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: (_______)__________________
### 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>K-2</td>
<td>12.45</td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td>K____ 1____ 2____ 3____ 4____ 5____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6_____7_____8_____ 9____ 10____ 11____ 12____</td>
<td>3-12</td>
<td>8.35</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Abilities Test (CogAT) Form 7, Screener</strong></td>
<td>K-2</td>
<td>9.65</td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td>K____ 1____ 2____ 3____ 4____ 5____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6_____7_____8_____ 9____ 10____ 11____ 12____</td>
<td>3-12</td>
<td>7.05</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>K-2</td>
<td>21.00</td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td>K____ 1____ 2____ 3____ 4____ 5____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6_____7_____8_____ 9____ 10____ 11____ 12____</td>
<td>3-12</td>
<td>10.50</td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive Abilities Test (CogAT) Form 7, Screener</strong></td>
<td>K-2</td>
<td>15.75</td>
<td></td>
</tr>
<tr>
<td>Number to Score</td>
<td>K____ 1____ 2____ 3____ 4____ 5____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6_____7_____8_____ 9____ 10____ 11____ 12____</td>
<td>3-12</td>
<td>8.71</td>
<td></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>Grades</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Student Barcode Labels</td>
<td>K 1 2 3 4</td>
<td>$0.74 per pupil</td>
</tr>
<tr>
<td>□ Student Score Labels - Actual label size 4” wide by 1 1/3”</td>
<td>K 1 2 3 4</td>
<td>$0.74 per pupil</td>
</tr>
<tr>
<td>□ Student Score Labels - Actual label size 4” wide by 1 1/3”</td>
<td>S 6 7 8 9</td>
<td>$0.74 per pupil</td>
</tr>
<tr>
<td>□ Student Data In Excel File</td>
<td>K 1 2 3 4</td>
<td>$0.70 per pupil</td>
</tr>
<tr>
<td></td>
<td>5 6 7 8 9</td>
<td>$0.70 per pupil</td>
</tr>
<tr>
<td></td>
<td>10 11 12</td>
<td>$0.70 per pupil</td>
</tr>
<tr>
<td>□ Group Narrative Summary</td>
<td>K 1 2 3 4</td>
<td>$0.93 per pupil</td>
</tr>
<tr>
<td></td>
<td>S 6 7 8 9</td>
<td>$0.93 per pupil</td>
</tr>
<tr>
<td></td>
<td>10 11 12</td>
<td>$0.93 per pupil</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