



North Carolina End-of-Course Assessment—English II

SPRING 2018

NON-PUBLIC PARTICIPATION FORM

Questar Assessment, Inc. is the scoring vendor for this assessment.

To participate in this program it is necessary for the Test Coordinator to complete this form and return it to Questar along with a Purchase Order by **April 9, 2018**. A paper copy of your PURCHASE ORDER is required to participate. Please write your purchase order number on this form and mail or fax a hard copy to the address or fax number below. Registration and training with the North Carolina Non-Public Schools Test Coordinator (NPSTS) is required to participate in this test.

THE COST for SCORING, REPORTING, AND SHIPPING
\$8.25 PER Assessment BOOKLET

The Spring 2018 test administration is **March 1–June 20, 2018**.

The following actions are needed for participation:

- ❖ Return this form to Questar Assessment, Inc. to acknowledge participation by **April 9, 2018**.
- ❖ Register with the North Carolina NPSTS for the Spring Testing Session.
 - Testing materials will be shipped only after completing test administration training with NPSTS.
 - Shipping instructions will be included with the test materials.
 - Completed testing materials must be shipped to Questar the day after testing, but no later than **June 20, 2018**.
- If you have any questions regarding the Spring 2018 NC English II End of Course Assessment, please contact Brian Swiger at 919-515-4624 or at brian_swiger@ncsu.edu
- An email will be sent to the address listed above confirming that this document has been received by Questar and the number of assessments you are testing.



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Please fax or mail this form and a purchase order to Questar Assessment, Inc.
After faxing, please email customerservice@questarai.com or
call toll free at 1-877-997-0422 to confirm receipt of fax.

FAX # 1-866-688-0419
Attn: NC Eng II EOC Customer Support

MAILING ADDRESS:
Questar Assessment, Inc.
Attn: Materials Receiving
14720 Energy Way, Saint Paul, MN 55124

THIS FORM MUST BE RETURNED BY April 9, 2018

(Please Print)

Test Coordinator Name: _____

Email Address: _____ School Code: _____

School Name: _____

School Delivery Address: _____

(Please do not use PO Box addresses)

City/ State/ Zip: _____

School Phone: _____

School Fax: _____

Purchase Order: _____

Please note the number of students you will be testing:	