



Expressive Cued Speech Skills: Assessment Request Form

Date: _____ Your connection to CS: _____
 Name: _____ Daytime phone: _____
 Address: _____ Evening phone: _____
 City, State Zip: _____ Email: _____
 Years Cueing: _____ Hours/week cueing (currently): _____

What would like to request?	Have you taken this assessment before? (circle one)	Price (circle one, per item requested)	Total
Word-level Assessment <input type="checkbox"/>	No / Yes <i>If yes, list date(s) (approximate) of previous test(s):</i>	\$100 \$85* (NCSA member)	
Sentence-level Assessment <input type="checkbox"/>	No / Yes	\$100 \$85* (NCSA member)	
Conversational-level Assessment <input type="checkbox"/>	No / Yes	\$100 \$85* (NCSA member)	
NCSA membership <input type="checkbox"/>	<i>*To qualify for the member discount, enter your expiration date below or circle at right to purchase</i> _____	\$40: Individ/Family (1 yr)	
METHOD OF PAYMENT:		Multi-test discount <i>(2 tests = \$10 off; 3 tests = \$25 off)</i>	
<input type="checkbox"/> CHECK # _____ (check payable to "NCSA") <input type="checkbox"/> CREDIT CARD (circle one): VISA MC AMEX <input type="radio"/> CARD NUMBER: _____ <input type="radio"/> EXPIRATION DATE: _____ CSC#: _____ <input type="radio"/> NAME ON CARD: _____ <input type="radio"/> AUTHORIZED SIGNATURE: _____		Subtotal	
		Shipping/handling	\$10.50
		TOTAL	
<i>Note: a \$3 convenience charge is applied to all credit card payments</i>			

Agreement

- I understand that if my assessment is not administered or filmed according to the instructions, my video may not be rateable, or my score could be adversely affected. If my video is not rateable, the NCSA will refund my testing fee (less the shipping/handling charge).
- I understand that all test materials are confidential. I will not discuss the specific items on the assessment with anyone. I will return all of the test materials that were originally mailed to me with the flip camera and other equipment provided for filming my test.
- I agree to complete the test within 30 days of the above date. Failing to do so will result in forfeiture of my testing fee. If I cannot complete the test in the allotted time, I may return all test materials that were mailed to me before the conclusion of the 30 day period for a full refund (except for shipping/handling).

I have read and agree to abide by the above guidelines (signature required): _____

Mail form to: Amy Ruberl, NCSA Testing Coordinator / 5619 McLean Drive/ Bethesda, MD 20814-1021

Test materials will be mailed to you within two weeks of receipt of this form.

Need more info? Visit our website at <http://cuedspeech.org>
 Email us at InsCert@cuedspeech.org