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: (_______)____________________________

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

For ordering or general questions, please call MSTP customer service:
(612) 626-1803
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: (_______)__________________
### 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>Cognitive Abilities Test (CogAT) Form 7, Complete Battery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score K_____ 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>K-2</td>
<td>11.78</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3-12</td>
</tr>
<tr>
<td>Cognitive Abilities Test (CogAT) Form 7, Screener</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score K_____ 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>K-2</td>
<td>8.98</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3-12</td>
</tr>
</tbody>
</table>

### Material Order Form Scoring/Reporting Only

**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>Cognitive Abilities Test (CogAT) Form 7, Complete Battery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score K_____ 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>K-2</td>
<td>20.00</td>
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<td>3-12</td>
</tr>
<tr>
<td>Cognitive Abilities Test (CogAT) Form 7, Screener</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Number to Score K_____ 1_____ 2_____ 3_____ 4_____ 5_____ 6_____ 7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>K-2</td>
<td>14.85</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3-12</td>
</tr>
</tbody>
</table>

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.
  - CogAT: GS GPR AS APR SAS RS SS are reported

- **Profile Narrative:**
  - CogAT: GS GPR AS APR SAS are reported

- **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>GS</th>
<th>GPR</th>
<th>AS</th>
<th>APR</th>
<th>SAS</th>
<th>RS</th>
<th>SS</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Barcode Labels</td>
<td>K</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td>$0.73 per pupil</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
<td></td>
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<td>10</td>
<td>11</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Score Labels - Actual label size 4” wide by 1 1/3”</td>
<td>K</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td>$0.73 per pupil</td>
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<tr>
<td></td>
<td>S</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
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<td>10</td>
<td>11</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Student Data In Excel File</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td>$0.70 per pupil</td>
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<tr>
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<td>11</td>
<td>12</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Group Narrative Summary Bar/Line Graph</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>$0.93 per pupil</td>
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<tr>
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<td>12</td>
<td></td>
<td></td>
<td></td>
<td></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
- USS = Universal Scale Score
- SSDiff = Scale Score Difference