

SCORING &
PRINTING
OPTIONS:

RESCORE MULTIPLE ANSWER SCORING
 CORRECT ANSWER MARK X TOTAL ONLY
MARK ONLY ONE

Scantron Test Sheet E25

Form No. 98253

Reorder Form No. 98253
1-800-367-6627
Fax 1-949-639-7710
www.ScantronStore.com

1

↑ FEED IN THIS DIRECTION

1 A B C D E

2 A B C D E

3 A B C D E

4 A B C D E

5 A B C D E

6 A B C D E

7 A B C D E

8 A B C D E

9 A B C D E

10 A B C D E

11 A B C D E

12 A B C D E

13 A B C D E

14 A B C D E

15 A B C D E

16 A B C D E

17 A B C D E

18 A B C D E

19 A B C D E

20 A B C D E

21 A B C D E

22 A B C D E

23 A B C D E

24 A B C D E

25 A B C D E

KEY
ITEM
COUNT

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

SCANTRON®

STUDENT ID NUMBER

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

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↑ FEED IN THIS DIRECTION

NUMBER CORRECT	
PERCENT CORRECT	
ROSTER NUMBER	
SCORE	
RESCORE	

MARKING INSTRUCTIONS



Use a No. 2 Pencil



Fill oval completely



Erase cleanly

25
ITEM

For use with OpScan® and iNSIGHT™ scanners

NAME _____

UNIT _____

ROOM _____ DATE _____