

**ORDER FORM FOR CELSA
Placement and ATB Testing**

MAIL OR FAX TO:

ACTT ASSOCIATION OF CLASSROOM TEACHER TESTERS
1187 Coast Village Road Suite 1 #378, Montecito, CA 93108-2794
Sales Office - telephone: (805) 965-5704 FAX: (805) 965-5807

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| P.O. # |
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email: actt@cappassoc.com website: www.assessment-testing.com

Schools that order the CELSA must order annual test site licenses (A). Placement site licenses are based on the number of unduplicated students tested in a 12 month period. This number can be based on past testing year or projected testing for the future. Site licenses are renewed each year. Reusable test booklets must be purchased in addition to the site license for "paper/pencil" testing. For placement only, CTA software for computer delivered testing is \$800 per year. For ATB and placement, CTA has an annual license fee of \$1200 in addition to a \$11.50 per student ATB charge. When used for ATB, CTA does not have an additional per student charge for placement. The site license for ATB only (A.) is \$195. The mail-in cost per student packet is \$11.50

| A. Site License | License fee/yr. | B. Testing Materials & Software | | | |
|-----------------------------------|-----------------|---------------------------------|---|-----------|-------|
| # students tested/yr. | | Qty. | Description | Unit | Total |
| 1-60 | \$195 | | CELSA test booklets form# __* | \$2.95 | |
| 61-200 | \$325 | | Mail-in ATB packet/per student | \$12.50 | |
| 201-400 | \$495 | | <i>CELSA ATB User's Guide</i> | no charge | |
| 401-750 | \$750 | | CTA ATB <u>or</u> placement \$800/yr. | ** | |
| 751-1,200 | \$1095 | | CTA Placement <u>&</u> ATB \$1200/yr. | | |
| more than 1200 by quote | | | CTA ATB per student | \$12.50 | |
| Subtotal A (Site License): | | | | | |
| Subtotal B: (Materials/software): | | | | | |
| Total: | | | | | |

Note: Tax and shipping will be added to invoice

I certify that the number of students claimed for site license pricing reflects the most accurate information available.

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|-----------------------|-----------------|
| Name: _____ | Position: _____ |
| School: _____ | Phone: _____ |
| Street: _____ | Fax: _____ |
| City/State/Zip: _____ | email: _____ |

* Please indicate form 1,2,3,or 4. Only forms 1 and 2 are approved for Ability to Benefit.

**If used with the MDTP or CTEP there is no annual software charge