

**PEARSON**  
**METROPOLITAN READINESS TEST - 6TH EDITION**  
**TESTPAK SCORE REPORTS**  
**ORDER FOR SCORING SERVICES**

- PACKAGE 1 - Individual Report with Summaries**  
(2 copies of each report)

*Circle Scores:* Performance Rating RS SS N-PR/S N-NCE

- PACKAGE 2 - Master List of Test Results with Summaries**  
(2 copies of each report)

*Circle Scores:* Performance Rating RS SS N-PR/S N-NCE

- PACKAGE 3 - Package 1 PLUS Package 2**  
(2 copies of each report)

*Circle Scores:* Performance Rating RS SS N-PR/S N-NCE

- STANINE CLASSIFICATION SUMMARY - (1 Copy)**  
(Circle 1 Grouping)

Class School District

- RECORD LABEL - (1 copy)**  
(Circle Up to 3 Scores)

Performance Rating RS SS N-PR/S N-NCE

- INDIVIDUAL REPORT - (1 copy)**  
(Circle Up to 5 Scores)

Performance Rating RS SS N-PR/S N-NCE

- MASTER LIST OF TEST RESULTS WITH SUMMARIES - (1 copy)**  
(Circle Up to 5 Scores & Circle Grouping)

Performance Rating RS SS N-PR/S N-NCE

Class School District

- RETURN OF ANSWER DOCUMENTS**

# Order for Scoring Service

Name of District or Organization as it should appear on the reports:  
(Limit of 20 characters)

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Date Testing Began: \_\_\_\_\_ (Month/Day/Year)

	Grade: _____ Level 2		Grade: _____ Level 2	
SCHOOL NAME	# of Groups	# of Booklets	# of Groups	# of Booklets
<b>TOTALS</b>				

Send Reports To: \_\_\_\_\_  
Phone Number

Send Invoice To: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
District or Organization

\_\_\_\_\_  
District, School, or Organization

\_\_\_\_\_  
Street Address or Box

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
PURCHASE ORDER NUMBER:

Return of Reports: The reports will be sent by a method we believe will minimize transit time consistent with cost. If you want a particular method used, please so indicate here:

\_\_\_\_\_

Your purchase order number must be included on this form to ensure processing.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

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FOR SCORING CENTER USE ONLY:

ORDER NUMBER: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ DATE REC'D: \_\_\_\_\_

TESTING PROGRAM: MRT6 ESTIMATED N-COUNT: \_\_\_\_\_ DATE MAILED: \_\_\_\_\_

DISTRICT NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PACKAGE \_\_\_\_\_ of \_\_\_\_\_



Central Scoring Services  
905 W. Howard Lane  
Austin, Texas 78753

0154726885

DISTRICT NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PACKAGE \_\_\_\_\_ of \_\_\_\_\_



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