

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:	Remsenburg-Speonk UFSD	
Assessment Provider Contact Information:	Ronald M. Masera	
Name of Assessment:	District-developed Physical Education Assessment	
Nature of Assessment:	X ASSESSMENT FOR USE WITH STUDENT LEARNING OBJECTIVES WITH A TARGET SETTING MODEL; OR SUPPLEMENTAL ASSESSMENT WITH AN	
	ASSOCIATED GROWTH MODEL: GAIN SCORE MODEL GROWTH-TO-PROFICIENCY MODEL STUDENT GROWTH PERCENTILES PROJECTION MODELS VALUE-ADDED MODELS OTHER:	
What are the grade(s) for which the assessment can be used to generate a 0-20 APPR score?	Kindergarten through 6 th Grade	
What are the subject area(s) for which the assessment can be used to generate a 0-20 APPR score?	Physical Education	
What are the technology requirements associated with the assessment?	Results recorded in Excel spreadsheet - Data uploaded to fitness gram web-based program available from Cooper institute to generate individual student reports	
Is the assessment available, either for free or through purchase, to other districts or BOCES in New York State?	X 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 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)

The District-developed Physical Education Assessment has been adapted from the Fitnessgram/Activitygram program developed by the Cooper Instituted and supported by the Presidential Youth Fitness program. These assessments are administered in September of each year for all students in grades K-6 during their regularly scheduled physical education classes. Scores are reported and inputted into the software application at the beginning of the year and appropriate targets for growth are established. Students are reassessed in June and the data is again uploaded into the system. Individual student reports are generated.

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.

Individual student growth projections are established in September and growth targets are set. Subsequent to the June administration and Data upload, a comparison is made. The percentage of students meeting growth targets is then compared to the NYSED 0-20 metric and a growth score is assigned.

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.		
Characteristics of Good ELA and Math Assessments (only applicable to ELA and math assessments):		
Assessments Woven Tightly Into the Curriculum:	These assessments measure fitness activities aligned to the NYS Physical Education Standards and the Presidential Youth Fitness Program.	
Performance Assessment:	Performance assessment is authentic and yields reliable and valid data on student fitness indicators.	
Efficient Time-Saving Assessments:	Assessments are able to be conducted during regular physical education classes.	
Technology:	Data input goes directly into a web-based program that can generate individual student reports.	
Degree to which the growth model must differentiate across New York State's four levels of teacher effectiveness (only applicable to supplemental assessments):		



STUDENT ASSESSMENTS FOR TEACHER AND PRINCIPAL EVALUATION



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

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:

1. Name of Organization (PLEASE PRINT/TYPE)	4. Signature of Authorized Representative (PLEASE USE BLUE INK)
2. Name of Authorized Representative (PLEASE PRINT/TYPE)	5. Date Signed
3. Title of Authorized Representative (PLEASE PRINT/TYPE)	

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Remsenburg-Speonk UFSD 1. Name of LEA (PLEASE PRINT/TYPE)	4. Signature of School Representative (PLEASE USE BLUE INK)
Ronald M. Masera, Ed.D. 2. School Representative's Name (PLEASE PRINT/TYPE)	11/21/16 5. Date Signed
Superintendent of Schools 3. Title of School Representative (PLEASE PRINT/TYPE)	