



**STUDENT ASSESSMENTS  
AND ASSOCIATED GROWTH MODELS FOR  
TEACHER AND PRINCIPAL EVALUATION**

**FORM C**

**PUBLICLY AVAILABLE SERVICES SUMMARY**

This form will be posted on the New York State Education Department’s Web site and distributed through other means for all applications that are approved in conjunction with this RFQ to allow districts and BOCES to understand proposed offerings in advance of directly contacting Assessment Providers regarding potential further procurements.

<b>Assessment Provider Information</b>	
Name of Assessment Provider:	Glen Cove City School District
Assessment Provider Contact Information:	Dr. Michael Israel, Assistant Superintendent 154 Dosoris Lane Glen Cove, NY 11542 (516)801-7020 misrael@glencove.k12.ny.us
Name of Assessment:	Glen Cove City School District developed course specific assessments.
Nature of Assessment:	<input checked="" type="checkbox"/> ASSESSMENT FOR USE WITH STUDENT LEARNING OBJECTIVES WITH A TARGET SETTING MODEL; OR  <input type="checkbox"/> SUPPLEMENTAL ASSESSMENT WITH AN ASSOCIATED GROWTH MODEL: <input type="checkbox"/> GAIN SCORE MODEL <input type="checkbox"/> GROWTH-TO-PROFICIENCY MODEL <input type="checkbox"/> STUDENT GROWTH PERCENTILES <input type="checkbox"/> PROJECTION MODELS <input type="checkbox"/> VALUE-ADDED MODELS <input type="checkbox"/> OTHER:
What are the grade(s) for which the assessment can be used to generate a 0-20 APPR score?	K-12
What are the subject area(s) for which the assessment can be used to generate a 0-20 APPR score?	All subject areas
What are the technology requirements associated with the assessment?	Varies with assessment
Is the assessment available, either for free or through purchase, to other districts or BOCES in New York State?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**Please provide an overview of the assessment for districts and BOCES. Please include:**

- A description of the assessment;
- A description of how the assessment is administered;
- A description of how scores are reported (Include links to sample reports as appropriate);
- A description of how the Assessment Provider supports implementation of the assessment, including any technical assistance. (3 pages max)

Pre and post assessments are directly aligned to either the NYS Standards for the subject area or to the NYS Common Core Standards. Assessments mirror models provided in the NYS assessments.

Assessments are administered in an allotted time appropriate for the grade level at the beginning of the course and at the end of the course. Test accommodations are provided for students where mandated. Test scores are reported in the SLO management tool used by the district and are accessible to teachers and administrators. Exams are secure and administered using the same criteria found in the Examination Administration documents provided by the NYSED.

**Please provide an overview of the student-level growth model or target setting model for SLOs for districts and BOCES, along with how student-level growth scores are aggregated to the create teacher-level scores, and how those teacher-level scores are converted to New York State's 0-20 metric.**

At the beginning of the year, students are given a pre-assessment or historical academic data is utilized. Targets are set for each student. Academic data will be used to set targets for students in relation to: attendance, SWD, ENL and economically disadvantaged and all other categories as allowed by the Board of Regents. The percentage of students who meet their targets are calculated to arrive at teacher scores. The percentage of students in a teacher's SLO population that achieves their target score will be converted to the current NYS 0-20 metric and assigned a HEDI rating for student performance. Highly Effective, Effective, Developing, or Ineffective based on the calculation of the percentage of students meeting targets using the 0-20 rating scale with 90%-100% (18-20 points) Highly Effective, 75%-89% (15-17 points) Effective, 60-74% (13-14 points) Developing, and 0-59% (0-12 points) Ineffective.

**New York State Next Generation Assessment Priorities**  
Please provide detail on how the proposed supplemental assessment I or assessment to be used with SLOs addresses each of the Next Generation Assessment Priorities below.

<b>Characteristics of Good ELA and Math Assessments (only applicable to ELA and math assessments):</b>	The assessments reflect adherence to the Common Core Learning Standards.
<b>Assessments Woven Tightly Into the Curriculum:</b>	Reviewed by administrators to ensure alignment. Assessments are locally developed and assess both the content and the priorities of the curriculum.
<b>Performance Assessment:</b>	Where possible students are asked to perform authentic tasks. However, it is difficult to do this for all subjects based on limited resources and the regulations regarding scoring assessments.
<b>Efficient Time-Saving Assessments:</b>	Except for performance based on assessments, assessments are administered in a single or double period.
<b>Technology:</b>	Technology can be used depending upon the course outline and requirements.
<b>Degree to which the growth model must differentiate across New York State's four levels of teacher effectiveness (only applicable to supplemental assessments):</b>	



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**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.

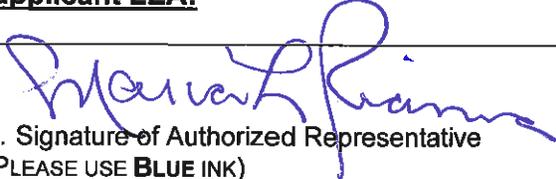
PLEASE SUBMIT ONE "FORM H" FOR EACH APPLICANT. CO-APPLICANTS SHOULD SUBMIT SEPARATE FORMS.

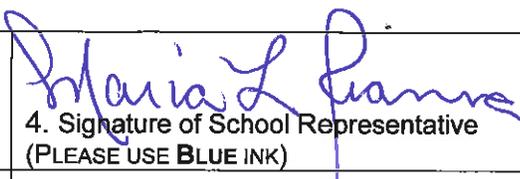
The Applicant makes the following assurances:

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>4</sup>	<input checked="" type="checkbox"/>

<sup>4</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:**

Glen Cove City School District 1. Name of Organization (PLEASE PRINT/TYPE)	 4. Signature of Authorized Representative (PLEASE USE <b>BLUE INK</b> )
Maria L. Rianna 2. Name of Authorized Representative (PLEASE PRINT/TYPE)	4/22/2016 5. Date Signed
Superintendent 3. Title of Authorized Representative (PLEASE PRINT/TYPE)	

Glen Cove City School District 1. Name of LEA (PLEASE PRINT/TYPE)	 4. Signature of School Representative (PLEASE USE <b>BLUE INK</b> )
Maria L. Rianna 2. School Representative's Name (PLEASE PRINT/TYPE)	4/22/2016 5. Date Signed
Superintendent 3. Title of School Representative (PLEASE PRINT/TYPE)	