input type="checkbox"/> B C D E | 75 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 26 A B C D E                        | 76 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 27 A B C D E                        | 77 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 28 A B C D E                        | 78 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 29 A B C D E                        | 79 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 30 A B C D E                        | 80 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 31 A B C D E                        | 81 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 32 A B C D E                        | 82 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 33 A B C D E                        | 83 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 34 A B C D E                        | 84 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 35 A B C D E                        | 85 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 36 A B C D E                        | 86 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 37 A B C D E                        | 87 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 38 A B C D E                        | 88 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 39 A B C D E                        | 89 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 40 A B C D E                        | 90 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 41 A B C D E                        | 91 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 42 A B C D E                        | 92 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 43 A B C D E                        | 93 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 44 A B C D E                        | 94 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 45 A B C D E                        | 95 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 46 A B C D E                        | 96 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 47 A B C D E                        | 97 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 48 A B C D E                        | 98 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 49 A B C D E                        | 99 A B C D E  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | 50 A B C D E                        | 100 A B C D E |

**DIRECTIONS**

USE NO. 2 PENCIL ONLY

- MAKE DARK MARKS
- ERASE COMPLETELY TO CHANGE
- EX. A B C  E

**I.D. NUMBER**

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

**TEST FORM**

A  C  D

**EXAM NUMBER**

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

↑ FEED THIS DIRECTION

SIDE 1

