

**EXAMINER'S REPORT FORM**  
**ACS DivCHED Examinations Institute**

Exam Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Please complete the Score Table if you are not returning answer sheets that can be scanned by the Examinations Institute. Please record your students' raw scores, not the percentages. Please do not identify individual students.

<b>Score Table</b>						
1		28		55		82
2		29		56		83
3		30		57		84
4		31		58		85
5		32		59		86
6		33		60		87
7		34		61		88
8		35		62		89
9		36		63		90
10		37		64		91
11		38		65		92
12		39		66		93
13		40		67		94
14		41		68		95
15		42		69		96
16		43		70		97
17		44		71		98
18		45		72		99
19		46		73		100
20		47		74		101
21		48		75		102
22		49		76		103
23		50		77		104
24		51		78		105
25		52		79		106
26		53		80		107
27		54		81		108