



South Carolina
Work Ready Communities Initiative
WorkKeys Paper-and-Pencil
Group Administration
Accommodated Materials Order Form
*Effective July 1, 2013 – June 30, 2015**

Site Name: _____
WorkKeys Site Code: _____
Date you expect to administer the assessments: _____

Instructions

- WorkKeys orders must be received at ACT **at least three weeks** before your scheduled test date.
- Your materials will be shipped at no charge and should arrive approximately one week before your test date, provided this order form is received at least three weeks before your scheduled test date.
- The South Carolina Work Ready Communities Initiative will be paying for assessments scored.
- All assessment materials (**used and unused**) must be returned to ACT immediately after each testing session. **Your site pays for the return shipping of these materials.**
- After you have completed this order form, email or fax both pages to ACT. The email address and fax number are listed on page 2 of this order form.
- Call ACT WorkKeys Customer Services at 319.337.1550 if you have questions.

Step 1 – Order Accommodated Materials

Indicate the number of accommodated testing materials needed.

NOTE: Reader’s Script and Audio DVDs can be re-used.

Assessment	Large Print	Reader’s Script		Audio DVDs		Braille
		Scripts	Booklets	DVDs	Booklets	
Reading for Information						
Applied Mathematics						
Locating Information						

**Items are subject to change without notice.*

Answer Document	Regular	Large Print
Multiple-Choice Answer Folders		

Site Name _____

Step 2 – Provide Customer Information

Please fill out the information below so we can complete your order without delay.

Ship to:	Bill to:
Name	SCWRC
Title	
Site Name	SCDEW
Street/Delivery Address	1550 Gadsden Street, Room 515
City	Columbia
State/ZIP	South Carolina 29201
Phone	803.737.2806
E-mail	scworkready@dew.sc.gov
Fax	Customer Number: 69895

Step 3 – Review and Sign

Please review your order form to verify you have completed Steps 1 and 2. Remember to write your site name at the top of each page. Read the information below, sign this form, and email or fax both pages to ACT using the contact information below.

I agree to adhere to all ACT policies and procedures outlined in the *WorkKeys Supervisor's Manual*. I also verify that I and/or others that I may designate (check the appropriate line(s) below)

- ____ have sufficient training and knowledge of measurement
- ____ have received ACT WorkKeys test administration training
- ____ will be working under the supervision of trained personnel

to responsibly administer these tests. I further certify that no unauthorized person will have access to testing materials at any time without adequate supervision and that the principles of fair testing practices will be upheld.

I agree to return all used and unused test materials to ACT after each testing session. I understand that all test materials MUST be returned to ACT.

I understand that all test materials are the confidential property of ACT, Inc. and may not be copied, reproduced, sold, or otherwise transferred without the prior express written permission of ACT, Inc.

I understand that unless my institution has a fully executed (in ink) written agreement with ACT covering the products contained in this order and their related services, the Standard Terms and Conditions located at www.act.org/terms/papertestmaterials shall apply.

Name (please print) _____

Signature _____ Date _____

ACT Contact Information

Phone: 319.337.1550 Fax: 319.337.1467 (Attn: ACT WorkKeys)

Email: workkeysorder@act.org

Mail: ACT WorkKeys Customer Services (70)
2101 ACT Circle
PO Box 168
Iowa City, IA 52243-0168