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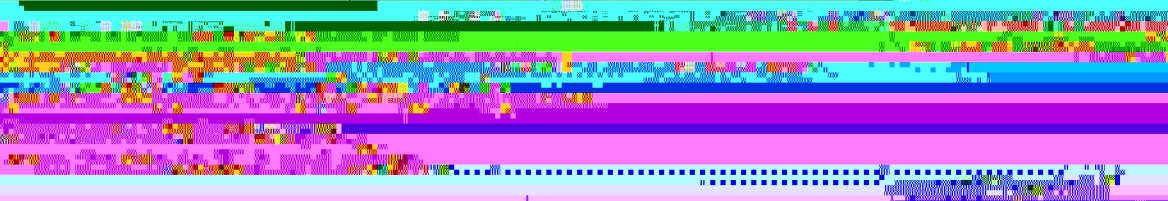
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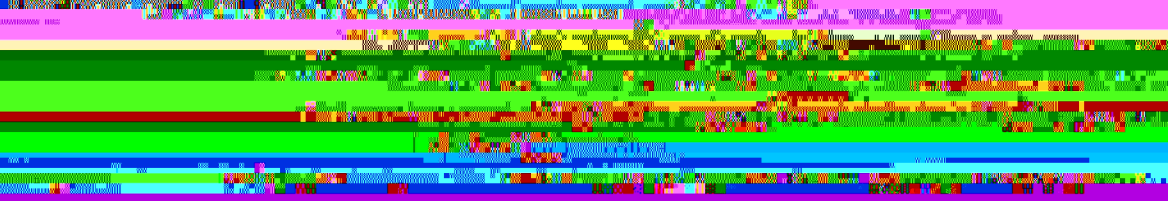
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How would you rate your supervisor's:

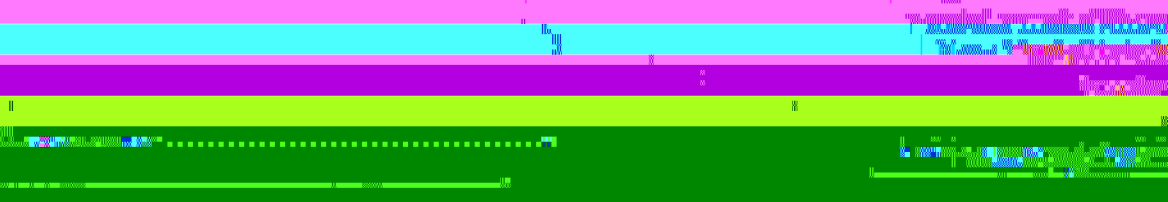
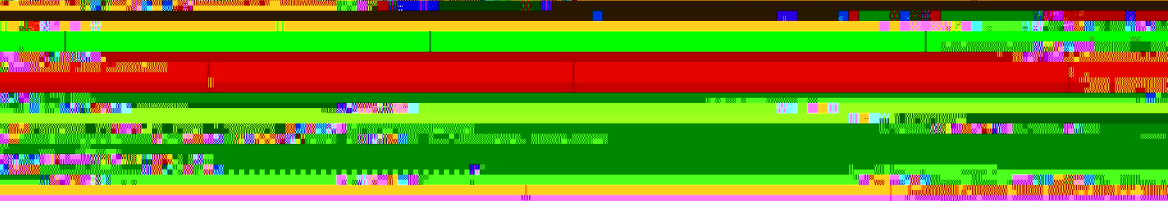
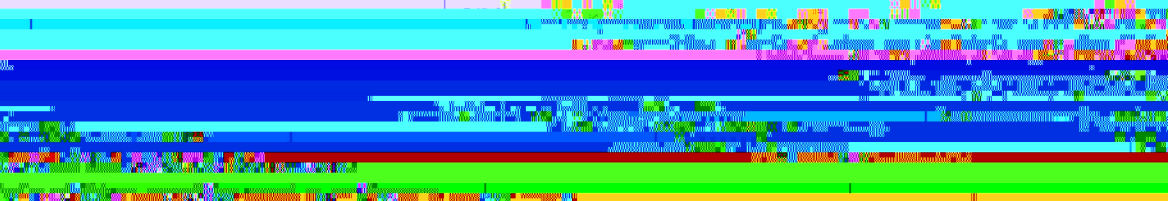
Priority



How would you rate your supervisor's:



How would you rate your supervisor's ability to provide choice questions:





STUDENT ASSESSMENT
TEACHER AND PRINCIPAL EVALUATION

APPLICANT CERTIFICATION FORM – ASSESSMENTS FOR USE WITH STUDENT
LEARNING OBJECTIVES

Please read each of the items below and check the appropriate box. If you are unable to meet any of the technical criteria:

PLEASE SUBMIT ONE FORM IF FOR EACH APPLICANT. SUBMITTANTS SHOULD SUBMIT SEPARATE FORMS.

The Applicant makes the following assurances:

Assurance	Check each box:
The assessment, including any test blueprint, meets the standards or, in instances where there are no standards, subject/grade level, alignment to research-based learning standards.	<input type="checkbox"/>
To the extent practicable, the assessment meets the Standards of Educational and Professional Practice.	<input type="checkbox"/>
The assessment can be used to measure one or more specific objectives for individual students.	<input checked="" type="checkbox"/>
For K-2 assessments, the assessment is not a "Test-Tank" as defined in Section 1.2 of this RFQ.	<input type="checkbox"/>
For assessments previously used under Education Law §0012-C, the assessment results in differentiated student-level performance. If the assessment has not been used before, results in prior school years, the applicant assures that the results are differentiated by equivalently consistent student results based on other measures of student achievement.	<input type="checkbox"/>
For assessments not previously used for teacher/principal evaluation, the applicant has a plan for collecting evidence of differentiated student results available by the end of each school year.	<input type="checkbox"/>
At the end of each school year, the applicant will collect evidence demonstrating that the assessment has produced differentiated student results and submit such evidence to the Department upon request. ⁴	<input checked="" type="checkbox"/>

⁴ Please note, pursuant to Section 2.3 of this RFQ, applicants should list if such assessments are used for other purposes.

To be completed by...

being proposed as...

District ID: 20050	<i>Printed Name</i>
1. Name of Organization	(PLEASE USE BLUE INK)
2. Name of Authorized Representative	<i>J. J. ...</i>
3. Title of Representative	

1. Name of LEA (or AS)	(PLEASE USE BLUE INK)
2. School Representative	
3. Title of School Representative	