

Educational Research Centre Test Department 66 Richmond Road Dublin D03 E702	Phone: 01 837 7614 / 837 7380 Email: tests@erc.ie Fax: 01 837 6287 Web: www.erc.ie/tests	Foras Taighde as Oideachas Rannóg na dTriailacha 66 Bothar Risteamain Baile Átha Cliath D03 E702
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Processing Form for Drumcondra Post-Primary (DPPT) English Reading Literacy and Mathematics

Complete a separate form for each group of students for which you want a separate report.

Contact Details

School Name: _____

School Address: _____

School Telephone Number: _____ School Roll Number: _____

Email Address: _____ (Please write legibly) Order Number: _____ (If needed)

Administration Details

Test Administrator: _____ Date of Testing: _____

Name of Class/Group: _____ (For example "Room 5" or "2C") No. of Students in this group: _____

Test(s) Administered: Reading Number: _____ (Form A) _____ (Form B)
Mathematics Number: _____ (Form A) _____ (Form B)

(Important: If you used a mixture of Forms A and B, please ensure that the students fill in the relevant box on the answer sheet)

Results in Electronic Format

Results will be sent to you by email, and answer sheets will be posted back, along with a hard copy of the results.

I would like results in: Alphabetical order Order of merit

Next Steps

Put this completed form on top of the answer sheets. Repeat for each class / group. Send the answer sheets to the Test Department, Educational Research Centre, 66 Richmond Road, Dublin D03 E702. Once scored, the answer sheets will be posted back to you along with a printed report for each class or group. Please allow up to 10 working days for the return of results.

Important: Please check all answer sheets **before** posting to ensure they have been completed in accordance with the guidelines in the Administration Manual. Erase any stray marks. Where an answer has been changed, the unwanted answer should be **erased**, not crossed out. Rejected answer sheets will be returned unscored.

Computer Section Use Only	
OMR Number	
No. Forms Received	
No. Forms Scored	
No. Forms Rejected	
Date Scanned	

Test Department Use Only		
Total Scanned		
Email <input type="checkbox"/>	USB <input type="checkbox"/>	CD <input type="checkbox"/>
Date returned		
Invoice Number		
Invoice Amount		