



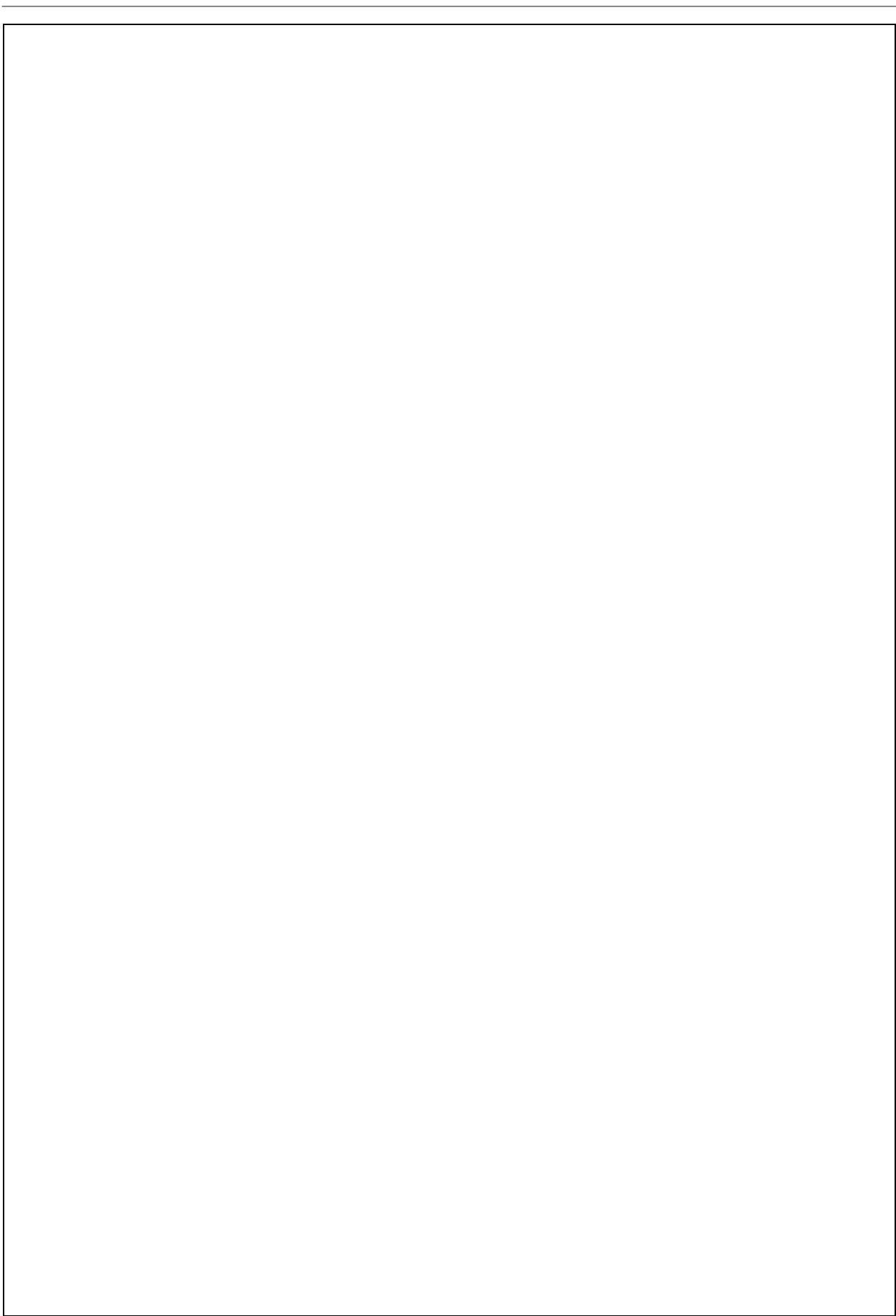
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STUDENT A

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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 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.

The target setting model for Student Learning Objectives(SLOs) is an individual growth target model, which is set by the Local Education Agency (LEA). The LEA sets the individual student growth target that represents one year of learning growth, which will be measured with an end-of-year benchmark screening assessment. The percentage of students who meet or exceed their individual growth target is calculated based on a comparison of beginning to end-of-year assessment data. The total percentage of students meeting or exceeding growth expectations set by the LEA at the beginning of the school year is cross-walked to the NYSED’s 0-20 rubric, and this then becomes the educator’s HEDI rating. For example (based on 100-point scale), if 91-100% of students meet their individual growth target set by the LEA, the teacher would receive a rating of “Highly Effective.” If 75-90% of the students in a teacher’s classroom meet or exceed their individual growth target set by the LEA, the teacher would receive a rating of “Effective”. If 65-74% of students meet their individual growth target, the teacher would receive a rating of “Developing.” And, if 64% or fewer students meeting their individual growth target, the teacher would receive an “Ineffective” rating.

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):

The) \$ CBMreading assessment is consistent with best practices in measuring the New York State Learning Standards in ELA. Reliability and validity evidence supports the use of) \$ CBMreading for the purpose of measuring oral reading fluency and student growth across the following domains, which are aligned with the CCSS and NYS standards in English Language Arts: Print Concepts, Phonological Awareness, Phonics and Word Recognition, and Fluency.

CBMreading -2.295 tu2pn.0027 Tw 3.764 09 (L)-.826 0 .4 (ow)136.6 (i)p

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| | <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:

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

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| <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> | |

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| <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> | |