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| Educational Research Centre Test Department 66 Richmond Road Dublin D03 E702 | Phone: 01 837 7614 Email: tests@erc.ie Web: https://tests.erc.ie | Foras Taighde as Oideachas Rannóg na dTriailacha 66 Bothar Risteamain Baile Átha Cliath D03 E702 |
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Processing Form

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

Administration Details

Test Administrator: _____ Date of Testing: _____

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

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

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: Test Department, Educational Research Centre, 66 Richmond Road, Dublin, D03 E702. Once scored, you will be emailed your class report(s). 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 | | |