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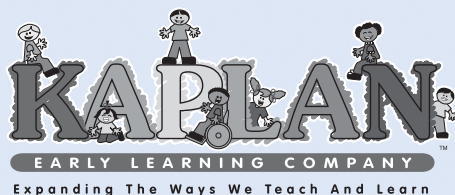
# The Devereux Early Childhood Assessment Clinical Form (DECA-C)

*A measure of behaviors related to risk and  
resilience in preschool children*

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by Paul A. LeBuffe & Jack A. Naglieri

## INFORMATION PACKET







Enclosed please find information on the DECA-C, a behavior rating scale designed to assess social/emotional resilience and behavioral concerns in preschool children. Developed by the Devereux Foundation, the nation's largest non-profit, private provider of behavioral health care and special education services, the DECA-C assists early childhood mental health professionals provide a strength-based approach to children displaying challenging behavior in school and/or home settings.

Here's what some of our DECA-C Users have to say about this useful tool:

"I like the practicality of the instrument and the validity that has been demonstrated. It is easy for the parents to utilize and easy for the clinician to score. I think the approach of focusing on protective factors and lowering risk factors seems to be very effective as well." *Jessica Leon, Clinical Supervisor, Family Central, North Lauderdale, Florida*

"I feel it is really accurate and gives good information. Being able to compare a teacher and a parent rating is important and helpful in seeing differences in behavior and whether it is related to differences in perception or setting. It is clear, easy to interpret, and not so long that parents feel they are answering the same question over and over again." *Robyn Robbins, Early Childhood Psychologist, Grant Wood AEA, Cedar Rapids, Iowa*

"The DECA-C provides clinical feedback that supports me in heading down the right path and opens up avenues for valuable conversation. The information is useful!" *Cathy Vogel, Early Childhood Mental Health Consultant, KEEP Program, Lansing, Michigan*

In addition to being appropriate for use in early care and education settings, the DECA-C can also be used in clinical-based mental health settings, child guidance clinics, private practice, pediatricians' offices, foster care, and children's and psychiatric hospitals. This clinical assessment tool is also being used for research in both academic and clinical settings. If you think that the DECA-C might be useful to you or your organization, we would be happy to provide more information on resources and training options that are available. You can call us toll free at 1-866 TRAIN US or you can email us at [deca@devereux.org](mailto:deca@devereux.org).

Sincerely,

Linda Likins  
National Director  
Devereux Early Childhood Initiative



# **Introducing the The Devereux Early Childhood Assessment Clinical Form (DECA-C) By Paul LeBuffe & Jack Naglieri**

The Devereux Early Childhood Assessment-Clinical Form (DECA-C) is an assessment of resilience in preschoolers ages 2 through 5 (i.e., up to the sixth birthday) with social and emotional problems or significant behavioral concerns. This standardized, norm-referenced behavior rating scale is part of the DECA Program -- a mental health promotion and primary prevention program designed to enhance within-child protective factors while simultaneously decreasing behavioral concerns in young children. In keeping with this program's emphasis on promoting strengths, the DECA-C includes three protective factor scales (Initiative, Self-control, and Attachment), in addition to four behavioral concerns scales (Attention Problems, Aggression, Withdrawal/Depression, Emotional Control Problems). The DECA-C can be completed by both teachers and parents, but must be interpreted by a behavioral healthcare or special education professional. The uses, standardization, reliability and validity of this assessment are presented below.

## **Introduction**

Since the landmark studies of Emmy Werner, professionals have recognized that protective factors in early childhood play a crucial role in determining subsequent adjustment or maladjustment to life stresses. Protective factors are characteristics, events or processes that decrease the impact of risk factors. Protective factors are generally recognized as occurring at three levels – environmental (e.g. high quality childcare and education programs), familial (e.g. loving parents), and within-child (i.e. personality characteristics and behavioral styles). Children with strong protective factors who cope successfully with risk, adversity and stress are often described as resilient.

