



**I. Client Information**

Name of School: \_\_\_\_\_ Type of School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Region: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Tel.No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**II. Subscription Information.** Confirm your schedule/s at least two weeks before the preferred testing date.

Assessment of Learning Conditions (ALC)	For Intended Examinees		
Learning Style Preference	Grade School 3- 6	High School 1-4	College
Assessment of Mental Intelligence – Non Verbal (AMI-NV)	Grade School 3- 6	High School 1-4	College
Assessment of Mental Intelligence - Verbal (AMI-V)	Grade School 3- 6	High School 1-4	College
Study Habits Inventory (SHI)	Grade School 5-6	High School 1-4	College

Assessment of Career Exploration (ACE)	For Intended Examinees	
Interest and Learning Style Inventory (ILSI)	High School 1-2	
Career Interest and Multiple Intelligences (CIMI)	High School 1-2	
Career and Personality Interest (CPI)	High School 3-4	College
Aptitude Test for Students (ATS)	High School 3-4	College

Academic Diagnostic Test (ADT)	For Intended Examinees	Mode of Test
Mathematics Diagnostic Test	Grade School 1-6    High School 1-4	Pre test - Post test
English Diagnostic Test	Grade School 1-6    High School 1-4	Pre test - Post test
Science Diagnostic Test	Grade School 1-6    High School 1-4	Pre test - Post test

Admission Assessment	Other Assessment
School Readiness Assessment (Early Childhood Education) SRT-ECE	English Proficiency Assessment (for college students and employees)
Assessment for High School Admission (AHSA)	Aptitude Test for Teachers (for BSEd/BEEEd college students and faculty)
Assessment for College Admission (ACA)	Aptitude Test for Nurses (for Nursing students and Practitioners)

**III. Volume of Examinees**

Test Subscription	Examinees		Mode of Test (For ADT) (For other tests, pls. specify the date)	
	Gr/Yr Level	Population	Schedule Of Pretest	Schedule Of Posttest

\_\_\_\_\_  
Name and Signature of School Head

\_\_\_\_\_  
Name and Signature of Contact Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Psi Representative

\_\_\_\_\_  
Date