

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	
ASSESSMENT	
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><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>
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ETS Assessment Session (\$75) \$ _____

TOTAL: \$ _____

Preferred Testing Date _____

For Office Use Only			
Date:	_____		
Payment Type:	Cash	Check	CC
Amount:	_____		
Check #:	_____		
Receipt #:	_____		