Werner's recommendation that both assessment and diagnosis in early intervention should focus on protective factors as well as risks (Werner, 1990) has been hampered by the lack of an economical, psychometrically sound, and clinically useful measure of within-child protective factors and behavioral concerns. Both the standard and clinical forms of the Devereux Early Childhood Assessment (DECA) (LeBuffe & Naglieri, 1999) have been developed as part of a program to fill this gap and thereby provide early childhood professionals with empirically sound tools for assessing the strength of protective factors and the severity of behavioral concerns in preschoolers.

## **The Devereux Early Childhood Assessment (DECA) Program**

The basic strategy of the DECA Program is to identify vulnerable children who have comparatively weak or poorly developed within-child protective factors and then implement strategies in the preschool classroom and home to strengthen these characteristics. The DECA Program is a primary prevention and mental health promotion program that is implemented at the universal and targeted levels. Universal strategies are implemented by the teacher at the classroom level and are intended to benefit all children in the class. Targeted strategies are also implemented by the teacher, but focus on specific children who obtain low scores on the within-child protective factor scales. The DECA is appropriate for use with all children in an effort to promote social and emotional development while at the same time reducing and/or preventing challenging behaviors.

Based on resilience theory, the DECA is a comprehensive, strength-based assessment of within-child protective factors in preschool age children. The 37-item DECA contains three protective factor scales: Initiative, Self-control, and Attachment.

- Initiative items assess the child's ability to use independent thought and action to meet his or her needs.
- Self-control items measure the child's ability to experience a range of feelings and express them using words and actions that society considers appropriate.
- Attachment items assess the mutual, strong and long-lasting relationship between a child and significant adults such as parents, family members and teachers.

The DECA also includes a Total Protective Factors Scale that is a composite of the above three scales and provides an overall indication of the strength of the child's protective factors. These scales were identified and normed on a nationwide, representative sample of 2000 children. Also part of the standard DECA is a Behavioral Concerns Screener consisting of 10 items that address social and emotional problems. The DECA can be completed by both parents and teachers. Teachers can appropriately score and interpret the DECA and utilize results to support children in both the school and home environments.

The DECA is the centerpiece of the DECA Program, a comprehensive approach that promotes the resilience of young children and improves the quality of early childhood programs. The DECA Program is a five step system that includes: 1) Collecting information on both individual children and the quality of the classroom, 2) Administering the DECA on all children, 3) Summarizing DECA results utilizing both individual child and classroom profiles, 4) Developing plans based on the assessment results that are implemented in both the classroom and the home, and 5) Evaluating progress. In addition to the DECA assessment, classroom and home-based strategy guides for promoting healthy social and emotional development are provided.

“In the state of Ohio, we like using the DECA Program as a universal approach for promoting social and emotional development of all preschool children. However, we also had a need for something more to assist with children who have significant mental health issues. The DECA-C has helped early childhood mental health professionals see deeper into some of the issues that may exist with these children and plan more effectively for treatment success.” *Marla Himmeger, Mental Health Administrator, Ohio Department of Mental Health, Columbus, Ohio*

## The DECA-Clinical Form (DECA-C)

The DECA-C (LeBuffe & Naglieri, 2003) was developed due to requests from preschool professionals for a more thorough assessment of problem behaviors for those children already exhibiting significant behavioral difficulties. A primary prevention program by itself cannot meet the needs of these children. Expanded interventions for these children necessitate a more comprehensive assessment.

