

TEST AUTHORIZATION FORM

This form is to be used by those who need to take a test in the TESTING CENTER or ESOL TESTING ROOM. It is not to be used by students who wish to pursue a thorough diagnostic assessment and instructional program in the NewSkills Center. Call (615) 230-3676 to ask about the NewSkills program.

_____ Challenge Test _____ ESOL Test

Test(s) to be administered:

Writing sample/test:

- ___ To challenge Writing placement

- ___ ESOL Writing sample
- ___ ESOL Writing/grammar placement test

Reading test:

- ___ To challenge Reading placement/Nelson-Denny Reading Test (Form H)

- ___ ESOL Reading test for placement

Listening Test:

- ___ ESOL Listening test for placement

Mathematics placement (SELECT ONLY ONE):

- ___ AAPP (Pre-Test) Arithmetic
- ___ AAPP (Pre-Test) Elementary Algebra
- ___ AAPP (Pre-Test) Intermediate Algebra

Authorized By _____ Date _____

Student Signature _____ Date _____

Test Administrator _____ Date _____

| Date Tested: | Test(s) Administered: | Raw Score: | Scaled Score: |
|--------------|-----------------------|------------|---------------|
| 1. _____ | 1. _____ | 1. _____ | 1. _____ |
| 2. _____ | 2. _____ | 2. _____ | 2. _____ |
| 3. _____ | 3. _____ | 3. _____ | 3. _____ |
| 4. _____ | 4. _____ | 4. _____ | 4. _____ |

SCALED SCORES MUST BE ENTERED ON THE 048 SCREEN TO ALLOW COMPLETION OF THE *TBR ENROLLED STUDENT REPORT*.

Testers, please fax copies of ESOL test results and writing samples to Cindy Chanin, 3228 in Humanities.

