Place this completed Order Form for Scoring Service (OSS) on the top of all documents in <u>Box 1</u> with all pages stapled together. Failure to do so may delay scoring processing. Online <u>Test Event names MUST begin with "AZ Grade 2 CogAT 2023-2024."</u> Ship all materials no later than May 24, 2024 in order for your scores to be available to the ADE.

												Riverside Use Only	
Con AT°	AZ Grade 2 CogAT 2023-2024											Program No. AZ	
CogAI	OI	Data Set ID :											
Did you also test students online? If yes, please indicate your test event date and name.									name.				
Online Test Event date:										Est. N-Count			
Test Event Name: AZ Grade 2 CogAT 2023-2024 (Online test events must be closed prior to merging with paper tests.)											Attachments - Yes		
District / LEA Name for Reports						i prior to merging with paper				Test Da	ate		
(Fill in the boxes below)								Month	Day	Year	# of Packages Received		
												# 01 Fackages Neceived	
District / LEA Gifted Testing Coordinator: District					rict / LEA Address : Other Information:								
Name:		Address: # of Shipped Packages								ned Packages			
Email Address:		, or compress a samages											
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i none#.	State: Signature								re				
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					Form 8/ Level 8				N/	A	N/A	<u>VA</u>	
Building N			(Count by building)			3)							
Building Name:													
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Building Name:													
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Building Name:													
Riverside Use Only													
Total Number of Documents													
By signing, I agree to Riverside Insights' Privacy Policy, Terms of Use, and Terms and Conditions. Riverside Insights' company policies are located at: https://riversideinsights.com/support/policies. Ship answer documents to the RIVERSIDE SCORING SERVICE®, 9200 Earhart Lane SW, Cedar Rapids, IA, 52404-9078 no later than May 24, 2024 for arrival by May 28 2024.													

RIVERSIDE INSIGHTS® CUSTOMER SERVICE Phone: (800) 323-9540 Email: inquiry@riversideinsights.com



District Name for Reports:

ARIZONA GRADE 2 GIFTED 2023-2024

ORDER FORM FOR RIVERSIDE SCORING SERVICE®

Enter the number of test documents.	Enter Answer Document Count										
	Form 8/ Level 8	N/A	N/A								
Building Name	(Count by building)										
Building Name:											
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Building Name:											
Riverside Use Only											
Total Number of Documents											
*If you have additional buildings, print additional copies of page 2 to include all your building names.											