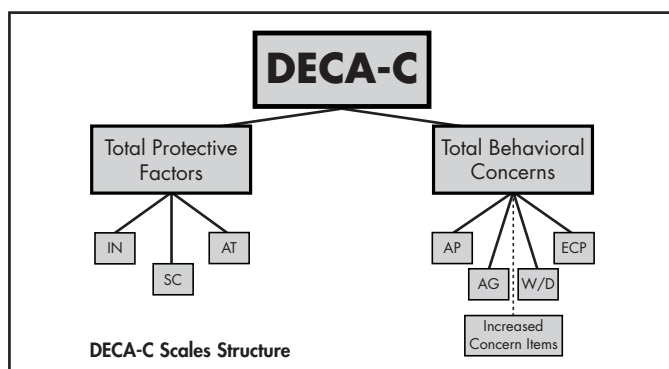
The DECA-C is a standardized, norm-referenced behavior rating scale that not only assesses social/emotional resilience in children 2 through 5, but, in addition, provides a comprehensive assessment of behavioral concerns. Like the DECA, the DECA-C can be completed by both parents and teachers. However, the DECA-C must be interpreted by a mental health or special education professional. More information on the required qualifications to order and use the DECA-C can be found on page 10 of this information packet.

The DECA-C is comprised of the same three protective factors scales found on the DECA, but also includes four behavioral concerns scales: Attention Problems, Aggression, Withdrawal/Depression, and Emotional Control Problems. To some degree, all young children exhibit the behaviors reflected in these scales. These behaviors become problematic when they occur in excess and begin to interfere with major developmental tasks, begin to cause adjustment problems for the child, or cause anxiety and worry for parents and teachers.

- Attention Problems items assess the child's ability to focus on a task and ignore competing environmental stimuli.
- Aggression items measure hostile or destructive acts directed at other persons or things.
- Withdrawal/Depression items address behaviors related to emotional and social withdrawal in which the child is self-absorbed and tends to attend to his/her own thoughts or play rather than responding to others in reciprocal interactions.
- Emotional Control Problems items assess difficulties the child has in modifying the overt expression of negative emotion to more positive ones in order to pursue goal directed behaviors.

The DECA-C also includes a Total Behavioral Concerns Scale that is a composite of the four behavioral concerns scales, and provides an overall index of the magnitude and severity of the child's behavioral problems.

DECA-C results are displayed on an individual child profile, which facilitates sharing results with parents and teachers.



IN=Initiative, SC=Self-control, AT=Attachment, AP=Attention Problems, AG=Aggression, W/D=Withdrawal/Depression, ECP=Emotional Control Problems

## Purpose and Uses of the DECA-C

The primary purpose of the DECA-C is to support early intervention efforts to reduce or eliminate significant emotional and behavioral problems in preschool children. Specific uses of the DECA-C include:

1. Identifying young children who may be experiencing significant social and emotional problems.
2. Assessing the nature and severity of both the behavioral concerns and the protective factors so that interventions can focus on salient problems while building upon the child's strengths.
3. Assist Head Start programs in meeting the Program Performance Standards (45 CFR 1301 et al.), especially in regard to behavioral screenings (13-4.20 (b)), support of social and emotional development through developing each child's strengths (1304.21 (a) (3)), and child mental health services (1304.24). The DECA-C's objective format, inclusion of strengths, and utilization of family members as raters makes it ideally suited for use within Head Start Programs.
4. Assist early intervention programs in meeting the IDEA (PL 105-17) requirements to consider the strengths of the child and the concerns of the parents in developing individual education plans (IEPs) and individual family service plans (IFSPs) (111 STAT. 86 (A) (I)).
5. Provide early childhood programs with a useful outcome measure related to children's social and emotional health. By comparing changes over time in an individual child's scores, the DECA-C can be used to evaluate the effectiveness of early intervention programs.
6. Compare scores obtained from different adults (e.g., a teacher and a parent) to evaluate the consistency or variability of a child's behavior in different environments.
7. Provide a well-developed measure of behavioral concerns and within-child protective factors for research purposes.

The DECA-C can be used in conjunction with the DECA Program for those children who are being considered for, or are currently receiving expanded services (e.g. special education). The DECA-C can also be used in settings not currently using the DECA Program for the purpose of assessment, treatment planning, and evaluating success of treatment intervention.

