



# SCHOLASTIC TESTING SERVICE, INC.

## SCORING SERVICE FOR THE TORRANCE® TESTS OF CREATIVE THINKING (TTCT)

1. Send your payment, plus 15% for shipping and handling, to **STS Scoring Service for the Torrance Tests, 4320 Green Ash Drive, Earth City, Missouri 63045. Scoring will not begin until payment is received.** A formal purchase order will be accepted, and the organization named on the purchase order will be billed. You may also charge the scoring services to your MasterCard, Visa, or American Express account by supplying the appropriate information below. Payment may accompany your booklets. **(Note: Please refer to the current STS catalog or call toll free 1.800.642.6STS (6787) for minimum scoring service charge per incoming shipment.)**
2. In the central office, collect all booklets for a single grade, and arrange them according to the format desired on the list reports. If reports are to be developed by section or homeroom, booklets for each section are to be kept separate. There is no need to alphabetize the booklets within the groups. Your score reports will be developed in the way booklets are received. Please let STS know how you would like to receive your reports by checking a box in part 6.
3. Complete the STS Answer Sheet Identification Form for each group of booklets. Directions for completing this form are given on the form.
4. In EACH of your mailings to STS, be sure to include a copy of this completed form. **PLEASE DISCARD THE OTHER SCORING SERVICE FORM IN YOUR PACKAGE.**
5. Mail your test booklets to **STS Scoring Service for the Torrance Tests, 4320 Green Ash Drive, Earth City, Missouri 63045.** For prompt service, ship UPS or "PRIORITY MAIL." For less expensive, but slower mail, mark package "FOURTH CLASS MAIL—OBJECTIVE TEST MATERIALS." An address label is enclosed.
6. **Please check the box by which you would like to receive your Group Summary report:**

by grade, for total group

by grade, within school

**Ship To** (please print)

School Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Attention: \_\_\_\_\_ ( ) Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Purchase Order No. \_\_\_\_\_  
(Attach purchase order and any special billing forms that may be needed.)

Email Address \_\_\_\_\_

Date of Order \_\_\_\_\_

**Bill To or Credit Card Billing Information**

School/Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Attention: \_\_\_\_\_ ( ) Zip \_\_\_\_\_

If you prefer to charge this purchase, please circle the appropriate box.



Expiration Date  /

Account Number

CSC / CID Number

Signature \_\_\_\_\_

**SCORING SERVICES:**

**TTCT—check one**

Type and Form	No. of Booklets
<input type="checkbox"/> Verbal Form A—Thinking Creatively with Words	
<input type="checkbox"/> Verbal Form B—Thinking Creatively with Words	

**TTCT—check one**

Type and Form	No. of Booklets
<input type="checkbox"/> Figural Form A*—Thinking Creatively with Pictures	
<input type="checkbox"/> Figural Form B*—Thinking Creatively with Pictures	

\*Scoring is streamlined only