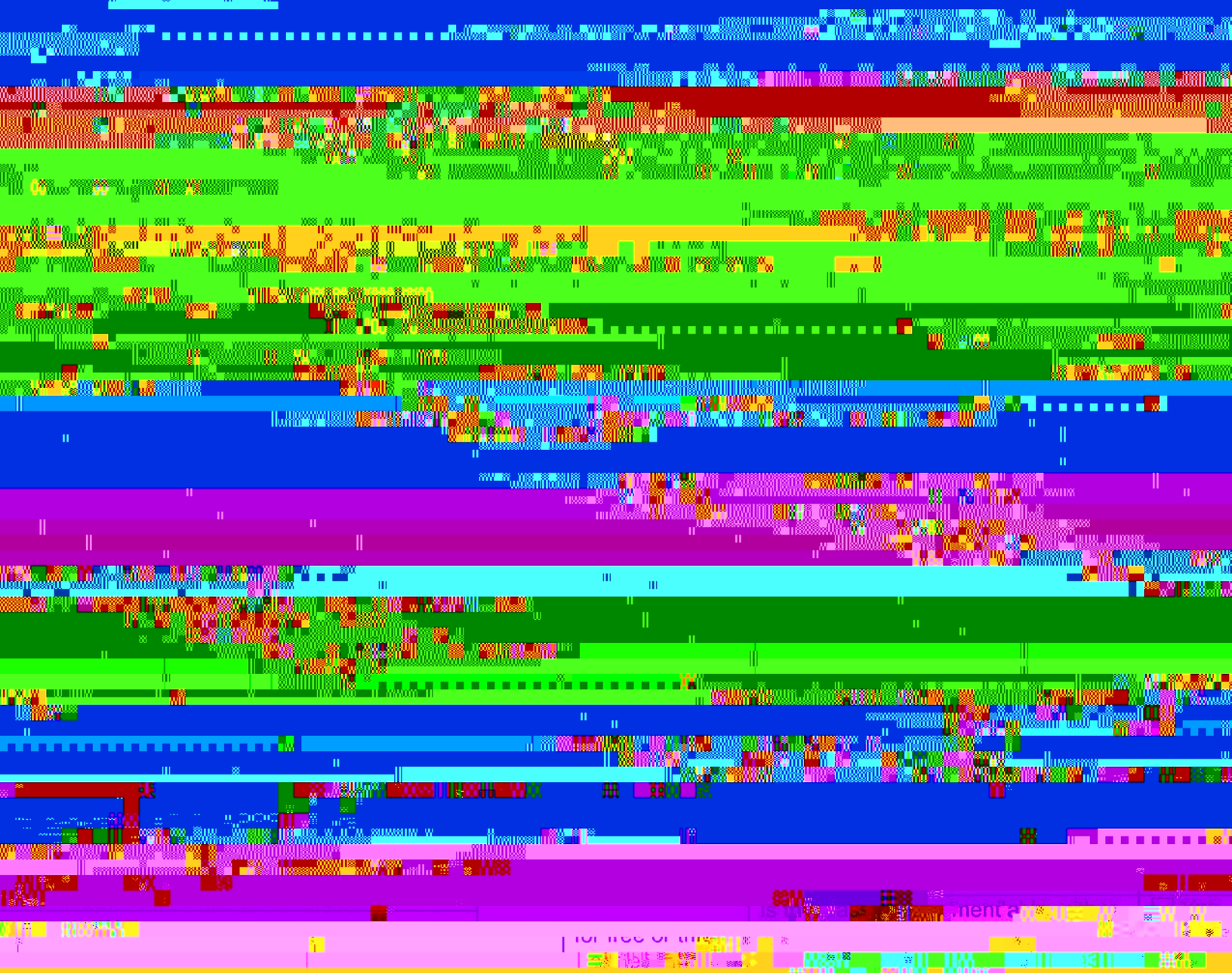




Student Air Access  
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STUDENT ASSESSMENTS FOR  
TEACHER AND PRINCIPAL EVALUATION...

FORM 4

APPLICANT CERTIFICATE

LEARNING OBJECTIVES

Please read each of the technical criteria of the

PLEASE SUBMIT ONE FORM FOR EACH APPLICANT. DO NOT APPLICANTS USE SEPARATE FORMS.

The Applicant makes the following assurance:

Assurance	Check each box:	
The assessment is rigorous, meaningful, and aligned with New York State learning standards, or, in instances of subject-grade-level alignment to research-based learning standards,	<input type="checkbox"/>	<input type="checkbox"/>
To the extent practicable, the assessment must be valid and reliable as defined by the Standards	<input type="checkbox"/>	<input type="checkbox"/>
The assessment will be used to measure one year's expected student	<input checked="" type="checkbox"/>	<input type="checkbox"/>
For K-2 assessments, the assessment is not a "Traditional Standardized Assessment" defined in Section 3020.1 of this RFQ.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
For assessments in which differentiated student performance in the assessment has not produced differentiated results in prior school years, the assessment by equivalently consistent student results based on	<input type="checkbox"/>	<input type="checkbox"/>
For assessments in which the applicant has a plan for collecting evidence of differentiated student results such that the evidence will be available by the end of the school year.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At the end of each school year, the applicant will collect evidence demonstrating that the assessment has produced differentiated student results to the Department upon request <sup>4</sup>	<input checked="" type="checkbox"/>	<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 being proposed and, where necessary, the 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 School Representative (PLEASE PRINT/TYPE)	

Locust Valley Central School District 1. Name of LEA	 (PLEASE USE BLUE INK)
Anna H. Henderson 2. School Representative Name (PLEASE PRINT/TYPE)	
Superintendent of Schools 3. Title of School Representative (PLEASE PRINT/TYPE)	