“We here at Comprehensive Services have been using the DECA-C as a Level II assessment, after we've received a referral on a child for behavioral concerns and the child has already had Level I screens (ASQ,ESI-P/K, or DECA). What we like about the tool is that it gives you tangible items/goals to bring to the table with the teacher/parent to create a plan to help the child be more successful.” *Shelli Appelbaum, Comprehensive Services, Supervisor, West Palm Beach, Florida*

“When I have used the DECA-C, it has proven wonderfully useful. I am a child therapist and do developmental assessments for Help Me Grow. I typically use the Battelle when doing the assessment. Recently, there was a particularly confusing case and I combined the Battelle with the DECA-C. These two instruments mesh quite well and gave me great information not only about the child but how to engage the family with the child as well.” *Linda Richardson, PCC, Tri County Mental Health and Counseling, Athens, Ohio*



## Special Features and Benefits of the DECA-C

- **The DECA-C is fast and easy to use** – The DECA-C provides a wealth of information with only 62 items. Scoring is made simple by a user-friendly record form that provides results in both graph and written form.
- **The DECA-C meets or exceeds professional standards** – The DECA-C was developed to meet the standards for assessments promulgated by both the American Psychological Association (APA) and the National Association for the Education of Young Children (NAEYC). See pages 6 and 7 for details on standardization, reliability and validity.
- **The DECA-C encourages and supports collaboration among parents, teachers and mental health professionals** – In addition to providing both parent and teacher norms, the DECA-C manual describes how the results can be used within the context of early childhood mental health consultation to support parents and teachers as well as the child.
- **DECA-C results lead directly to treatment interventions** – A five step interpretation approach leads from general information about the severity of behavioral concerns and protective factor deficits to specific, focal concerns that can be addressed in treatment.
- **The DECA-C can be used in a variety of settings** – In addition to the DECA-C's application in early care and education settings, the assessment can be used in clinic-based mental health programs, child guidance clinics, private practice, pediatricians' offices, foster care, and children's and psychiatric hospitals.
- **The DECA-C includes advanced interpretation techniques to ensure a thorough analysis of results** – The DECA-C manual provides explicit guidance on, and tables to facilitate, rater comparisons, pretest-posttest comparisons and program evaluation.

“The DECA-C allows clinicians to analyze both internalizing and externalizing behavior as well as strengths in protective factors, which leads to optimal and individualized treatment strategies.” *Mary Mackrain, Early Childhood Consultant, Child Care Expulsion Project, Birmingham, Michigan*

"One of the unique innovative features of the DECA-C is it's method of 'problem item identification'. It flags behavior items that are more than a standard deviation above the normative score and therefore problematic. It really provides the clinician with specific behaviorally-based targets for specific interventions." *Tom Lottman, Deputy Director, Children, Inc., Covington, Kentucky*

## **Standardization of the Behavioral Concerns Scale**

The standardization sample for the Behavioral Concerns Scale consisted of 1,108 preschool children, aged 2 years 0 months through 5 years 11 months 30 days, who were rated on the DECA-C. These children were rated by parents (n = 541) or teachers (n = 567). The sample approximated the population of preschoolers in the United States with respect to race, ethnicity, region of residence, and family income (See Table 1). The socioeconomic status of the standardization sample was assessed by determining the number of children receiving either subsidized day care or public assistance.

### **Reliability**

Studies indicate that the DECA-C is a reliable instrument for assessing preschool children's behavioral concerns. The internal reliability estimates for each scale were calculated separately for each rater (parent or teacher). For parents, the alpha coefficients range from a low of .66 on Withdrawal/ Depression to a high of .78 on Emotional Control Problems, with a median of .76. For teachers, the alpha coefficients range from a low of .80 on Withdrawal/Depression to a high of .90 on Attention Problems, with a median of .88. The teacher alpha coefficients all meet or exceed the standard suggested by Bracken (1987).

