District or School Name: ________________________________________________________________

If ordering for more than one school, please list the number here ____________ and fill out page 2.

Purchase order Number: ___________________________  Today’s Date:  __________________________

If required by your school

Contact Person: ____________________________________________  Title: _______________________

Email: ________________________________________________________________________________

Telephone: (_______)____________________________  FAX: (_______)___________________________

Mailing Address: _______________________________________________________________________

City: ___________________________________________  Zip Code: _____________________________

☐ If you wish to have materials sent to individual buildings, please check the box to the left and complete page 2

Please fax, mail or e-mail this order to:

Minnesota Statewide Testing Program
University of Minnesota
879 29th Ave SE - Room 103
Minneapolis, MN  55414-2820
http://oms.umn.edu/mstp
roger009@umn.edu
Fax: (612) 624-1336

For ordering or general questions, please call MSTP customer service:
(612) 626-1803

For technical questions about your testing program or tests in general, contact:
Stephanie Klein, PhD, Assistant Director, MSTP (612) 626-1891 or kleins@umn.edu
District: __________________________________________________________________________________

Contact person, address, and one material order form per school is needed if materials are to be sent to individual buildings. Please provide complete building name (e.g. Primary, Elementary, Middle, Junior High or High School).

Building Name: __________________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________

Building Name: ____________________________________________________________________________

Contact: _____________________________________________  Position:_____________________________

Address: __________________________________________________________________________________

City: ___________________________________ Zip: _________ Phone: (______)__________________
Material Order Form *Scoring/Reporting Only*

For schools that own their own books AND answer sheets
After each grade below indicate the number of students to be scored.

<table>
<thead>
<tr>
<th>Test</th>
<th>Grade</th>
<th>Special MN Package</th>
<th>Planned Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive Abilities Test (CogAT) Form 7, Complete Battery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K_____ 1_____ 2_____ 3_____ 4_____ 5_____</td>
<td>K-2</td>
<td>11.25</td>
<td></td>
</tr>
<tr>
<td>6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>3-12</td>
<td>7.30</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Abilities Test (CogAT) Form 7, Screener</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K_____ 1_____ 2_____ 3_____ 4_____ 5_____</td>
<td>K-2</td>
<td>8.55</td>
<td></td>
</tr>
<tr>
<td>6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>3-12</td>
<td>6.05</td>
<td></td>
</tr>
</tbody>
</table>

For schools that own their own books AND NEED answer sheets
After each grade below indicate the number of students to be scored.

<table>
<thead>
<tr>
<th>Test</th>
<th>Grade</th>
<th>Special MN Package</th>
<th>Planned Test Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive Abilities Test (CogAT) Form 7, Complete Battery</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K_____ 1_____ 2_____ 3_____ 4_____ 5_____</td>
<td>K-2</td>
<td>19.15</td>
<td></td>
</tr>
<tr>
<td>6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>3-12</td>
<td>8.80</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Abilities Test (CogAT) Form 7, Screener</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K_____ 1_____ 2_____ 3_____ 4_____ 5_____</td>
<td>K-2</td>
<td>14.20</td>
<td></td>
</tr>
<tr>
<td>6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>3-12</td>
<td>7.10</td>
<td></td>
</tr>
</tbody>
</table>

Please note that these reporting options are available for 2011 norms for the Cognitive Abilities Tests. All test answer sheets and consumable test booklets must be returned to the Minnesota Statewide Testing Program.
Each Standard Package includes the following:

- **Basic Service:** includes processing and one copy of a List of Student Scores with Class, Building and System summaries.
  
<table>
<thead>
<tr>
<th>CogAT:</th>
<th>GS</th>
<th>GPR</th>
<th>AS</th>
<th>APR</th>
<th>SAS</th>
<th>RS</th>
<th>SS</th>
</tr>
</thead>
</table>

- **Profile Narrative:**
  
<table>
<thead>
<tr>
<th>CogAT:</th>
<th>GS</th>
<th>GPR</th>
<th>AS</th>
<th>APR</th>
<th>SAS</th>
</tr>
</thead>
</table>

- Electronic Reports (PDF file for you to print)
  - [ ] Yes
  - [ ] No

**Norming Period (select one)**

- [ ] Fall (prior to Dec. 1)
- [ ] Midyear (Dec. 1 to Feb. 28)
- [ ] Spring (Mar. 1 on)

**Norm Year (select one)**

- 2011 [ ] 2017 [ ]

Select Options for Your Services

- [ ] Exclude students coded in Column Z in Office Use Only

- [ ] No additional services required. (No need to complete the bottom of this page.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Grade</th>
<th>Select Options</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Barcode Labels</td>
<td>K</td>
<td>[ ] K [ ] 1 [ ] 2 [ ] 3 [ ] 4</td>
<td>Cost: $0.72 per pupil</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>[ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>[ ] 10 [ ] 11 [ ] 12</td>
<td></td>
</tr>
<tr>
<td>Student Score Labels - Actual label size 4” wide by 1 1/3”</td>
<td>K</td>
<td>[ ] K [ ] 1 [ ] 2 [ ] 3 [ ] 4</td>
<td>Cost: $0.72 per pupil</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>[ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>[ ] 10 [ ] 11 [ ] 12</td>
<td></td>
</tr>
<tr>
<td>Student Data In Excel File</td>
<td>K</td>
<td>[ ] K [ ] 1 [ ] 2 [ ] 3 [ ] 4</td>
<td>Cost: $0.69 per pupil</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>[ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>[ ] 10 [ ] 11 [ ] 12</td>
<td></td>
</tr>
<tr>
<td>Group Narrative Summary Bar/Line Graph</td>
<td>K</td>
<td>[ ] K [ ] 1 [ ] 2 [ ] 3 [ ] 4</td>
<td>SAS is reported</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>[ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>[ ] 10 [ ] 11 [ ] 12</td>
<td></td>
</tr>
</tbody>
</table>

**LEGEND**

- APR = Age Percentile Rank
- AS = Age Stanine
- GPR = Grade Percentile Rank
- GS = Grade Stanine
- RS = Raw Score
- SS = Standard Stanine
- SAS = Standard Age Score
- USS = Universal Scale Score
- SSDiff = Scale Score Difference