



Testing & Evaluation

Packing List

Please include this page in your package of documents to be scored.

Scoring Shipment # _____

Test Date _____

Group Name _____

Test Coordinator Information

Name _____

Email Address _____

Phone Number _____

List of students (names and grades) with IEPs, special needs, and such who should be excluded from group reports.

| Name | Grade | Name | Grade |
|------|-------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Additional students listed on back? Yes No

List of homeschoolers (names and grades) who tested along with your school students and who should be excluded from group reports.

| Name | Grade | Name | Grade |
|------|-------|------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Additional students listed on back? Yes No

Testing & Evaluation

1430 Wade Hampton Blvd., Ste 210
Greenville, SC 29609-5066

Scoring Shipment # _____

Box _____ of _____

Which test are you sending?

- Stanford/OLSAT®
- The Iowa Tests®/CogAT®

Please send by an insured and traceable method.

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