Steps for taking the paper SCAT:

1. Enroll in the CTY Talent Search. All students must complete this step first. Use this link to Enroll. [http://cty.jhu.edu/talent/index.html](http://cty.jhu.edu/talent/index.html) Make a note of your CTY Identification Number.

2. Identify a proctor who will administer the SCAT to your child. The proctor must be an educational professional such as a teacher, counselor, etc. at your child's school. He/she cannot be a family member or family friend.

3. You and the proctor will complete and sign the relevant sections of the Test Security & Proctor Agreement. You will complete the Student Information page, the Proctor Information page and the Payment Information page.

4. Obtain a Verification Letter from a school administrator (principal or vice-principal). The letter must state that the proctor of your choosing currently works at the child’s school. This letter MUST be written on school letter head and requires the administrator’s signature. A sample letter is provided.

5. Send the 5 forms in the same envelope to CTY. No photocopies or faxes will be accepted. The address is below. Please do NOT email these forms:

   Sheila Tubman  
   Diagnostic and Counseling Center  
   Johns Hopkins University - Center for Talented Youth (CTY)  
   McAuley Hall, 5801 Smith Ave, STE #400  
   Baltimore, MD 21209

Form Checklist:
- Student Information
- Payment Information
- Proctor Information (with parent signature)
- Test Security and Proctor Agreement (signed by proctor)
- Verification Letter (on school letterhead and signed by an administrator)
6. Once CTY receives all registration materials, CTY will send the test materials and instructions to the proctor. CTY MUST have all documentation before materials will be sent to the proctor. Incomplete packages will be returned.

7. After the SCAT administration is complete, the proctor will mail the SCAT test materials to CTY. Within 3 weeks, CTY’s Talent Search Department will mail an official score report to the family. Scores are not provided to the proctor.

If you have questions, please contact Sheila Tubman at cty-dcc@jhu.edu.
<table>
<thead>
<tr>
<th>Student Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CTY Student Identification Number:</strong> __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOB (mm/dd/yyyy)</th>
<th>Grade (U.S. equivalent)</th>
<th>Age</th>
<th>Gender (M/F)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>United States</th>
<th>Country</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Parent’s Last Name</th>
<th>First Parent’s First Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Second Parent’s Last Name</th>
<th>Second Parent’s First Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>E-mail</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone (include area code)</th>
</tr>
</thead>
</table>
Payment Information

SCAT fee is $60. Check payment method:

☐ Check          Please make check payable to CTY-JHU.

☐ VISA

__________________________________________
Card Number                  Expiration Date

____________________________
Cardholder Name

____________________________
Cardholder’s Signature

☐ MasterCard

__________________________________________
Card Number                  Expiration Date

____________________________
Cardholder Name

____________________________
Cardholder’s Signature

☐ Discover

__________________________________________
Card Number                  Expiration Date

____________________________
Cardholder Name

____________________________
Cardholder’s Signature
Proctor Information

Proctor’s Last Name  Proctor’s First Name

Title

Physical Street address (No P.O. Box)  
City  
United States  
Country  
Postal Code

E-mail

Telephone (including area code)

I confirm that the above named proctor is an educational professional who is neither a family member or a friend of my child(ren) or me.

Parent(s) Name

Signature  Date
Test Security & Proctor Agreement

I confirm that I am an educational professional and am willing to administer the School and College Abilities Test (SCAT) to ________________________________.

I acknowledge that SCAT materials obtained from CTY will be used only for the purposes of testing student(s) for CTY programs. Furthermore, I understand that these materials are secure, and it is my professional responsibility to protect their security as follows:

a) All shipped SCAT materials will be opened only by me.

b) I will handle and store all SCAT testing materials in a manner that prevents unauthorized persons from having access to them.

c) Under no circumstances will I allow the SCAT to be photocopied, photographed, or reproduced or published in any way.

d) I will assure that students’ answers to test items are their own and that no one offers any improper assistance to them.

e) I will not discuss the SCAT test questions with students, parents, teachers, or unauthorized persons before, during, or after the administration of the test.

f) After the administration of the test, I will return all SCAT booklets and answer sheets promptly to CTY.

_____________________________________________________________________________
Proctor Name

_____________________________________________________________________________
Title

_____________________________________________________________________________
Signature

_____________________________________________________________________________
Date

*Return this form to the student’s parent.*
Sample Verification Letter

NOTE: The Verification Letter must appear on the school’s letterhead. Photocopies and faxes are not acceptable.

Date

RE: School and College Ability Test Proctor Verification

Dear CTY:

I am the (insert title) at (school name). I can confirm that (Proctor’s name) is a currently employed as an educational professional or guidance counselor at this school.

Should you wish to contact me, I can be reached via (phone number) or (email address).

Sincerely,

(Administrator Name)
(Administrator Title)