

Response Form

For automatic analysis

First Name:
Last Name:
Signature:

Invigilator

ID Number

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0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9

Group: A ☒ B ☐ C ☐ D ☐ E ☐ F ☐

This form will be scanned automatically. Do not fold or stain, and use a black or blue pen to fill the fields :



Only boxes ticked clearly are interpreted correctly ! To correct a ticked box, completely fill it: it will be interpreted as an unticked box :



The boxes thus corrected cannot be ticked anymore.
Do not write anything outside of the boxes.

Warning: do not modify the header or footer of this document. They contain expected information that is precisely positioned. The rest of the document can be edited as needed.

To place a checkbox, copy/paste one of the checkboxes already present in this document. You must avoid changing their size so that they can be detected correctly.

1) Question example: what is 6x7?

☐ 42 ☐ 120 ☐ 1000

2) Question example: what is 1+2 ?

☐ 42 ☐ 120 ☐ 1000

The checkboxes ☐ can be placed anywhere you want ☐ but it is advised to leave a gap around them for the people who tends to tick outside of the box. Checkboxes too close to the margins may be problematic: if they are not detected by easyOMR in the template panel, move them around.

By default, easyOMR will group together the checkboxes on the same line, as the possible choices for the same answer. You can edit this grouping thanks to the Edit... button in the template panel.

easyOMR cannot directly work with Word document, but it can work with pdf files:

In Word, select File/Save As/Double-Click This Computer/Change Type to PDF (*.pdf), and save into the template directory of this project, replacing the pdf file present there.