

BASIC SKILLS ASSESSMENT & EDUCATIONAL SERVICES

Survey with optional Plus

2017 Group Test Registration Form

Father/Guardian: _____ Test Date _____
First Last

Mother/Guardian: _____ Phone: (____) _____
First Last

Mailing Address: _____
Street

_____ Email: _____
City, State ZIP

**The Performance Evaluation Report (PER), which replaces the profile, is an optional report that helps you better understand the significance of the items tested.*

***The Plus Tests are optional and provide additional information in the specific areas of language mechanics, spelling, vocabulary, and mathematics computation. Available for grades 3-12 only.*

Student	Date of Birth	Grade Level for Testing	PER*	Plus Tests**
_____	_ / _ / _	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>First Last</small>				
_____	_ / _ / _	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>First Last</small>				
_____	_ / _ / _	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>First Last</small>				
_____	_ / _ / _	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<small>First Last</small>				

Testing Fees (Please choose one of the test options below)

Survey Only Test	\$50.00	X	# of students _____ = \$ _____
Performance Evaluation Report/PER*	\$10.00	X	# of students _____ = \$ _____
OR			
Survey with Plus Test	\$65.00	X	# of students _____ = \$ _____
Performance Evaluation Report/PER*	\$15.00	X	# of students _____ = \$ _____

**Please make checks payable to:
BASIC SKILLS**

Total: \$ _____

NOTE: Test documents and reports will only be stored until December 31st, 2018.

Your signature below affirms that you assume full responsibility for your children while they are on the Basic Skills campus or testing facility and that you will pick up your children immediately at the conclusion of the testing.

Parent/Guardian's Signature

"CTB is licensor only of the basic data used in this testing and makes no warranty with regard to the accuracy or quality of the scoring and reporting prepared and furnished by its licensees."

FOR OFFICE USE ONLY

Payment Type:

Cash _____ Check# _____ Card (last 4 digits) _____ Amount \$ _____