

NYSAA Observer Verification Form

Please Note: The Observer Verification Form is submitted with a Data Collection Sheet only. All information on this document must be completed in full or it will not be accepted as supporting evidence and will jeopardize the student receiving a reportable score.

Teacher completes this section:

Student Name: _____	Date of Student Performance: ____/____/____
<input type="checkbox"/> ELA	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies
AGLI text: _____	

Assessment task: _____	

Accuracy: _____ % Independence: _____ %	

Observer* completes this section:

Observer Name: _____

Observer Title/Position (REQUIRED):

Teacher

Administrator

Related Service Provider: Occupational Therapist, Physical Therapist, Speech & Language Therapist, Certified Occupational Therapy Assistant, Physical Therapist Assistant

Nurse

Other certified or licensed professional: _____ (title)

I hereby certify the assessment task was conducted in my presence.

OBSERVER SIGNATURE (cannot be the same person collecting data)	DATE (must be same date of student performance noted above)
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*An Observer must be a certified and/or licensed teacher, administrator, school psychologist or related service provider, not **Supplementary School Personnel (a Teacher's Aide or Teaching Assistant may not serve as an observer** as described in section 80-5.6 of the Regulations of the Commissioner of Education.)

Note: Use only one date of student performance data per Observer Verification Form