2022-2023 CogAT 7 Order Form
Public, Private, and Charter Schools
Valid July 1, 2022 - June 30, 2023

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:
Shelly Wymer, Director  (612) 626-0583 or slwymer@umn.edu

For ordering or general questions, please call MSTP customer service:
(612) 626-1803
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: __________________________________________________________________
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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>K-2</td>
<td>12.65</td>
<td></td>
</tr>
<tr>
<td>K_____ 1_____ 2_____ 3_____ 4_____ 5_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>3-12</td>
<td>8.55</td>
<td></td>
</tr>
</tbody>
</table>

| **Cognitive Abilities Test (CogAT) Form 7, Screener** |       |                    |                   |
| Number to Score                          | K-2   | 9.85               |                   |
| K_____ 1_____ 2_____ 3_____ 4_____ 5_____ |       |                    |                   |
| 6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____ | 3-12  | 7.25               |                   |

**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>K-2</td>
<td>21.95</td>
<td></td>
</tr>
<tr>
<td>K_____ 1_____ 2_____ 3_____ 4_____ 5_____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____</td>
<td>3-12</td>
<td>11.00</td>
<td></td>
</tr>
</tbody>
</table>

| **Cognitive Abilities Test (CogAT) Form 7, Screener** |       |                    |                   |
| Number to Score                          | K-2   | 16.50              |                   |
| K_____ 1_____ 2_____ 3_____ 4_____ 5_____ |       |                    |                   |
| 6_____7_____ 8_____ 9_____ 10_____ 11_____ 12_____ | 3-12  | 9.20               |                   |

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.

- **Profile Narrative:**

- **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)**
- 2017

Choose 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></td>
<td>S 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 11 12</td>
<td></td>
</tr>
<tr>
<td>Student Score Labels - Actual label size</td>
<td>K 1 2 3 4</td>
<td>$0.74 per pupil</td>
</tr>
<tr>
<td></td>
<td>S 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 11 12</td>
<td></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>S 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 11 12</td>
<td></td>
</tr>
<tr>
<td>Group Narrative Summary</td>
<td>K 1 2 3 4</td>
<td>$0.93 per pupil</td>
</tr>
<tr>
<td>Bar/Line Graph</td>
<td>S 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td></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