

Dear Parent,

This letter is to provide you information on standardized testing. We will be offering the Iowa Test of Basic Skills (ITBS) for children in 3<sup>rd</sup> – 12<sup>th</sup> grades. If you have a Kindergartner – 2<sup>nd</sup> grader, a personal evaluation is recommended. **Please be aware that after looking at the facilities available to us as well as other factors, we anticipate that space will be limited.** Therefore we want to encourage PBH members to register early for when the space for students is filled all registration will be closed. Registration will be open only to PBH members through February 1, 2009. After that date if there is still room we will open it to other homeschoolers in Broward County.

We are required by the testing company to provide home-school verification signed by the test administrator **only**. If you filled out a home-school affidavit in past years you do not need to fill one out this year. If you are new to homeschooling or this is your first year of testing please fill out an affidavit that I can keep on file. To receive an affidavit e-mail me at [beisel@bellsouth.net](mailto:beisel@bellsouth.net) and I will send you a copy or you may pick one up at the meeting.

The testing fee will include the complete battery for the ITBS, proctors, machine scoring, UPS fee, and a letter of progression. I reserve the right to request a portfolio review before signing a letter of progression for scores that seem too low.

**DATE:** April 27 –29, 2009. If your child is in 9<sup>th</sup> – 12<sup>th</sup> grades they must attend both April 27 and 28. All students in grades 3 – 8 must attend all three days.

**TIME:** Grades 3<sup>rd</sup> – 12<sup>th</sup> 9am – 12noon. Exact times and room assignments will be sent to you via e-mail.

**PLACE:** Parkridge Baptist Church in Coral Springs located at 5600 Coral Ridge Drive.

**FEE:** \$50.00 Make **checks payable to Gaye Beisel**

**REGISTER BY:** Final date of registration is **February 20, 2009**. Register early!

**REFUNDS:** There will be **NO** refunds. We will be using a testing service and must pay for the tests ordered.

**CONFIRMATION OF RECEIPT:** E-mail

**TO REGISTER:** Mail registration form, check, and affidavit (if necessary) to Gaye Beisel

**QUESTIONS:** Call Gaye Beisel at 954-755-2651 or email [beisel@bellsouth.net](mailto:beisel@bellsouth.net)

**ROOM ASSIGNMENTS:** Will be sent by e-mail

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**REGISTRATION FOR ITBS TESTING**

Parent's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail (print legibly) \_\_\_\_\_

<u>Full name of child taking test</u>	<u>Sex</u>	<u>Grade</u>	<u>Birthdate</u>	<u>Month Started Schooling</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please mail check and bottom half of form to: Gaye Beisel  
9639 NW 28<sup>th</sup> Street  
Coral Springs, FL 33065