### **Criterion Validity**

The criterion validity of the DECA-C was established by examining its ability to correctly predict whether an individual child was part of a clinical or community (i.e., non-referred) sample. The two groups were matched on salient demographic characteristics. On each scale, the Clinical group mean score was at least five T-score points higher than the mean of the Community group. For each scale, the Clinical group received a significantly higher mean score than the Community (all p values < .01). Discriminant analysis using the Total Behavioral Concerns Scale resulted in 74% classification accuracy. (See Table 2)

## **Conclusion**

Over the last decade, there has been a paradigm shift within the assessment field to focus on child strengths as well as child deficits. The strength-based perspective "represents a significant departure in how children are viewed, assessed, and treated" (Epstein & Sharma, 1998), and is predicated on the beliefs that 1) all children have strengths and that 2) treatment plans and services need to be based on those strengths. The authors of the DECA-C hope that the publication of this instrument will support and further the current efforts in both applied psychology and early care and education to recognize the importance of, and to promote, healthy social and emotional growth in preschool children. Only through fostering strength while simultaneously reducing behavioral concerns can we maximize the likelihood of success for young children who have already started to evidence significant social and emotional problems.

Characteristics	DECA-C Sample		U.S. Percent
Gender	N	%	%
Male	562	51.3	51.1
Female	534	48.7	48.9
Race	N	%	%
White	806	73.3	67
Black	172	15.7	14.6
Asian or Pacific Islander	21	1.9	3.7
American Indian	10	0.9	1.1
Other	90	8.2	13.5
Hispanic Ethnicity	N	%	%
Hispanic	97	9.2	19.4
Non-Hispanic	954	90.8	80.6

Note: The U.S. population data are based on children under the age of five in Census 2000 PHC-T-9. Population by Age, Sex, Race and Hispanic or Latino Origin for the United States: 2000. [www.census.gov](http://www.census.gov).

Scales	Sample	Mean	Standard Deviation	F Value	Sig.
Attention Problems	Community	54.8	10.2	47.4	.01
	Clinical	65.1	10.1		
Aggression	Community	54.5	9.5	41.8	.01
	Clinical	63.8	9.9		
Emotional Control Problems	Community	54.7	9.0	35.9	.01
	Clinical	63.2	9.9		
Withdrawal/ Depression	Community	53.7	10.6	8.1	.01
	Clinical	58.5	12.0		
Total Behavioral Concerns	Community	54.5	10.0	7.48	.01
	Clinical	65.2	9.1		

Note: community sample N=86, clinical sample N=95

## References

- Bracken, B.A. (1987). Limitations of preschool instruments and standards for minimal levels of technical adequacy. *Journal of Psychoeducational Assessment*, 5, 313-326.
- Epstein, M.H & Sharma, J.M. (1998). *Behavioral and Emotional Rating Scale: A Strength-Based Approach to Assessment*. Austin, TX: Pro-ed.
- LeBuffe, P.A. & Naglieri, J.A. (1999). *The Devereux Early Childhood Assessment*. Lewisville, NC: Kaplan Press.
- LeBuffe, P.A. & Naglieri, J.A. (2003). *The Devereux Early Childhood Assessment Clinical Form (DECA-C): A measure of behaviors related to risk and resilience in preschool children*. Lewisville, NC: Kaplan Press.
- Werner, E.E. (1990). Protective factors and individual resilience. In S.J. Meisels and M. Shonkoff (Eds.). *Handbook of Early Intervention*. New York: Cambridge University Press.

The DECA and the DECA-C are part of the Devereux Early Childhood Initiative – a nationwide program to promote healthy social and emotional development in preschool children. This Initiative is a service of The Devereux Foundation, the nation’s largest non-profit, private provider of behavioral healthcare and special education services.

Training on the use of the DECA and the DECA-C is available through the Devereux Early Childhood Initiative.

