



PRINCIPAL EVALUATION SURVEY PROVIDERS
TECHNICAL PROPOSAL - APPLICATION

Please check the most appropriate category:

<p>Principal Evaluation Survey Instrument*</p> <p><input checked="" type="checkbox"/> Free <input type="checkbox"/> For Cost</p>
<p>If for cost, to which do fees apply:</p> <p><input type="checkbox"/> Survey Instrument <input type="checkbox"/> Related services (e.g., training or professional development associated with survey use)</p>
<p>If services are offered by the applicant, are any mandatory in order to use the survey instrument?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>This Principal Evaluation Survey is intended for use:</p> <p><input type="checkbox"/> School-wide <input checked="" type="checkbox"/> District-wide</p>
<p>This Principal Evaluation Survey is intended for use in the following grade levels:</p> <p><input type="checkbox"/> PreK <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 1</p> <p><input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4</p> <p><input type="checkbox"/> Grade 5 <input checked="" type="checkbox"/> Grade 6 <input checked="" type="checkbox"/> Grade 7</p> <p><input checked="" type="checkbox"/> Grade 8 <input checked="" type="checkbox"/> Grade 9 <input checked="" type="checkbox"/> Grade 10</p> <p><input checked="" type="checkbox"/> Grade 11 <input checked="" type="checkbox"/> Grade 12</p>
<p>This Principal Evaluation Survey is intended for use by the following audience(s):</p> <p><input checked="" type="checkbox"/> Students</p> <p><input type="checkbox"/> Parents / Guardians / Families</p> <p><input type="checkbox"/> Teachers</p>

* A full application with all required materials, including this cover page, shall be submitted for each survey instrument. Your survey(s) must be attached in the Appendix section of your submission.



**TEACHER AND PRINCIPAL EVALUATION SURVEY PROVIDERS
TECHNICAL PROPOSAL – SURVEY DESIGN AND IMPLEMENTATION**

Survey Design and Implementation:

In this section, the applicant should present evidence that its submitted survey instrument has a demonstrated record of effectiveness in contributing to teacher and/or principal achievement.

<p>1. Describe and detail any empirical or statistical evidence of demonstrated professional achievement for teachers and/or principals over time as a result of provider services.</p>	<p>Clearly labeled tables or graphs depicting this improvement should be submitted as appendices.</p> <p>Survey data helps the NYCDOE identify schools that are in need of support or assistance as well as schools that are excelling at providing strong learning environments for their students. Survey data also helps school leaders identify areas in need of improvement in their schools. Finally, NYCDOE has found that survey scores have a moderate positive correlation with growth in student graduation rates and test score data provided by the State.</p>
<p>2. What is the methodology used to collect evidence of the demonstrated professional achievement for teachers or principals (i.e. measures and analyses used, comparison groups, etc.)?</p>	<p>A Pearson's correlation coefficient analysis reveals that professional achievement, as measured by student graduation rates and performance on state tests, has a moderate positive correlation with survey scores.</p>
<p>3. What type of research design has been established to support these findings? (e.g., experimental, non-experimental, quasi-experimental, etc)</p>	<p>The NYC School Survey is a census-style survey. All parents, teachers and students in grades 6-12 are eligible to complete the survey. Therefore, the survey's research design is non-experimental.</p>
<p>4. Describe and detail the proposed scoring or rating system associated with the survey being submitted that a district can use to distinguish among educators.</p> <p>Please note: Distinguishing among educators with this survey is collectively bargained. Districts and their collective bargaining units will determine whether to adopt the proposed method for distinguishing.</p>	<p>Clearly labeled tables or charts depicting this scoring/rating system should be submitted as appendices.</p> <p>Please see Appendix F for a copy of the 2012 Scoring Guide for Community Schools.</p>
<p>5. Describe and detail your organization's demonstrated ability to adapt</p>	<p>As an LEA itself, the NYCDOE does not offer services to other LEAs that wish</p>

<p>and sustain the submitted survey to align with the requested needs of participating LEAs.</p>	<p>to administer the NYC School Survey in their district.</p>
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**TEACHER AND PRINCIPAL EVALUATION SURVEY PROVIDERS
TECHNICAL PROPOSAL – ORGANIZATIONAL CAPACITY**

Organizational Capacity:

In this section, the applicant should demonstrate that it has adequate human, organizational, and technical resources to provide the proposed teacher and/or principal evaluation survey services.

