



Training Partner Program Roster Submittal Form Speech & Language Assessment Class Packs

If you are an approved TPP member teaching Speech & Language Assessments in your program and would like your students to have access to a suite of digital assessment tools, please complete this form. Please note, this form is only to be used by TPP members. To apply to become a TPP member please visit <u>pearsonassessments.com/TPP</u> and fill out the <u>membership application</u>.

Please complete this form in its entirety and fax to: 1-800-232-1223 Attn: TPP Team. For faster processing, complete the webform at pearsonassessments.com/submitpo and attach this form. Please make sure to complete all required fields.

Once this form is submitted and approved, class pack materials will be available in your Q-global account in 3-5 days.

		Professor/Clas	ss Information			
Profe	essor's Name:					
University:						
Department/Program:						
Cour	se(s) in which material will l	be used:				
Year/Semester:						
Phone Number:						
Email Address:						
Q-global Account #:						
SHIPPING ADDRESS:				G ADDRESS:		
Address:			Address:			
	ess: 2		Address: 2			
City:	St	tate: Zip	City:	State:	Zip	
Products Requested						
Please list the quantity of class packs needed for your class along with your student roster.						
Qty	ISBN/Product Number:		Description:		List Price:	
	QG015-8011-163	TPP SLP Class Pack on Q-global			No Charge	
	Student Roster					
		Towns C. C	ionditions -			
Terms & Conditions						
I certify that the students listed above will be using these materials under my supervision						
and for educational purposes only.						
Sign	ature:		Date:			
0.,						