ASSOCIATION OF TEST PUBLISHERS

Initiative Proposal Document:

Logo, company name

Description automatically generated

Thank you for your interest in proposing a new initiative to the Staff and Board of Directors of the Association of Test Publishers. To help us better understand the initiative and its impact on the Association, please provide the following information.

**STEP I Initiative Mission**

Please give a title to your initiative

Please give a brief description of your initiative:

**Check one:**

\_\_\_\_This is a new initiative \_\_\_\_This is a continuing initiative in need of review

**Please check one or more goals from the ATP Mission statement that are addressed by this initiative:**

#### \_\_\_\_To promote and preserve the general welfare of testing and its value to society, in all its forms and uses.

\_\_\_\_To organize test publishers into a permanent body to foster and maintain collegial relations among themselves and to establish, through the Association, working relationships with other professional and business groups whose interests and activities affect the test publishing

community.

\_\_\_\_To encourage a high level of professionalism and business ethics throughout the testing community.

\_\_\_\_ To serve as the principal organization that monitors and responds to regulatory and legal rulings as well as legislative, regulatory and judicial initiatives that pertain to the business of publishing and applying test and assessment instruments.

\_\_\_ To increase the strength and cohesiveness of the test publisher community by providing programs of education, training and exchanges of ideas on operations and industry trends.

Please feel free to comment on the connection of your initiative to one of the above statements on a separate sheet, or feel free to attach a more thorough explanation of your initiative.

**STEP II Cost/Revenue analysis**

Please give an estimate of costs that may be associated with this initiative. Or attach a budget.

\_\_\_\_\_\_A budget is attached

OR:

\_\_\_\_\_\_\_Cost estimate:

**STEP III Staff/Volunteer requirements**

Please give an estimation of staff time that may be required for this initiative.

Number of staff members required:

Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_weeks

Please give an estimation of volunteer time that may be required for this intitiative.

Number of volunteers required:

Number of volunteer hours per week:

**STEP IV Special requirements**

Please list any special requirements that may be necessary to carry out this initiative. (i.e. travel, teleconferencing, other):

**STEP V Your Information**

Please tell us who you are and which ATP member you are associated with. (If you are not a member, you need to be sponsored by a member in order to submit this form for review.)

Your Name:

Your Company:

**Your contact Information:**

Address:

Email:

Phone:

If not an ATP Member, who is the ATP Member/Sponsor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP VI Return this form**

Please return form to: Lauren Scheib: [lauren@testpublishers.org](mailto:LScheibatATP@aol.com)