



**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 website and distributed through other means. All applications are approved in compliance with this RFQ to allow districts and BOCES to understand proposed offerings in advance or directly contacting Assessment Providers regarding potential further procurements.

Assessment Provider Information	
Name of Assessment Provider:	Cayuga-Onondaga BOCES
Assessment Provider Contact Information:	1079 W. Genesee St. Rd. Auburn, NY 13021
Name of Assessment:	Cayuga-Onondaga BOCES Student Learning Objectives with a Target Setting Model; OR
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 MODEL <input type="checkbox"/> VALUE-ADDED MODEL <input type="checkbox"/> OTHER:
What are the grade(s) for which the assessment can be used to generate a 0-20 APPR score?	All grades
What are the subject area(s) for which the assessment can be used to generate a 0-20 APPR score?	All subject areas
What are the technology requirements associated with this assessment?	Varies dependent on assessment
Is the assessment available either for free or through purchase, to other districts or BOCES in New York State?	<input checked="" type="checkbox"/> No

**Please provide a summary of the assessment on the following:**

- 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 or training.



Technology:

Technology, e...  
in accordance with the design of the assessment...  
necessary according to student needs

Degree to which the growth  
model must be utilized across  
New York State's four levels of

applicable to supplemental  
assessment



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TEACHER AND PRINCIPAL EVALUATION**



**APPLICANT CERTIFICATION FORM - ASSESSMENTS FOR USE WITH STUDENT  
LEARNING GOALS**

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.	<input type="checkbox"/>
To the extent practicable, the assessment is consistent with and related to the current Standards of Educational and Psychological Testing.	<input checked="" type="checkbox"/>
The assessment can be used to measure one year's expected growth for individual students.	<input checked="" type="checkbox"/>
For K-2 assessments, the assessment is not a "Traditional Standardized Assessment" as defined in Section 1.3 of this RFQ.	<input checked="" type="checkbox"/>
For assessments previously used in teacher/principal evaluation, the assessment requires 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 indicators of student achievement.	<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.	<input type="checkbox"/>
At the end of each school year, the applicant will demonstrate that the assessment has produced differentiated student-level results and will provide such evidence to the Department upon request. <sup>2</sup>	<input checked="" type="checkbox"/>

<sup>2</sup> Please note, pursuant to Section 2.5 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 proposed and, where necessary, the representative

Cayuga-Oswego BOCES 1. Name of Organization (PLEASE PRINT/TYPED)	(PLEASE USE BLUE INK)
Jessi 2. Name of Authorized Representative (PLEASE PRINT/TYPED)	5. Date Signed
Assistant Superintendent 3. Title of Representative (PLEASE PRINT/TYPED)	

1. Name of LEA (PLEASE PRINT/TYPED)	4. Signature (PLEASE USE BLUE INK)
2. School Representative's Name (PLEASE PRINT/TYPED)	6. Date Signed
3. Title of School Representative (PLEASE PRINT/TYPED)	