

IMMEDIATE FEEDBACK ASSESSMENT TECHNIQUE (IF AT®)

Name _____ Test # _____
Subject _____ Total _____

SCRATCH OFF COVERING TO EXPOSE ANSWER

	A	B	C	D	E	Score
1.						_____
2.						_____
3.						_____
4.						_____
5.						_____
6.						_____
7.						_____
8.						_____
9.						_____
10.						_____