### Group Test Sample Letter and Information

Group tests must be ordered by one person (Coordinator) 4 to 6 weeks in advance. Results will be shipped to that person to distribute to the group. The Coordinator does not need to send in all of the School Verification or Test Administrator Forms but should keep them in their files for 3 years.

Here is a sample letter that you can use to send to your group for registration. Please change the test type, dates, times, grades, location, nursery information, cost, etc. to fit your needs.

Dear Support Group Member,

The lowa Tests® will be offered for Group Testing at (name of your site) located at (address) on (April 17-18, 2018) from (8:45 - 12:30) for (Grades K – 12). **Registration Deadline: Postmarked by (March 15, 2018).** Children have to attend both days. Don't delay – registration fills up quickly.

Why Test?

Many states require private and homeschools to have a nationally standardized achievement test administered annually. **National Honor Society now requires group testing for eligibility.** 

What is the Iowa or Stanford Test?

The lowa Tests, (also called The lowa Test of Basic Skills® for Grades K-8 and lowa Tests of Educational Development® for Grades 9-12) and The Stanford Tests, (also called SAT/10) are nationally standardized achievement tests. For more information on this test or practice tests or to download an order form for individual ordering, visit www.TriangleEd.com.

#### **Proctors and Assistants**

We need parental help. If you could help by proctoring (administering the test), assistant proctoring, or hall monitoring, please indicate that on the registration form below. Proctors must have at least a B.A. degree. It is very easy to administer the test. Books are color-coded and tell you what to say and do. Test Order Requirement The publisher of the lowa Tests requires a signature verifying your status as a home school. It is included on the registration form below.

## Cost

The cost of each lowa test is (\$). Checks should be made payable to (your name) and mailed along with the registration form(s) to: (your address). If you have any questions regarding testing, or would like to download an order form to give lowa tests on your own visit <a href="https://www.TriangleEd.com">www.TriangleEd.com</a>. To register for this lowa Group Testing, complete and return the form below, with payment (written to – your name) and your signature. Send it to (your name and address). Keep a copy for your records. You will be notified when your registration is accepted.

lowa Group Testing (April 17-18, 2018) from (8:45 - 12:30). Children attend both days. (name and address of test site)

## Registration Deadline: Postmarked by (March 15, 2018)

Price per Test: \$

Contact Person: (your name and email)

Write check and send it to: (your name and address)

Thank you,

(your name and phone number)

Child's Name	Grade of Test	
Child's Name	Grade of Test	
Child's Name	Grade of Test	
Child's Name ]	Grade of Test	
Parent Name		
E-mail:		

Address:	<del></del>		· · · · · · · · · · · · · · · · · · ·				
Phone:			 _ Cell:				
Help Parent w	vill give (Pr	octor, Assist, H	all Monitor)				
Proctor must	have a B.A	A. or higher.					
(Sorry, no nur	sery is pro	vided)					
Total Enclose	d: \$						
			•	gally binding <b>Scho</b> legally binding <b>Tes</b>			ification
		S	chool Ve	rification Form			
The School Verifica	ation Form (co	mpleted each year) n	eeds to be on f	ile prior to the Iowa, Stan	ford, OLSAT or (	CogAT tests bei	ng sent.
				students only. I pledg s are not for public sch			
Name [			D	ate			
Signature							
School Name				# Enrolled i	n this school _		
Phone ( )		Fax	( )				
Address							
City		State	Zip	(County if NC)			
State Zip		Email Address					
Name of Test Ad	ministrator o	or Coordinator					
Approximate Tes	st Date	<u>.</u>					

# **Test Administrator Qualification Form**

All test administrators must be qualified by filling out this Test Administrator Qualification Form. This form is kept by the Group Coordinator for three years.

Test Administrator Name			
Phone ( )	Fax ( )		
Address			
CityS	tate Zip	(County if NC)	
Email Address			
1. Your level of training (Check as many	as apply.)		
Bachelor's Degree Year Insti	tution	Major field of study	
Master's Degree Year Institu	tion	Major field of study	
Doctorate Year Institution _		Major field of study	
Principles of Effective Test Use  Sound, professional use of educational a  1. Maintain the security of testing mate			
Avoid labeling students based on a sin		230116,	
3. Adhere strictly to the copyright law a books, or manuals;	nd under no circumstar	nces photocopy or otherwise reproduce answer	forms, test
4. Administer, and use tests exactly as s	pecified in the manual.		
		east a Bachelor's Degree and assume full respor ation Assessments, LLC. My signature indicates a	-
Signature		Date	_