



I. Client Information

Name of Institution: _____
 Address: _____ Region: _____
 Name of School Head: _____ Designation: _____
 Institution Website: _____ Email Address: _____
 Institution's Tel.No(s): _____ Fax No(s): _____
 Name of Contact Person: _____ Designation: _____
 E-mail Address of the Contact Person: _____ Mobile No.: _____

II. Terms of Assessment

- 1) Subscribers of Psi assessment service must submit this Terms of Assessment Form together with the Registration Form at least one week before the schedule.
- 2) Should there be changes in the schedule; the subscriber must inform Psi at least three days before the schedule. Preferred schedule is subject to the availability of the slots.
- 3) Subscribers must provide Psi two copies of the master list of examinees (either thru fax or e-mail) one week before the schedule.
- 4) All assessment will be facilitated by Psi in coordination with the Company Representative. Subscribers will provide the Testing Center (place where assessment will be facilitated).
- 5) Should there be absent examinees during the assessment, subscribers must confer with the Psi Testing Coordinator the re-scheduling.
- 6) Result report will be delivered two weeks after the assessment, addressed to the designated contact person.
- 7) Subscribers' Billing Statement will be delivered after the assessment.
- 8) All check payments should be payable to Psi Psychological Testing and Research Services upon delivery of the report.

III. Cost of Assessment (please refer to the Subscription Form for the details of the tests)

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| 1. Assessment of Learning Conditions | - Php 120.00 / pax |
| 2. Career Assessment | - Php 120.00 / pax |
| 3. English Proficiency Assessment | - Php 120.00 / pax |
| 4. Multi-dimensional Aptitude Test | - Php 200.00 / pax |
| 5. Aptitude Test for Teachers | - Php 200.00 / pax |
| 6. Personality Assessment | - Php 200.00 / pax |

For other test not mentioned please consult your Psi Testing Coordinator or contact us at tel.no. 571-6963 or 394-7041 or e-mail us at psi.clientcare@gmail.com

Conforme:

Attested:

Name and Signature of Authorized
(Subscriber's) Representative

Name and Signature of
Psi Representative

Date: _____

Date: _____