1. A description of the organization, including information such as length of time in operation, number of existing locations, number of staff, an organization chart, etc.	As an LEA itself, the NYC DOE does not offer services to other LEAs that wish to administer the School Survey in their district. As such, Form B3 is not applicable.
2. A brief description of the organization's history of providing similar teacher and/or principal evaluation services, including the outcomes achieved, number of previous contracts, the diversity of clients, the number of students served, etc.	N/A
3. Copies of the organization's tax returns for the past two years, or other evidence of fiscal soundness, e.g. annual financial statements, fiscal audits, Dunn & Bradstreet reports, etc., submitted as Appendices.	Please clearly identify and attach this documentation in the Appendix section.
4. Copy of the organization's 501(c)3 certificate or State license.	Please clearly identify and attach this documentation in the Appendix section.
5. Information as to whether lawsuits have been filed against the organization for educational and/or fiscal mismanagement, civil rights violations, criminal act(s), or other reason(s); and indicate the outcome of each instance.	N/A
6. Information as to whether the organization has been denied the ability to conduct business in any state and indicate the reason(s) for such denial.	N/A
7. Information as to whether the organization has been debarred or suspended from doing business with any local government, state, or the federal government.	N/A
8. Information as to whether the organization has been approved as a teacher and/or principal evaluation service provider in another state and specify such state(s).	N/A



**TEACHER AND PRINCIPAL EVALUATION SURVEY PROVIDERS
Assurances and Signature**

In submitting this application to be included in the State Education Department’s Teacher and Principal Survey instrument Service Provider list, I certify that:

1. The organization will comply with all applicable Federal, State and local health, safety, and civil rights laws.
2. All individuals employed by or otherwise associated with the organization, who will have direct contact with eligible teachers, principals, or students, will be subject to all of the fingerprint and criminal history record check requirements contained in law, including, Education Law §§305(30), 1125(3), 1604(39), 1604(40), 1709(39), 1709(40), 1804(9), 1804(10), 1950(4)(ll), 1950(4)(mm), 2503(18), 2503(19), 2554(25), 2554(26), 2590-h (20), 2854(3)(a-2), 2854(3)(a-3), 3035 and Part 87 of the regulations of the Commissioner of Education.
3. All instruction and content will be secular, neutral, and non-ideological.
4. All instruction and content provided to LEAs will be aligned to the applicable professional standards of practice for teachers and/or principals, including but not limited to, the New York State Teaching Standards, ISLCC 2008 Leadership standards, New York State Education Law, and the Commissioner’s regulations.
5. The organization is fiscally sound and will be able to complete services to the eligible local educational agency.

The undersigned hereby certifies that I am an individual authorized to act on behalf of the organization in submitting this application and assurances. I certify that all of the information provided herein is true and accurate, to the best of my knowledge. I understand that, if any of the information contained herein is found to have been deliberately misrepresented, that may constitute grounds for denying the applicant’s request for approval to be placed in the list of Teacher and Principal Survey instrument Service Providers or for removal from that same list. I further certify that the organization will comply with all of the assurances set forth herein.

<p>1. Name of Organization (PLEASE PRINT/TYPE) New York City Department of Education</p>	<p>4. Signature of Authorized Representative (PLEASE USE BLUE INK)</p>
<p>2. Name of Authorized Representative (PLEASE PRINT/TYPE) Lauren Sypek</p>	<p>5. Date Signed</p>
<p>3. Title of Authorized Representative (PLEASE PRINT/TYPE) Director, NYC School Survey</p>	