

TRAINING VERIFICATION

CASAS enters the information you provide into its customer service database. So we may better serve you, please write legibly and avoid acronyms or abbreviations.

Session Information

Type of Training _____ Date _____ Session # _____
CASAS provides this number

Name of Trainer _____

Contact Information

Your Name (please print) _____

Agency or Site Name _____

Agency or Site Address _____

City/State/ZIP _____

Phone and FAX _____

Main Agency Name _____
(if different from your agency or site name)

Main Agency Address _____
(if different from your agency or site address)

E-Mail _____

(Note: CASAS uses e-mail as a primary means of communication and never shares e-mail lists.)

Please do *not* include me on the CASAS e-mail list of subscribers.

I am interested in field-testing new assessments: Yes No

I would like more information about: (Please use the back of this sheet if you need additional space.)

I agree to follow the CASAS test administration guidelines as described in this training to ensure and maintain the integrity of the assessments as a standardized measure of placement and progress. I agree to follow test security procedures to ensure all testing materials including test booklets and test administration and scoring materials are kept secure.

Your signature _____

Trainer Signature _____

(To be signed by CASAS trainer or staff)

This completed form verifies that you attended a CASAS training session and are now authorized to order and administer CASAS most assessments.