



Family Learning Organization

Educational Assessment & Testing Service

PO Box 1750

(509) 467-2552

Mead WA 99021

(800) 405-8378

www.familylearning.org

homeschool@familylearning.org

Price List

Standardized Tests

California Achievement (CAT/5)	Grades K – 12	\$37.00
CAT Mark-able (MC)	Grades K – 3	\$50.00
CAT Survey (CS)	Grades 2 – 12	\$37.00
TerraNova 1 st Ed. (T)	Grades 1 – 12	\$30.00
Basic Ach. Skills Inventory (BASI)	Grades 3 – 12	\$37.00
TerraNova 2 nd Ed. (TN)	Grades K – 12	\$40.00
Practice Tests (PT)	Grades 1 -3	\$3.00
S&H for Test Orders (continental US)		\$5.00

Test Preps

Spectrum Test Prep (STP) Grades 1 – 8	\$9.50
Test Prep Grade 9 (TP9)	\$9.50
Test Prep Grade 10 (TPHS)	\$9.50
Test Prep Grades 11/12 (TP12)	\$9.50
S&H (if ordered without a test)	\$3.00
GED Test Prep	\$9.00
S&H (if ordered without a test)	\$3.00

*Sales Tax is applicable to all Test Prep items and S&H fee for all WA customers. You can look up the tax rate at the WA Dept. of Revenue website. For assistance, please contact our office.

Assessments** (Washington State Only – Unless Approved)

Checklist (CSL) Grades K – 12	\$30.00
Freestyle (FAF) Grades K – 12 use same form	\$30.00

(No S&H Charge for these items)

**These reports are completed by the parent/educator and evaluated by a Washington State Certified Teacher to document the child's academic progress.

Prices valid through December 31st, 2016. After that date, visit www.familylearning.org or call our office 1-800-405-8378.

ITEM	GRADE	STUDENT NAME	DATE OF BIRTH	PRICE
CAT	9	Amanda L. Smith	05/17/2001	\$37.00

*For addition items or students, attach an additional sheet of paper.

Special Instructions:	*S&H: For test orders add \$5 per order ; \$3 for Test Preps or GED Preps ordered alone. **WA Sales Tax: WA customers must pay sales tax on all test prep items and the S&H fee for them.	Sub-Total \$ _____ *S&H \$ _____ **Sales Tax \$ _____ Total \$ _____
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(During the peak testing months March – July there can be delays. Call for availability.) Check or Money Order Enclosed
 Send as soon as available – I am ready to test. Credit Card (MasterCard, Visa, or Discover)

Desired Testing Week _____ Card Number _____

Name _____ Exp. ____/____ CVC Code _____
(mm/yy)

Address _____ Name on Card _____

City _____

State _____ Zip Code _____

Phone (____) _____

E-mail _____

Testing Agreement: I understand these materials are only being rented and I agree to **RETURN** all materials within **TWO WEEKS** of receiving them. I understand that failure to return materials will result in a fee of **\$50.00 per book**. Legal considerations require that all printed materials be returned. I also certify that I am a homeschooling parent and agree to protect the testing materials and the confidentiality of their contents. I agree to the terms set forth here.

Signature _____