SBCC SANTA BARBARA CITY COLLEGE

READ EVALUATE ATTEND to Detail PLAN for Success

Read, complete, and bring this form to testing

Assessment of your skills in mathematics and English helps you achieve your goals in college by placing you into classes appropriate to your skill level. Placement results provide you and Santa Barbara City College counselors with the information required to meet your educational objectives.

1 DETERMINE WHETHER OR NOT YOU NEED TO TEST

- Read about **Alternatives to Testing** (previous college coursework, AP scores, etc.) on the Assessment website: sbcc.edu/assessment.
- If you are eligible for an exemption, download, complete and submit a **Prerequisite Challenge Form** (for more information and to download a challenge form visit sbcc.edu/prerequisitepolicy)

2 KNOW WHICH MATH TEST YOU PLAN TO TAKE

- Download and review the **four different sample math tests** from the Assessment website
- Use the sample questions to help you choose to take the highest numbered test that matches both your math background and current abilities

3 REVIEW FOR THE ENGLISH TEST

- Download and review the **Sample English Test** from the Assessment website

4 REVIEW FOR THE MATH TEST

- Once you have chosen which math test is appropriate for you (refer to step #2 above), you may buy a more extensive **study packet** at the College Bookstore (805) 963-4661
- If you are planning to take Test #3 or #4, you may also take an **online pretest** at http://mdtp.ucsd.edu/onlinetests.shtml

5 COMPLETE THE CHECKLIST BELOW

☐ **Mark the test(s)** you need to take and calculate your total testing time: ____ hours

- ☐ English (2 hours)
- ☐ Math Test #1 (1 hour)
- ☐ Math Test #2 (1 hour)
- ☐ Math Test #3 (1 hour)
- ☐ Math Test #4 (2 hours)

☐ **Choose when you plan to test:** view the current Testing Schedule at sbcc.edu/assessment.

☐ **Bring the following** REQUIRED items to testing:

- ☐ Photo I.D. (Driver License, Passport, etc.)
- ☐ Pen/Pencil
- ☐ Your student I.D. number. Write it here: K00_____
- ☐ Your name and date of birth *exactly as they appear on your application.* Write them below:

NAME: _____, _____ Date of Birth: ____/____/_____
Last First M.I. MM / DD / YYYY

☐ **If you need extended time** or another accommodation for disability, visit the Disabilities Specialists, Room SS-160 or call (805) 965-0581, x2364 to make your request prior to testing.

☐ **Please Note:** You may test once per testing period.