

Stanford Achievement Testing at C.E.I.

Christian Education Institute • 45-416 Kamehameha Highway
Kaneohe, Hawaii 96744 • Located at Windward Worship Center
Phone: (808) 247-8186 • E-mail: sat@ceischool.org

Test results expected back the end of May. The test takes about 3–6 hours, spread over 2 days (except Kindergarten).

REQUIRED grades for testing in Hawaii are **3, 6, 8, and 10**. Other years may be used as end-of-the-year progress reports.

Booklets available for purchase:

- Parent Previews (SAT 9) \$1.50 each
- Understanding Test Results \$1.50 each
- Christian Sample Subtests \$5.00 each
(secondary only)
- 7–8 Science, Social Science, Listening
- 9–10 Math, Study Skills
- 11–12 Reading Comprehension, Vocabulary

TESTING COSTS

C.E.I. Members \$50
others \$60

Late registration:

(after March 15) add \$10

Test Results Discussion \$10
(date/location T.B.A.)

- **CANCELLATIONS:** advance purchase of testing materials requires us to **refund no more than HALF** the testing fee if sufficient advance notice given. **"NO SHOWS" forfeit all fees.**
- **MISSED TESTS,** all or partial, can be taken in August or personally administered by Robin Spencer for additional fees, hourly based.

Testers MUST BE ON TIME each day!

SCHEDULE

8:30 AM - 12:30 PM

*Bring #2 pencils,
drink and lunch*

*Listening subtest
right after lunch*

*All tests at C.E.I. office
in Kaneohe*

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

MAR 26
Grades
3-8

MAR 27
Grades
3-8

MAR 28
Grade
K

MAR 29
Grades
1-2 &
9-12

MAR 30
Grades
1-2 &
9-12

Clip the form below and return with registration fee(s) no later than March 15. Feel free to make photocopies of this form to register additional students. Please indicate all services desired. Robin Spencer is a Certified Teacher and a Registered Test Administrator. Make checks payable to **C.E.I.** or pay online at www.ceischool.org using **PayPal**. **Neighbor Islands:** Call Robin Spencer at (808) 533-6796 to make special arrangements.

ONE student per form, please! *(feel free to photocopy)*

Student: _____ Date of Birth: ____ / ____ / ____ Grade level test: _____

Street Address: _____ City: _____ Zip: _____

Contact Phone: _____ E-mail: _____ Signature: _____

Enclosed is payment for:

- | | | |
|--|---|--|
| <input type="checkbox"/> C.E.I. Member Test | <input type="checkbox"/> Test Results Discussion | <input type="checkbox"/> Christian Sample Subtests |
| <input type="checkbox"/> NON-C.E.I. Member Test | <input type="checkbox"/> Parent Preview Booklet | |
| <input type="checkbox"/> Late registration
(after March 15) | <input type="checkbox"/> Understanding Test Results | |

TOTAL ENCLOSED:
\$ _____