



**STUDENT ASSESSMENTS FOR  
TEACHER AND PRINCIPAL EVALUATION**

**FORM H**

**APPLICANT CERTIFICATION FORM –ASSESSMENTS FOR USE WITH STUDENT  
LEARNING OBJECTIVES**

Please read each of the items below and check the corresponding box to ensure the fulfillment of the technical criteria.

PLEASE SUBMIT ONE “FORM H” FOR EACH APPLICANT. CO-APPLICANTS SHOULD SUBMIT SEPARATE FORMS.

The Applicant makes the following assurances:

Assurance	Check each box:
The assessment is rigorous, meaning that it is aligned to the New York State learning standards or, in instances where there are no such learning standards that apply to a subject/grade level, alignment to research-based learning standards.	<input checked="" type="checkbox"/>
To the extent practicable, the assessment must be valid and reliable as defined by the Standards of Educational and Psychological Testing.	<input checked="" type="checkbox"/>
The assessment can be used to measure one year’s expected growth for individual students.	<input checked="" type="checkbox"/>
For K-2 assessments, the assessment is not a “Traditional Standardized Assessment” as defined in Section 1.3 of this RFQ.	<input checked="" type="checkbox"/>
For assessments previously used under Education Law §3012-c, the assessment results in differentiated student-level performance. If the assessment has not produced differentiated results in prior school years, the applicant assures that the lack of differentiation is justified by equivalently consistent student results based on other measures of student achievement.	<input checked="" type="checkbox"/>
For assessments not previously used in teacher/principal evaluation, the applicant has a plan for collecting evidence of differentiated student results such that the evidence will be available by the end of each school year.	<input checked="" type="checkbox"/>
At the end of each school year, the applicant will collect evidence demonstrating that the assessment has produced differentiated student-level results and will provide such evidence to the Department upon request. <sup>2</sup>	<input checked="" type="checkbox"/>

<sup>2</sup> Please note, pursuant to Section 2.3 of this RFQ, an assessment may be removed from the approved list if such assessment does not comply with one or more of the criteria for approval set forth in this RFQ

**To be completed by the Copyright Owner/Assessment Representative of the assessment being proposed and, where necessary, the co-applicant LEA:**

Behavior Analysts, Inc. 1. Name of Organization (PLEASE PRINT/TYPE)	 4. Signature of Authorized Representative (PLEASE USE BLUE INK)
James W. Partington, Ph.D. 2. Name of Authorized Representative (PLEASE PRINT/TYPE)	5. Date Signed <i>5/26/16</i>
President 3. Title of Authorized Representative (PLEASE PRINT/TYPE)	

N/A 1. Name of LEA (PLEASE PRINT/TYPE)	N/A 4. Signature of School Representative (PLEASE USE BLUE INK)
N/A 2. School Representative's Name (PLEASE PRINT/TYPE)	N/A 5. Date Signed
N/A 3. Title of School Representative (PLEASE PRINT/TYPE)	