The authors of the DECA and the DECA-C, and the staff of the Devereux Early Childhood Initiative are very interested in collaborative research. Interested researchers can contact them through Paul LeBuffe at [plebuffe@Devereux.org](mailto:plebuffe@Devereux.org)

For more information on the DECA Program and the Devereux Early Childhood Initiative, visit [www.Devereuxearlychildhood.org](http://www.Devereuxearlychildhood.org) or call (610) 542-3109

## Devereux Early Childhood Assessment Clinical Form (DECA-C) Training

The DECA-C is a standardized, norm-referenced behavior rating scale that assesses behaviors related to both social/emotional resilience and social/emotional concerns. Measuring both a child's strengths and behavior concerns, the DECA-C provides a balanced description of the child's behavior and allows for strength-based planning and strategy implementation.

### Training Content

The DECA-C training focuses on the use of the tool in the delivery of early childhood mental health services. The training will prepare participants to both administer and score the assessment and also to utilize assessment results for consultation purposes, service planning, and program evaluations. The training will focus on:

- Using the DECA-C in the context of early childhood mental health consultation
- Understanding the development of the DECA-C
- Administering and interpreting the DECA-C
- Using the DECA-C for intervention and referral
- Working with teachers and families to plan interventions using DECA-C results
- Evaluating progress through pre/post comparison of assessment information
- Understanding the relationship between the DECA Program and the DECA-C

### Who should attend DECA-C Training?

DECA-C Training provides practical applications of the assessment tool's use in early childhood mental health settings. The training is primarily for Level B Users (please see page 10 for more information on Level B User Qualifications), which typically include mental health professionals and early childhood professionals who have graduate level training in assessment. Those who do not meet the criteria for being a Level B user can attend the training and pass a competency assessment in order to qualify for ordering and using the DECA-C.

### DECA-C Trainers

The DECA-C trainings are conducted by Certified DECA-C Trainers. Trainers include the authors of the DECA-C, Devereux Early Childhood Staff, as well as early childhood and mental health consultants from around the country who have been through our certified training process.

### Training Options

Devereux offers DECA-C training several times a year in Villanova, PA, Westminster, CO and other locations around the nation. Devereux is also available to train on-site for professionals in your program and community.



### For more information on DECA-C Training:

#### Devereux Early Childhood Initiative

444 Devereux Drive

Villanova, PA 19085

Toll Free: 1-866- TRAIN US

e-mail: [DECA@Devereux.org](mailto:DECA@Devereux.org)

Web: [www.devereuxearlychildhood.org](http://www.devereuxearlychildhood.org)



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# The Devereux Early Childhood Assessment Clinical Form (DECA-C) Customer Qualifications

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DECA-C Users need to have *one* of the following (please check the first one that applies to you and fill out the licensure/degree information):

- Have a professional license\*  
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-or-

- Have a degree\* from a 4-year college or university and graduate level training in assessment  
Highest degree earned: \_\_\_\_\_ Major Field: \_\_\_\_\_  
Year: \_\_\_\_\_ Institution: \_\_\_\_\_  
Training/Courses completed in assessment:

Course	Date	Institution	Undergraduate/Graduate
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-or-

- Have a degree\* from a 4-year college or university and have a credentialed supervisor (see bottom of page)  
Highest degree earned: \_\_\_\_\_ Major Field: \_\_\_\_\_  
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-or-

- Have a degree\* from a 4-year college or university, attend a DECA-C training given by a certified trainer, and pass a competency based evaluation at the end of the training  
Highest degree earned: \_\_\_\_\_ Major Field: \_\_\_\_\_  
Year: \_\_\_\_\_ Institution: \_\_\_\_\_  
Date/Location of DECA-C training and evaluation: \_\_\_\_\_

\*The license or degree must be in a relevant area such as psychology, social work, early childhood education, or special education.

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# The Devereux Early Childhood Assessment Clinical Form (DECA-C)

*A measure of behaviors related to risk and resilience in preschool children.*



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