

RETURN TO:

Tri-County Educational Service Center
Attn: **Kathy Mast**
741 Winkler Drive
Wooster, OH 44691
Phone: (330) 345-6771 Ext. 228
E-mail: tesc_mast@tccsa.net

For Office Use Only			
ASSESSMENT			
_____ Passed	_____ Not Passed	_____ Score	_____ Date

PARAPRO PRAXIS ASSESSMENT ONLY
REGISTRATION FORM

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

E-mail Address: _____

District of Residence: _____

District of Employment: _____
(if applicable)

<p><u>Deadline for registration and payment</u> One (1) week prior to the assessment</p> <p><u>Make check or money order payable to:</u> Tri-County Educational Service Center (ESC)</p>
--

ETS Assessment Session (\$80) \$ _____

ETS Study Guide (\$30) \$ _____ (optional)

TOTAL: \$ _____

For Office Use Only	
Date:	_____
Payment Type:	Cash Check
Amount:	_____
Check #:	_____
Receipt #:	_____
Date Study Guide Rec'vd:	_____