

**RETURN TO:**

Tri-County Educational Service Center  
Attn: **Karen Miller**  
741 Winkler Drive  
Wooster, OH 44691  
Phone: (330) 345-6771 Ext. 228  
E-mail: tesc\_kmiller@tccsa.net

| For Office Use Only        |                                |
|----------------------------|--------------------------------|
| <b>ASSESSMENT</b>          |                                |
| Date _____                 | Time _____                     |
| _____ Passed - _____ Score | _____ Not Passed - _____ Score |

**PARAPRO PRAXIS ASSESSMENT ONLY**  
**REGISTRATION FORM**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, ST, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**District of Residence:** \_\_\_\_\_

**District of Employment:** \_\_\_\_\_  
*(if applicable)*

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

**ETS Assessment Session (\$75) \$** \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

**Date & Time** \_\_\_\_\_

| For Office Use Only  |       |       |    |
|----------------------|-------|-------|----|
| <b>Date:</b>         | _____ |       |    |
| <b>Payment Type:</b> | Cash  | Check | CC |
| <b>Amount:</b>       | _____ |       |    |
| <b>Check #:</b>      | _____ |       |    |
| <b>Receipt #:</b>    | _____ |       |    |