



ParaPro Assessment

2010–11 PAPER-DELIVERED TEST REGISTRATION FORM AND BACKGROUND INFORMATION QUESTIONNAIRE

This form can be downloaded at www.ets.org/parapro.

Completing this form and submitting it with payment will register you for the paper-delivered ParaPro Assessment. The ParaPro Assessment Information and Registration Bulletin, registration instructions, and fees are on the ParaPro website at www.ets.org/parapro. Note: This form cannot be used to register for the Internet-based test.

- Print all information clearly in black ink.
• If you are paying with a paper check, mail the completed form and check payment to:
• If you are paying by credit/debit card, mail the completed form and credit/debit payment to:
• Test Takers with Disabilities: Complete this form and follow the instructions at www.ets.org/parapro/disabl.html.

First (Given) Name (as on photo ID document): [Grid]

Middle Initial: [Grid]

Last (Family/Surname) Name (as on photo ID document): [Grid]

Address Line: [Grid]

City: [Grid]

State or Province: [Grid]

Zip or Postal Code: [Grid]

Country Code: (refer to www.ets.org/parapro) [Grid]

Daytime Phone/Mobile Phone (Include Area Code): [Grid]

U.S. Social Security #: (optional*) [Grid]

*Many state licensing agencies and institutions of higher education use social security numbers to process certification records. If you choose not to provide this number, your certification could be delayed.

Gender: Male Female Date of Birth: MM DD YY [Grid]

E-Mail Address: [Grid]

Candidate ID Number: [Grid]

If you have previously taken the ParaPro Assessment, use the candidate ID number that appears on your score report. Otherwise, leave this area blank.

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Number and Street: (Apt. #, if any) City: State: Zip: F S N P M [Grid]

Name: _____

TEST DATE – Select only one test date. **A separate registration form is required for each date.**

September 18, 2010

June 11, 2011

January 15, 2011

TEST CENTER – Select your first and second choice test centers. Enter the test center’s five-digit code and print the name and location of each center in the appropriate spaces. Test center codes are available in the *Bulletin* and on the ParaPro website at www.ets.org/parapro.

First Choice:

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Test Center Name: _____

City: _____

State/Province: _____

Second Choice:

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Test Center Name: _____

City: _____

State/Province: _____

TEST SESSION/TEST SELECTION

2½ hour test:

1	0	7	5	5
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SCORE REPORT RECIPIENTS

Recipient codes are available in the *Bulletin* and on the ParaPro website at www.ets.org/parapro. If you do not have a code number, leave this item blank. Scores will be sent only to agencies that are authorized score recipients.

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BACKGROUND INFORMATION – Select one answer for each question below.

*a. How do you describe yourself?

1. African American or Black
2. Asian American/Asian (e.g., Japanese, Chinese, Korean)
3. Southeast Asian American/Southeast Asian (e.g., Cambodian, Hmong, Khmer, Laotian, Vietnamese)
4. Pacific Island American/Pacific Islander
5. Mexican, Mexican American, or Chicano
6. Puerto Rican
7. Other Hispanic, Latino, or Latin American
8. Native American, American Indian, or Alaskan Native
9. White
10. Other
11. Two or more races

b. What is your best language of communication?

1. English
2. Spanish
3. Chinese
4. Vietnamese
5. Another language

c. What language(s) did you first learn as a child?

1. English only
2. English and another language
3. Another language only

d. For which language other than English do you consider yourself proficient? (select all that apply)

1. English only
2. Spanish
3. Chinese
4. Other

*e. What is the highest education level you have attained?

1. GED
2. High school diploma
3. Less than 2 years of college
4. Less than an associate's degree
5. Earned associate's degree
6. Earned bachelor's degree

f. Are you currently employed as an instructional paraprofessional?

1. Yes 2. No

g. Do you work in a Title I district or school?

1. Yes 2. No

h. Do you work in a special education program?

1. Yes 2. No

i. How would you describe the school setting in which you work?

1. Rural
2. Suburban
3. Urban

j. How many years of experience do you have as an instructional paraprofessional?

1. Less than 1 year
2. 1–3 years
3. 4–6 years
4. 7–10 years
5. More than 10 years

*Question a will be reported to states or institutions that receive electronic reporting. Other questions and/or sections with asterisks will be reported on the examinee and recipient score reports. All other background questions are for research purposes only, and respondents will remain anonymous.

Name: _____

TEST FEES AND TAXES (See *Bulletin* for further information.)

	AMOUNT
ParaPro Assessment	\$ <u>45.</u>
Late Registration Fee	\$45 \$ _____
TEST FEE TOTAL	\$ _____
In Canada, add GST/HST and QST to total remittance.	
GST/HST Reg. #131414468 RT	\$ _____
QST Reg. #1087967545	\$ _____
Add Value Added Tax or similar taxes where applicable	\$ _____
Minus voucher	\$ _____
TOTAL AMOUNT DUE	\$ _____

PAYMENT

Enclose a check or money order payable to ETS–ParaPro Assessment or provide credit/debit card information below. The amount of the check must agree with the “Total Amount Due” entered above. By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment, and you will not receive a canceled check. If you do not have sufficient funds in your account, you will be charged an additional service fee of \$20. **DO NOT SEND CASH.** If we receive your registration **AFTER** the Late Registration deadline, funds **WILL** still be withdrawn from your account.

If your registration form is received AFTER the Late Registration deadline date for the test date you are registering for, please indicate what action you would like ETS to take by selecting one of the following options.

Transfer my registration to the next available test date in the 2010–11 testing year.

Return my registration and refund my fees. If you paid by check or money order, your refund will be sent to the address provided on this form.

If you prefer to provide credit/debit card information to pay, indicate which card you are using: American Express® Discover® JCB® MasterCard® VISA®, and enter your card number and expiration date below. Your credit/debit card account will be billed for all services you request on this form. **Note:** Any credit/debit card branded with one of the five accepted credit card logos can be processed. When using your credit/debit card, please do NOT mail this form to the address listed on page 1. Please mail to: ETS–ParaPro Assessment, PO Box 6051, Princeton, NJ 08541-6051.

Credit/Debit Card Number: _____ Expiration Date: _____
Month Year

Please write, DO NOT PRINT, the following statement.

I hereby agree to the conditions set forth in the 2010–11 *ParaPro Assessment Information and Registration Bulletin*, specifically those concerning test administration, payment of fees, the reporting of scores, and the confidentiality of test questions. I certify that I am the person who will take the test at the center and whose name and address appear on this form.

Signature: _____ Date: _____

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(C)	(V)	(IP)
_____	_____	_____

FOR ETS USE ONLY
Voucher/Type 2

