

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

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: Onondaga-Cortland-

Efficient Time-Saving Assessments:	Protocols and schedules are developed to ensure minimal disruption to instructional time and to ensure consistency across programs. Technology is used to aid in the scoring of assessments, as appropriate to maximize efficiency.
Technology:	Technology and/or adaptive devices are available for use in accordance with the design of the assessment and as necessary according to student needs.
Degree to which the growth model must differentiate across New York State's four levels of teacher effectiveness (only applicable to supplemental assessments):	N/A



STUDENT ASSESSMENTS AND APPROPRIATE EDUCATION

FORM C

PUBLICLY AVAILABLE SERVICES SUMMARY

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Assessment Provider Information	
Name:	OCM, BOCES
Assessment Provider Contact Information:	Dr. Anna ...
Name of Assessment:	...
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 APPROPRIATE ... <input type="checkbox"/> GAIN SCORE MODEL <input type="checkbox"/> GROWTH MODEL <input type="checkbox"/> STUDENT GROWTH PERCENTILES <input type="checkbox"/> PROJECTION MODEL <input type="checkbox"/> VALUE-ADDED MODEL <input type="checkbox"/> OTHER:
What are the grade(s) for which the assessment can be used to generate a 0-20 APPR score?	9-12
What are the subject area(s) for which the assessment can be used to generate a 0-20 APPR score?	English Language Arts
What are the technology requirements associated with the assessment?	None
Is the assessment available, either for free or through purchase, to other districts or BOCES in New York State?	Yes

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 the assessment is reported (include links to sample reports as appropriate);
- A description of how the assessment is supported, including any technical assistance.

See next page

Please provide an overview of the student-level growth model of target learning standards for districts and BOCES, which are aggregated for the state. Describe the model and how these teacher-level assessments are converted to New York State's 0-25 percent.

New York State Next Generation Assessment Initiatives
 Please provide detail on how the previous system used with SI De addresses each of the Next Generation Assessment Principles below:

Characteristics of Good ELA and Math Assessments (only applicable to ELA and Math assessments):

Assessment Alignment with the Curriculum:

Performance Assessment:

Efficient Time-Saving Assessments:

Technology:

Degree to which the growth model must differentiate across New York State's four levels of teacher effectiveness (only applicable to supplemental assessments):

The OG
variety
four
range model



**STUDENT ASSESSMENTS
TEACHER AND PRINCIPAL EVALUATION**



APPLICANT CERTIFICATION FORM – ASSESSMENTS FOR USE WITH STUDENT LEARNING OBJECTIVES

Please read each of the items which follow and check the appropriate box to denote the fulfillment of the technical criteria.


PLEASE SUBMIT ONE COPY OF THIS FORM WITH AN ORIGINAL AND A SIGNED INSTRUMENT SEPARATE FORMS.

The Applicant makes the following assurances:

Assurance	Choose each box.
The assessment is rigorous, meaning that it is aligned to the most rigorous standards currently in effect with the state or such other standards that align to a subject/grade level, alignment to research-based learning standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
To the extent practicable, the assessment must be valid and reliable as defined by the Standards of Educational and Testing Practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The assessment can be used to measure one year's expected growth for individual students.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For K-2 assessments, the assessment is not a "Traditional Standardized Assessment" as defined in Section 85.5 of the RFEA.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
For assessments previously used under Education Law § 85(1)(c), the assessment results in differentiated student-level performance; the assessment has not produced differentiated results in prior school years; the applicant assures that the lack of differentiated results by equivalently consistent student results based on other measures of student achievement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
For assessments not previously used under Education Law § 85(1)(c), the applicant has a plan for collecting differentiated student-level results and that the evidence will be available by the end of each school year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴ Please note, pursuant to Section 2.13 of this RFQ, an assessment may be removed from the approved list if such assessment does not comply with the conditions of the conditions for approval set forth in the RFEA.

To be completed by the Contractor/Assessment Representative of the assessment being proposed and, where necessary,

1. Name of Organization (PLEASE PRINT/TYPE) OCU RACES	
2. Name of Authorized Representative (PLEASE PRINT/TYPE) J. Francis Manning	
3. Title of Authorized Representative (PLEASE PRINT/TYPE) District Superintendent	
1. Name of School (PLEASE PRINT/TYPE)	
2. School Representative (PLEASE PRINT/TYPE)	
3. Title of School Representative (PLEASE PRINT/TYPE)	