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</u> names MUST begin with "AZ Grade 2 CogAT <u>2024-2025</u>."** *Ship your materials to us soon after you complete testing. If you are a spring tester, your materials must be shipped no later than May 23, 2025.*

CogAT®	**AZ Grade 2 CogAT 2024-2025** **ORDER FORM FOR RIVERSIDE SCORING SERVICE®** Did you also test students online? If yes, please indicate your test event date and name. Online Test Event date: _____ Test Event Name: **AZ Grade 2 CogAT 2024-2025**_____	**Riverside Use Only** Program No. AZ Data Set ID : Est. N-Count Attachments - Yes ☐ Complete - No ☐ # of Packages Received

(Online test events must be closed prior to merging with paper tests.)

District / LEA Name for Reports
(Fill in the boxes below)

Test Date

Month	Day	Year

District / LEA Gifted Testing Coordinator:

 Name:

 Email Address:

Phone#:

District / LEA Address :

 Address:

 City:

 State:

 Zip Code:

Other Information:

 # of Shipped Packages: _____

 Signature _____
Date   _____ /_____ /_____

Building Name	**Enter Document Count**			
	Form 8/ Level 8 (Count by building)	**N/A**	**N/A**	
Building Name: **Riverside Use Only**				
Building Name: **Riverside Use Only**				
Building Name: **Riverside Use Only**				
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
RIVERSIDE INSIGHTS® CUSTOMER SERVICE Phone: (800) 323-9540 Email: inquiry@riversideinsights.com

ARIZONA GRADE 2 GIFTED
2024-2025

ORDER FORM FOR RIVERSIDE SCORING SERVICE®

District Name for Reports:

Enter the number of test documents.	Enter Answer Document Count			
Building Name	**Form 8 / Level 8** **(Count by building)**	**N/A**	**N/A**	
Building Name: **Riverside Use Only**				
Building Name: **Riverside Use Only**				
Building Name: **Riverside Use Only**				
Building Name: **Riverside Use Only**				
Building Name: **Riverside Use Only**				
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.