

NWEA Map Assessment Estimate Worksheet

District or School name:
Street Address:
City: Zip:
Mailing Address:
City: Zip:
K-12 Enrollment:
Number of Schools(in multi-building settings):
Main Contact Name:
Phone:
Email:
Fax:
Alt Phone:
MAP License Number of students to test with MAP (grades 2 on up):
Optional Licenses Number of students to test with MAP for Primary Grades (K-1); Number of students to test in science (grades 3-8):