



Price List
Diagnostic Test for Pre-Algebra Math
(DT-PAM)
 Print Version

We offer printed test booklet or user-printed booklet options for the print version of the DT-PAM

Option 1 User Printed Test Booklets		
	Description	Price per student
APR Testing Services provides: - a master copy of the test - answer sheets - scoring services - Student, Class, and School Reports The school district is responsible for printing the test.	DT-PAM Master Copy	\$5.20 (minimum 25 students)

Option 2 Printed Test Booklets		
	Description	Price per student
APR Testing Services provides: - disposable copies of the DT-PAM test booklets - answer sheets - scoring services - Student, Class, and School Reports.	25 to 99 copies	\$8.65
	100-499 copies	\$8.15
	500+ copies	\$7.65

Additional Items	
Description	Price
Specimen Set (including a test; an answer sheet; and sample Student, Class, and School Reports)	\$90
Technical Manual (describing the development, reliability and validity of the test)	\$60
Database with all student scores (must be ordered with test booklets)	\$0.50 per student
Overnight Domestic Shipping by Federal Express	\$29
International Shipping (with delivery within a week to most international locations)	\$70

The prices above include:

1. Expedited shipping of the test materials.
2. Instructions for test administration.
3. One-week turnaround for grading of the test (after receipt of answer sheets).

Order from: APR Testing Services
 62 Candlewood Road
 Scarsdale, NY 10583
 (617) 244-7405 (voice)
 (617) 244-8904 (fax)
request@APRTestingServices.com

Please see
<http://APRTestingServices.com>
 or contact us for information
 about the **Online Version** of the
 DT-PAM.



Order Form
Diagnostic Test for Pre-Algebra Math
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Database with all student scores	\$0.50 per student		
Overnight Domestic Shipping by Federal Express	\$29		
International shipping	\$70		
Preferred date of arrival: _____		Total Price	

Ship To:

Attention _____

Title _____

School/Organization _____

Street Address _____

City/State/Zip _____

Tel () _____

Email _____

Bill To:*

Attention _____

Title _____

School/Organization _____

Street Address _____

City/State/Zip _____

Tel () _____

Email _____

*If paying by credit card, enter the address to which the card statement is sent.

Choose Your Payment Method (Please check the appropriate box.)

- Purchase Order: PO # _____
- Check enclosed payable to: APR Testing Services
- Charge: ___ MasterCard
- ___ American Express
- ___ Visa

Card # _____

Exp. Date: _____

CSC (Security Code): _____

Name on Card: _____

Authorized Signature: _____

Email, Mail or Fax this form to:
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