



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	\$40.00
CAT Mark-able (MC)	Grades K – 3	\$50.00
CAT Survey (CS)	Grades 2 – 12	\$40.00
TerraNova 1 st Ed. (T)	Grades 1 – 12	\$30.00
Basic Ach. Skills Inventory (BASI)	Grades 3 – 12	\$40.00
TerraNova 2 nd Ed. (TN)	Grades K – 12	\$43.00
Practice Tests (PT)	Grades 1 -3	\$3.00

*The price of all tests includes Standard Priority shipping to customer.

Assessments** (Washington State Only – Unless Approved)

Checklist (CSL) Grades K – 12	\$30.00
Freestyle (FAF) Grades K – 12 use same form (No S&H Charge for these items)	\$30.00

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

Test Preps

Spectrum Test Prep (STP) Grades 1 – 8	\$11.00
Test Prep Grade 9 (TP9)	\$11.00
Test Prep Grade 10 (TPHS)	\$11.00
Test Prep Grades 11/12 (TP12)	\$11.00
GED Test Prep	\$10.00
Spectrum Test Practice (SPR) Grades 1-8	\$13.00

*The price of all Test Prep items includes First Class or Media mail S&H.

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

Prices are valid through December 31st, 2018. 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	\$40.00

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

Special Instructions:	*WA Sales Tax: WA customers must pay sales tax on all test prep items ONLY. Tax is based on address items will be mailed too.	Sub-Total \$ _____ *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 _____