



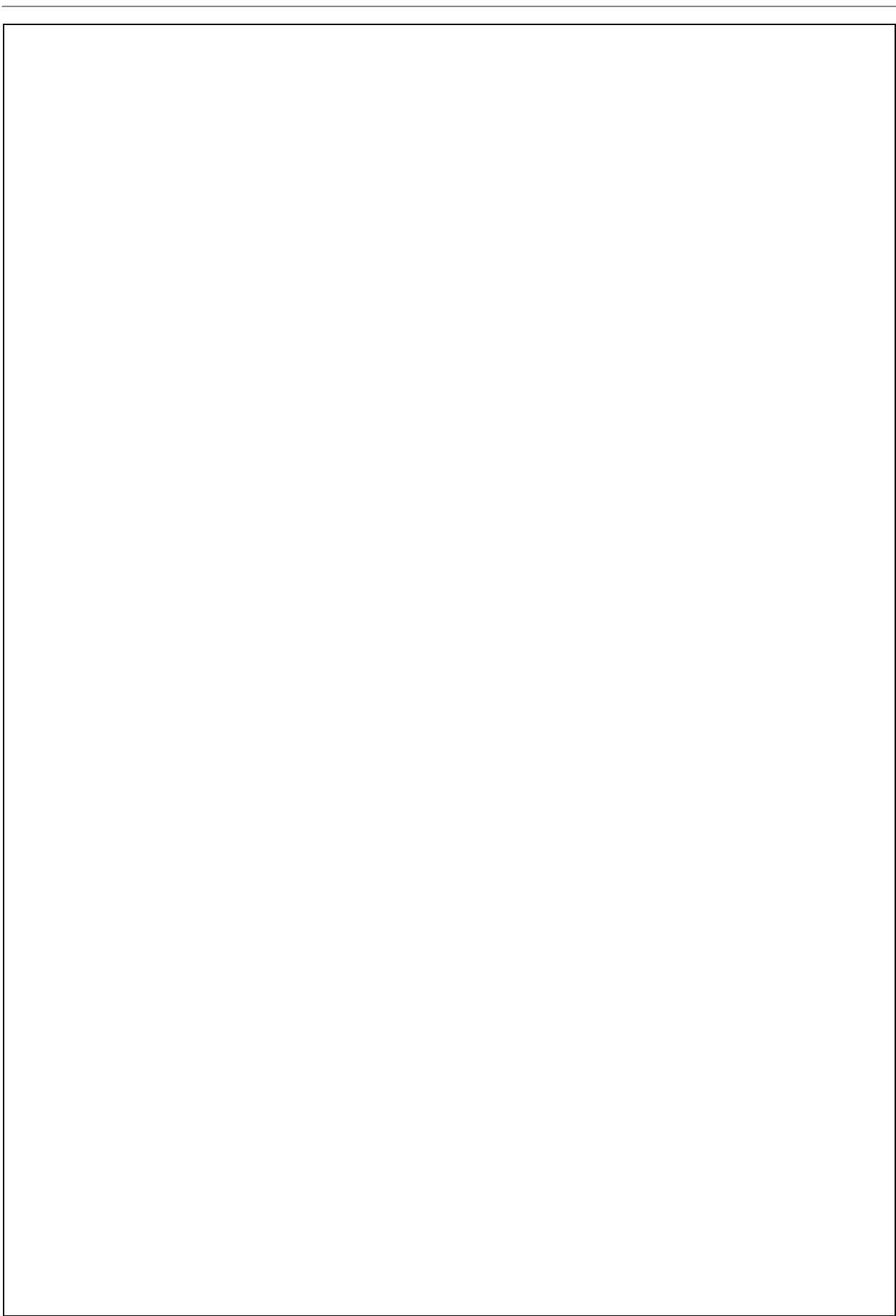
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STUDENT A

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

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



Knowledge Base, users may also submit a request for assistance from our School Support team either via email or using the Knowledge Base's "Live Chat" feature (available during business hours).

Please provide an overview of the student5 (st)-5.9 (uden6 (i):)Tj /TT11ai via emaøael .6 (

Empty response box for the first question.

Empty response box for the second question.

	<p>areas. The item writers wrote, reviewed, and edited assessment materials. CBMreading passages are divided into Levels A, B and C, which correspond to 1st, 2nd and 3rd grade, and 4th to 6th grade reading levels, respectively. There are 39 Level A passages, 60 Level B, and 60 Level C passages. Those passages are assigned as screening forms for each grade level and a variety of progress monitoring forms, which are designed to administer the</p>

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**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:

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

<p>FastBridge Learning, LLC 1. Name of Organization (PLEASE PRINT/TYPE)</p>	 4. Signature of Authorized Representative (PLEASE USE BLUE INK)
<p>Terri Lynn Soutor 2. Name of Authorized Representative (PLEASE PRINT/TYPE)</p>	<p>- D Q X D U \ 8, 201 5. Date Signed</p>
<p>Chief Executive Officer 3. Title of Authorized Representative (PLEASE PRINT/TYPE)</p>	

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