



**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.

Assessment Provider Information	
Name of Assessment Provider:	Sullivan County BOCES
Assessment Provider Contact Information:	Dola Deloff, Director of Instructional Support Services, 845-295-4022
Name of Assessment:	All Sullivan County BOCES K-12 SLO Assessments
Nature of Assessment:	<p><input checked="" type="checkbox"/> ASSESSMENT FOR USE WITH STUDENT LEARNING OBJECTIVES WITH A TARGET SETTING MODEL; OR</p> <p><input type="checkbox"/> SUPPLEMENTAL ASSESSMENT WITH AN ASSOCIATED GROWTH MODEL:</p> <ul style="list-style-type: none"> <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?	English Language Arts; math; science; social studies; foreign languages, career & technical education, art, music, physical education, health, family and consumer science, technology, studio art
What are the technology requirements associated with the assessment?	Technology is not required to administer the assessments
Is the assessment available, either for free or through purchase, to other districts or BOCES in New York State?	<p><input checked="" type="checkbox"/> YES</p> <p><input type="checkbox"/> No</p>

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)

<p>Technology:</p>	<p>All assessments are currently administered by pencil and paper with the exception of technology/adaptive devices used in accordance with a student's IEP.</p>
<p>Degree to which the growth model must differentiate across New York State's four levels of teacher effectiveness (only applicable to supplemental assessments):</p>	<p>Not applicable.</p>



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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.	x
To the extent practicable, the assessment must be valid and reliable as defined by the Standards of Educational and Psychological Testing.	x
The assessment can be used to measure one year’s expected growth for individual students.	x
For K-2 assessments, the assessment is not a “Traditional Standardized Assessment” as defined in Section 1.3 of this RFQ.	x
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.	x
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.	x
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. ⁴	x

⁴ 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:

Sullivan County BOCES 1. Name of Organization (PLEASE PRINT/TYPE)	 4. Signature of Authorized Representative (PLEASE USE BLUE INK)
Susan Schmidt 2. Name of Authorized Representative (PLEASE PRINT/TYPE)	9/30/2016 5. Date Signed
Interim CEO, Deputy Superintendent 3. Title of Authorized Representative (PLEASE PRINT/TYPE)	

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