

Name: _____

Date: _____

Period: _____

Value Scale Assignment

Aperture: _____

Filtration: _____

_____ sec/l (or s/i) (this means "second intervals")

Staple the test strip below and label with the amount of time each section was exposed.

Teacher Only:

Name	Period
Full Tonal Range – 5 values, minimum (10)	
Neatness:	
• Sections straight, even (2)	
• Test strip(s) clean & print-free (2)	
• Edges neat, trimmed, even (1)	
• No "blips" in print (2)	
Log Sheet	
• Number test strips (1)	
• Fill out correct, full (4)	
"Master" sheet with best print	
• Label correctly (3)	