

echism  
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HWP0114



# Testing & Evaluation

## Homeschool Order Form 2017



This order is for

- The Iowa Tests® (with/without other materials)
- Stanford tests (with/without other materials; see p. 126)
- Other materials

25+ students? Use these blanks to create a group name for the scores.

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We would like to add a group summary report. Yes/No

### Customer Information

Please print clearly. This is the person who will receive the test results and any other assessments and test-support materials.

Have you ordered from BJU Press previously? Yes/No

Account Number (if known)

Customer Name

Mailing Address

City State ZIP

Phone (required)

Email\*

UPS Address (if different)

City State ZIP

\*Email address required in order to receive test score notification.

- Sign me up for the free Testing Solutions eNews, using the email address listed above!

By checking this box you are opting into the Testing Solutions email newsletter. You can opt out at any time.

### Scheduling Information

**Approximate Testing Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_   
(Order will not be processed if not provided.)

#### March–June test dates

- Order at least 6 weeks ahead.
- Priority Shipping** (p. 128) may be needed if placed less than 4 weeks ahead.
- Standardized tests usually ship 2–3 weeks ahead of test date, subject to order approval.
- Other materials usually ship 1 week after order approval.

#### July–February test dates

- Order 3 weeks ahead.
- Priority Shipping** (p. 128) may be needed if ordering less than 2 weeks ahead.

### Student Information

#### Student 1

Name \_\_\_\_\_ Grade \_\_\_\_\_ M or F \_\_\_\_\_

Test Level \_\_\_\_\_ Mo/Day/Year \_\_\_\_\_

#### Student 2

Name \_\_\_\_\_ Grade \_\_\_\_\_ M or F \_\_\_\_\_

Test Level \_\_\_\_\_ Mo/Day/Year \_\_\_\_\_

#### Student 3

Name \_\_\_\_\_ Grade \_\_\_\_\_ M or F \_\_\_\_\_

Test Level \_\_\_\_\_ Mo/Day/Year \_\_\_\_\_

#### Student 4

Name \_\_\_\_\_ Grade \_\_\_\_\_ M or F \_\_\_\_\_

Test Level \_\_\_\_\_ Mo/Day/Year \_\_\_\_\_

For additional students, please attach a list with the above information provided for each student.

Please complete this section if the **Approved Tester** is someone other than you. Please be accurate. **Do not send in your order until the tester has been approved.**

Tester's Account Number (if known)

Tester's Name

Tester's Mailing Address

City State ZIP

Tester's Phone (required)

Tester's UPS Address (if different)

City State ZIP

### Office Use Only

Order # \_\_\_\_\_

Entered by \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

Paid \$ \_\_\_\_\_ / \_\_\_\_\_ Check # \_\_\_\_\_

Orders are not final until approved by the BJU Press home office. All sales and prices are F.O.B. Greenville, S.C., and prices are subject to change without notice.