

**ParSCORE™**  
**Test Form**  
 Compatible with  
 Scantron 48/TSM scanners only.

KEY  
 ⑆1⑆ ⑆2⑆ ⑆3⑆  
 ⑆5⑆

⑆1⑆ ⑆2⑆ ⑆3⑆  
 (T) (F)

- 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⑆  
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 48 ⑆A⑆ ⑆B⑆ ⑆C⑆ ⑆D⑆ ⑆E⑆  
 49 ⑆A⑆ ⑆B⑆ ⑆C⑆ ⑆D⑆ ⑆E⑆  
 50 ⑆A⑆ ⑆B⑆ ⑆C⑆ ⑆D⑆ ⑆E⑆

**DIRECTIONS**

USE NO. 2 PENCIL ONLY

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

**ID 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 B 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

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NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

SUBJECT \_\_\_\_\_

DATE \_\_\_\_\_ HOUR/DAY \_\_\_\_\_

SCANTRON® FORM NO. X-101864-PAR-L

FEED THIS DIRECTION

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SIDE 1