BARCODE PRE-IDENTIFICATION SERVICES

TRANSMITTAL FORM

For *Iowa Assessments*® Forms E/F, *CogAT*® Form 7, and *Logramos*® Third Edition

1 **COMPLETE ORDER AND SHIPPING INFORMATION**

Test Coordinator

Name _____ Phone _____

Email _____

Technical Contact

Name _____ Phone _____

Email _____

School/System/Group
(Only valid street addresses can be used. No P.O. boxes, please.)

School/System/Group Name _____

Address _____

City _____ State _____ Zip _____

Purchase Order # _____

Test Date _____

2 **SELECT ORDER TYPE** *(select one)*

☐ Labels created from customer-provided data file and locally applied

☐ Labels created from customer-provided data file and applied by HMH–Riverside

☐ Labels created from a previous test administration
Order #_____

3 **SELECT SORT ORDER FOR LABELS** *(select one)*

☐ Same as data file

☐ School/Grade (alphabetical)

☐ School/Grade/Class (alphabetical)

4 **INDICATE TESTS AND ENTER QUANTITIES NEEDED**

Grades	K	1	2	3	4	5	6	7	8	9	10	11	12
Iowa Form E/F (✔)													
CogAT Form 7 (✔)													
Logramos Third Edition (✔)													
Number of students per grade													
Number of labels per student													

5 **INDICATE FIELDS TO BE READ FROM BARCODE LABELS**

During scanning, data will be read either from the barcode labels or from coding on the answer documents, but not both. Indicate the fields you are supplying in the barcode data file by placing a checkmark in the DATA box next to the field. The **Last Name**, **First Name**, **Date of Birth**, **Gender**, **Grade**, and **School/Building Name** fields are required for barcode label creation and MUST be included in the barcode data file. Fields not checked below but marked on the student answer document will be read from the answer document.

FIELD NAME	DATA	FIELD NAME	DATA	FIELD NAME	DATA	FIELD NAME	DATA
STUDENT NAME	✔	CLASS CODE		RACE ETHNICITY		TEST ADMINISTRATOR USE ONLY COLUMN G	
DATE OF BIRTH	✔	STUDENT ID NUMBER		TEST ADMINISTRATOR USE ONLY CODES A–T		TEST ADMINISTRATOR USE ONLY COLUMN H	
GENDER	✔	ADDITIONAL ID NUMBER		TEST ADMINISTRATOR USE ONLY COLUMN A		TEST ADMINISTRATOR USE ONLY COLUMN I	
GRADE	✔	IOWA OR LOGRAMOS FORM		TEST ADMINISTRATOR USE ONLY COLUMN B		TEST ADMINISTRATOR USE ONLY COLUMN J	
SCHOOL/BUILDING NAME	✔	IOWA OR LOGRAMOS LEVEL		TEST ADMINISTRATOR USE ONLY COLUMN C		TEST ADMINISTRATOR USE ONLY COLUMNS K–N, P, Z	
SCHOOL/BUILDING CODE		CogAT FORM		TEST ADMINISTRATOR USE ONLY COLUMN D		HOME REPORTING	
CLASS NAME		CogAT LEVEL		TEST ADMINISTRATOR USE ONLY COLUMN E		OFFICE USE ONLY Z (exclusion)	
				TEST ADMINISTRATOR USE ONLY COLUMN F		PROGRAMS	

6 **SUBMIT YOUR ORDER**

Please complete the Barcode Transmittal Form electronically and post the form and data file to the HMH–Riverside SFTP site:
SFTP URL: https://rpcftp.rpclearning.com

Contact Customer Service if you have not been provided with a username and password to the SFTP site.

- Phone: 1-800-323-9540
- Email: RPC_Customer_Service@hmhco.com

For all other questions regarding barcode labels, contact the Data Integration Barcode Administration.

- Email: barcode@hmhco.com
- Fax: 1-630-578-1347