

Testing Information for 2010

Tues., May 11 **Peace Lutheran Church** (9th and Carden, Pendleton)

Wed., May 12 **Nazarene Church of Hermiston**

(1520 W. Orchard Extension.) Take the Hwy 207 Exit off I-84. Go North about 5 miles. Go through the stop light at Highland and Hwy 207. At Orchard turn left and go about ½ mile. Church is on the right.

Testing times: Grades 1-12 9:00-11:30

Please arrive 10-15 minutes prior to testing time. Pencils are provided. Calculators may not be used. Students may bring a book to read while they are waiting for others to finish. They may also bring a snack for break time. Grades 1, 2, and 3 each test separately. Students in grades 4-12 test together.

Testing is done by Basic Skills of Oregon City. The test is the California Achievement test (CAT).

The cost is \$40 per student. There is an additional fee of \$7 for an optional diagnostic profile. The profile gives you more specific information of the content of the questions your child missed.

Testing is required by the state in grades 3, 5, 8, and 10. Some school districts require testing if home school students are to participate in public school sports or activities.

Practice tests called “Achieving Peak Performance” are available through the Pendleton Home School Association website. <http://phsa.bcmi.net> Click on the Basic Skills button under “links”. Practice tests are available in hard copy or e-book form and are reproducible for your own family use.

If you have questions, feel free to contact Janet at (541) 443-2920 or email: witnesstree@eoni.com

DEADLINE for REGISTRATION and PAYMENT is April 30th, 2010.

CURRICULUM SALE: If you have any curriculum that you wish to sell, there will be a sale area available at each test site. Please have each item clearly labeled with your name and the item price. Sale items and money are the responsibility of the seller.

Please send this portion with your check :

**BASIC SKILLS ASSESSMENT & EDUCATIONAL SERVICES
2010 Achievement Test Registration**

Father/Guardian _____ Test Date _____

Mother/Guardian _____ Phone (____) _____

Mailing
Address _____

Email: _____

The diagnostic Profile is an optional report that shows how your student performed in regards to specific learning objectives measured by the test.

Student's Full Name Date of Birth Grade Level for testing Profile (Yes/ No)

• **Make checks payable to *Basic Skills*.**

• **Mail to: Janet Haddock, PO Box G, Pilot Rock, OR 97868**

Testing Fees: Testing total (\$40/student) \$ _____
Diagnostic Profile (\$7/student) \$ _____
Total \$ _____

Note: Test documents and reports will only be stored until December 31, 2011.

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."