

EPES TESTING, INC.
ORDER FORM FOR SOL PRACTICE TESTS

ORDER NUMBER	TESTS/GRADE SETS/SCORING SERVICES	UNIT PRICE	QUANTITY	TOTAL PRICE
40103	GRADE 3 READING (ENGLISH) TEST	30.00		
40203	GRADE 3 MATH TEST	30.00		
40403	GRADE 3 SCIENCE TEST	30.00		
40503	GRADE 3 SOCIAL STUDIES TEST	30.00		
40130	GRADE 3 SET - ALL TESTS	ONLY \$92		
40105	GRADE 5 READING (ENGLISH) TEST	30.00		
40205	GRADE 5 MATH TEST	30.00		
40150	GRADE 5 SET - BOTH TESTS	ONLY \$46		
40108	GRADE 8 READING (ENGLISH) TEST	30.00		
40208	GRADE 8 MATH TEST	30.00		
40180	GRADE 8 SET - BOTH TESTS	ONLY \$46		
40209	ALGEBRA I EOC	30.00		
7005	SCAN SCORING SERVICES (up to 2500 sheets per box): Includes customized forms, scoring, plus free class report - (Each student per test)	.18		
7006	<u>ADDITIONAL REPORT SERVICES</u> (available with 7005 or 7007) INDIVIDUAL STUDENT REPORT (Each student per test)	.15		
7009	ITEM ANALYSIS REPORTS (Per teacher, per subject)	1.00		
7011	CUSTOMIZED CLASSROOM REPORT (Gender, Race, etc.) (Each demographic, per grade, per subject)	1.00		
7012	GRADE REPORTS - (Per subject, per grade)	2.50		
7013	TITLE I ANALYSIS REPORTS (#174-185) (EACH STUDENT PER TEST)	.15		
7014	PROGRESS REPORT (a graph of the same test comparing up to 4 testing dates for 4 teachers)	10.00		
90999	SHIPPING AND HANDLING- 10% (minimum \$15 per box)- EXCEPT AK, HI, and outside the U.S., add actual shipping charges			
90994	2ND DAY AIR - actual charges:			
90990	OVERNIGHT - actual charges:			
	TOTAL			

*Included with every test is a TEACHER SUPPLEMENT which covers skills measured by each question, the answers to each question, a list of uses of test results, and sample computerized reports if we do your scoring.

EPES TESTING, INC.

606 Peach St.
Magnolia, AR 71753
Phone: 1-800-488-2689
Fax: 1-866-306-7901

PURCHASE ORDER #: _____

School systems must submit a purchase order.
All other orders have to be prepaid. Home schools must submit a school address reference with phone number.

SHIP TO:
NAME: _____
POSITION: _____
SCHOOL: _____
STREET ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
PHONE: (____) _____
EMAIL ADDRESS: _____
FAX: _____

BILL TO: (IF DIFFERENT)
NAME: _____
POSITION: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

VISA and MASTERCARD accepted

SOL 2006