



# **Online Testing Order Form**



# Forms 7 & 8 and Screening Forms 7 & 8

Visit

## RiversideInsights.com/CogAT



to learn more about the *CogAT*® and order through our store.

Purchase orders, checks, and credit cards accepted.



Date	

Pease anclose a chack or valid purchase order payable to "Riverside insights" with a lorders. If payment via cradit and the box below so an email with payment link can be sent to the censil provided in the "Charge to" section.	Payment Information			
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Position   Organization   Organiza	Charge to			
Please describe yourself:   System/District   Diocese/Archdiocese   Online administration     Suilding/School   Public   Catholic   Private   CHECK ONE:   School   School   School   School   School   School   School   System Requirements:   Anticipated Testing Date:	Position  Organization  Shipping Address  City  Phone  ()	State ZIP		
System/District   Diocese/Archdiocese   Online administration     Building/School   Public   Catholic   Private   School   System Requirements:  Anticipated Testing Date:	Required Information (Your order will not be processed without	this information)		
Building/School				
Anticipated Testing Date:  Anticipated Testing Date:  Reporting options:  Web Reports ONLY  To ensure delivery of your email notifications, please whitelist the email address: no-reply@dm.riverside-insights.com.  Account Holder (Please list the primary contact who will be the test administrator owner and DataManager Account Holder) Note: this person is the primary test and IT contact and implementation manager.  Name Position Organization Shipping Address  City  Tale 1. Do the workstation that will be used for online testing meet the DataManager minimum system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanagerinfo.com for a copy of the revised system requirements? See datamanager online system checker successfully and system checker successfully and system requirements? See datamanagerinfo.com for existence system requirements? See datamanagerinfo.com for existence system requirements? See datamanagerinfo.com for existence system checker successfully and system checker successfully and system checker successfully and system checker successfully and system c		Online administration		
Meb Reporting options:		System Requirements:		
(Please list the primary contact who will be the test administrator owner and DataManager Account Holder.) Note: this person is the primary test and IT contact and implementation manager.  Name	Reporting options: Web Reports ONLY  To ensure delivery of your email notifications, please whitelist the email address:	minimum system requirements? See datamanagerinfo.com for a copy of the revised system requirements or ask your Assessment Consultant.  Yes  No  No  No  No  No  The System Checker successfully on each workstation that will be used for online testing? (The System Check is accessed from the following URL: https://tinyurl.com/DataManagerCheckReadiness)		
Position         Position           Organization         Organization           Shipping Address         Shipping Address           City         City           State         ZIP           Phone         Phone           Fax         Fax           Email Address*         Email Address*	(Please list the primary contact who will be the test administrator owner and <i>DataManager</i> Account Holder.) Note: this person is the	(if different from Account Holder) Note: this person will be responsible for providing school system		
Organization         Organization           Shipping Address         Shipping Address           City         City           State         ZIP         State         ZIP           Phone         Phone         —         —           Fax         —         —         —           Email Address*         Email Address*         —         —	Name	Name		
Shipping Address         Shipping Address           City         City           State         ZIP           Phone         Phone           Fax         Fax           Email Address*         Email Address*	Position	Position		
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Prices are valid until December 31, 2024 and are subject to change without notice.





### Online Testing - CogAT Forms 7 & 8

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	Form 7		Form 8		Total Quantity	Price	Total Price
Price per administration	Item No.	Quantity	Item No.	Quantity	a dament,		
Levels 5/6-17/18	2000018		2000021			\$16.75	

#### **Screening Form**

	Screenin	g Form 7	Screening Form 8		Total Quantity	Price	Total Price
Price per administration	Item No.	Quantity	Item No.	Quantity	Guaritity		11100
Levels 5/6-17/18	2000019		2000022			\$12.80	

#### Post-Screener

Includes the six remaining subtests for online screener-to-complete. Must be the same form as Screening Form administered

	Post-Screener Form 7		Post-Screener Form 8		Total Quantity	Price	Total Price
Price per administration	Item No.	Quantity	Item No.	Quantity	a a a a a a a a a a a a a a a a a a a		
Levels 5/6-17/18	2000020		2000023			\$7.95	

Districts will be responsible for any overages and will be billed accordingly.

\*If you are administering any assessment remotely, please refer to our "Virtual Remote Proctor" or "DataManager Remote Proctoring Portal" order forms.

#### **TRAINING**

To explore training options for this assessment, please consult the separate K–12 Training order form or contact your local Assessment Consultant or Riverside Customer Service.

### **How to Place Your Order**

Inquiries may be directed to: inquiry@riversideinsights.com

For more information, including our W-9 form, please visit our Help and Support page on our website at riversideinsights.com/support.

**Note:** To ensure adequate processing time when submitting an expedited RUSH order, please email your order to orders@riversideinsights.com with URGENT in the Subject Line of the email.

Customer Service Riverside Insights One Pierce Place, Suite 900W Itasca, IL 60143

Product Order Subtotal	
State Sales Tax	
Order Total	

Prices are valid until December 31, 2024 and are subject to change without notice.

All orders will be filled at prices in effect upon receipt of your order.

To obtain the most up to date pricing, please visit us online at www.riversideinsights.com.