

Blackboard Assessment Form

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Course #, Name , Section and Semester: (ex.N331 Gerontological Nursing, WB1-4, Spring 2015)			
Name of Assessment: (ex. Spring 2015 NURS 331 Exam 1)			
Total # of Questions	Question Point Value		
Exam Availability			
Multiple Attempts	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Force Completion (Not Recommended)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Time Limit (Expected Completion Time)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long?	
Auto-Submit (Auto-submits when time expires)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Display After (Date & Time)			
Display Until (Date & Time)			
Exam Presentation			
All at Once	<input type="checkbox"/> Yes <input type="checkbox"/> No	Randomize Questions	<input type="checkbox"/> Yes <input type="checkbox"/> No
One at a Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	Randomize Answers	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibit Backtracking	<input type="checkbox"/> Yes <input type="checkbox"/> No		
When to Display Results to Students			
After Submission	<input type="checkbox"/> Yes <input type="checkbox"/> No	After Availability End Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
One-time View	<input type="checkbox"/> Yes <input type="checkbox"/> No	After Attempts are Graded	<input type="checkbox"/> Yes <input type="checkbox"/> No
On a Specific Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
What to Display to Students			
Score per Question	<input type="checkbox"/> Yes <input type="checkbox"/> No	Feedback	<input type="checkbox"/> Yes <input type="checkbox"/> No
All Answers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Incorrect Questions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correct Answers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Default Results Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted Answers	<input type="checkbox"/> Yes <input type="checkbox"/> No	(BB will always show the Score)	
Hide Grades in Grade Center + <i>*If yes is selected ...</i> Date to Unhide: _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Unhide by: LT <input type="checkbox"/> Instructor <input type="checkbox"/>	
Special Instructions: * Please note any ADA students below			

** If "Feedback" is selected, please send the feedback along with the exam.*

Note: Exams, Quizzes and Tests are to be submitted 5 business days prior to due date and sent to the **Academic Program Specialist** at Lsmit009@son.umaryland.edu.