



2009-2010 ISEE Test Site Application

1. School's Information

School Name: _____ ERB Code: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____

ISEE Supervisor Name: _____

Position: _____ Direct Phone or Extension: _____

Email address: _____

2. Testing Dates

Date	Open or Closed	Testing Applicants to Grades	Check-In Time	Start Time	Testing with Accommodations (Yes *or No) <small>*please complete pg. 3 if offering accommodations</small>	Walk-in Date (Yes or No)
<i>Example Sept. 12th, 2009</i>	<i>Open</i>	<i>5-12</i>	<i>8:30 AM</i>	<i>9:00 AM</i>	<i>Yes</i>	<i>Yes</i>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**Have you worked with an ISEE Consultant? If so, which one? _____*



2009-2010 ISEE Room Request Form

(This form must be completed in order to process your test dates)

1. Sorting of ISEE testing materials

Please choose how you would like your materials sorted:

SORT BY LEVEL

of Students

_____ Lower Level Capacity (applicants to grades 5 & 6)

_____ Middle/Upper Level Capacity (applicants to grades 7-12)

_____ Testing with Accommodations (if applicable)

_____ Total Capacity

OR

SORT BY ROOMS

	Room Name/Number	# of Students in Room	Is this a Lower Level Applicants Room?	Is this a Non-Standard room?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Please continue on another sheet of paper, if needed.)

School Name

ISEE Test Supervisor Signature

Date



2009-2010 ISEE Testing with Accommodations

1. School's Information

School Name: _____

Supervisor's Name: _____

Supervisor's Email: _____

2. Available Accommodations at Test Site:

Lower Level ISEE (Applicants to Grades 5 & 6)

Room setting	Accommodations	Please place an asterisk (*) next to the accommodations you can administer	Total number of students in each accommodations room	Room #/Name of Room
Group testing (These four types of accommodations can be administered in one room)	Extended Time (1 ½ times)			
	Large-print test			
	Circle in test booklet			
	Use of calculator			
Group testing	Computer for essay			
One or more	Reader			
One-on-one setting	Scribe (individual)			

Middle & Upper Level ISEE (Applicants to Grades 7-12)

Room setting	Accommodations	Please place an asterisk (*) next to the accommodations you can administer	Total number of students in each accommodations room	Room #/Name of Room
Group testing (These four types of accommodations can be administered in one room)	Extended Time (1 ½ times)			
	Large-print test			
	Circle in test booklet			
	Use of calculator			
Group testing	Computer for essay			
One or more by level	Reader			
One-on-one setting	Scribe (individual)			

~The ISEE thanks you for your commitment to test students with all types of learning styles. ~

Elizabeth Mangas
Educational Records Bureau
220 East 42nd Street, Suite 100
New York, NY 10017



2009-2010 ISEE Guides Order Form

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

Number of 56-page Student Guides needed for 2009-2010 (packed in boxes of 100 each): _____

And/Or

Number of 8-page Online Guides needed for 2009-2010 (packed in boxes of 100 each): _____

(Families need either the 56-page Student Guide or the 8-page Online Guide, but not both)

Ship to (please print or type):

Name: _____

Title: _____

School: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

Return to: Elizabeth Mangas
Educational Records Bureau **OR** Fax: (212) 370-4095
220 East 42nd Street, Suite 100
New York, NY 10017

For ERB use only:

Date sent: _____

Number of guides sent: _____