

BASIC SKILLS ASSESSMENT & EDUCATIONAL SERVICES

Survey

2019 Group Test Registration Form

Father/Guardian: _____ Test Date _____
First Last

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

Mailing Address: _____
Street

City, State ZIP Email: _____

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

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

Testing Fees

Survey Test	\$50.00	X	# of students _____ = \$ _____
Performance Evaluation Report/PER*	\$10.00	X	# of students _____ = \$ _____

Please make checks payable to:
BASIC SKILLS
 Total: \$ _____

NOTE: Test documents and reports will only be stored until December 31st, 2020. It is the responsibility of the parents to keep records of their students test reports.

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."

Make checks payable to Basic Skills.
 Send signed registration and payment by Tuesday, April 30th, 2019 to:
 Basic Skills
 c/o Janet Haddock
 PO Box G
 Pilot Rock, OR 97868