



**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:	FRONTIER CENTRAL SCHOOL DISTRICT
Assessment Provider Contact Information:	DR. BRET APHORPE, SUPERINTENDENT
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 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 NON-REGENTS SUBJECT AREAS
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?	<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)

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**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.**

TARGET-SETTING MODEL- Teachers will upload rosters into SLO rosters into the SLO form and note baseline data points to set targets. The targets will be converted into point values (0-20) according to the NYS metric of 3012-d.

**New York State Next Generation Assessment Priorities**

Please provide detail on how the proposed supplemental assessment 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>	Aligned to Common Core Learning Standards
<b>Assessments Woven Tightly Into the Curriculum:</b>	Common formative assessments aligned to goals, and objectives
<b>Performance Assessment:</b>	Assessments geared to students demonstrating their knowledge of curriculum in multiple formats and the depth of understanding (performance, projects, portfolio, paper and electronic)
<b>Efficient Time-Saving Assessments:</b>	Performance and project-based assessments provide students with an opportunity to demonstrate learning; more instructional time is provided for deeper learning
<b>Technology:</b>	Use of technology supports differentiating learning, skills and is more time efficient
<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>	n/a ( all for SLO's)



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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.

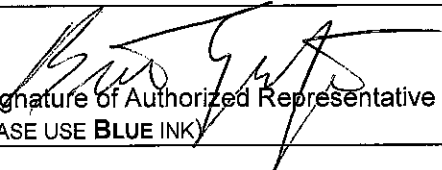
PLEASE SUBMIT ONE "FORM H" FOR EACH APPLICANT. CO-APPLICANTS SHOULD SUBMIT SEPARATE FORMS.

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

<p><b>FRONTIER CENTRAL SCHOOL DISTRICT</b> 1. Name of Organization (PLEASE PRINT/TYPE)</p>	<p>4. Signature of Authorized Representative (PLEASE USE <b>BLUE</b> INK)</p> 
<p><b>DR. BRET APTHORPE</b> 2. Name of Authorized Representative (PLEASE PRINT/TYPE)</p>	<p>5. Date Signed <i>4/19/16</i></p>
<p><b>SUPERINTENDENT</b> 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 <b>BLUE</b> 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>	