ATTACHMENT B

FLORIDA PRE-COLLEGE ENTRANCE EXAMINATION PROGRAM
SELECTION FORM

DIRECTIONS:

Each school district should complete and return this form to the Department of Education by Friday, July 15, to Daphne Csonka, Office of Assessment and School Performance, via email to Daphne.Csonka@fldoe.org or fax to (850) 245-0781.

Please provide the following information:

NAME OF SCHOOL DISTRICT: _____

NAME OF PERSON COMPLETING FORM: _____

TELEPHONE NUMBER OF PERSON COMPLETING FORM: _____

Mark your district's selection for the pre-college entrance examination to be administered:

☐ PSAT (from The College Board)

☐ PLAN (from ACT)

WHAT IS THE PROJECTED GRADE 10 ENROLLMENTS FOR FALL 2005?

_____

This is not your actual order form, but rather a form that provides an estimate to be used by the Department for procurement purposes. SCHOOLS WILL SEPARATELY SUBMIT AN ORDER TO THE SELECTED TESTING ORGANIZATIONS TO RECEIVE TEST MATERIALS.

Thank you for your assistance.