

WOODCOCK-JOHNSON III SCHEDULING FORM

Brewer Testing Services
2853 Davis Road
East Bend, NC 27018
336-699-3997
pat@brewertesting.com

PARENT(S) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____

HOME PHONE _____ CELL PHONE _____

TEACHER NAME(S) _____

SCHOOL NAME (OPTIONAL) _____

STUDENT'S NAME	STUDENT'S GRADE	DATE OF BIRTH	WHICH TESTING PKG
			PACKAGE 1 OR 2
			PACKAGE 1 OR 2
			PACKAGE 1 OR 2
			PACKAGE 1 OR 2

DO YOU WISH TO ADD THE ACADEMIC KNOWLEDGE TEST FOR AN ADDITIONAL \$10? YES NO

TESTING PACKAGE #1 *JUST FOR THE STATE* \$55 (INCLUDES THE 6 AREAS REQUIRED BY NC AND MOST STATES)

TESTING PACKAGE #2 STANDARD TESTING PACKAGE (9 TESTS RECOMMENDED BY THE AUTHORS)

WHICH MONTH DO YOU PREFER? (PLEASE CIRCLE)

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

WHICH WEEK DO YOU PREFER? (PLEASE CIRCLE) 1ST 2ND 3RD 4TH 5TH

WHICH DAYS ARE BEST FOR YOU? (PLEASE CIRCLE) MON TUE WED THU FRI SAT

WHAT TIMES ARE BEST FOR YOU? AM PM DOESN'T MATTER

DO YOU HAVE A PREFERENCE OF WHICH FORM YOU WANT USED? FORM A FORM B

Please note: We will do our best to schedule your testing at a convenient time for you.

ADDITIONAL INFO THAT YOU WOULD LIKE TO SHARE: (especially any special needs or information that would be helpful to me)
