

2010-11 NYSAA Fall Administration Training

Guided Practices #1 and 2 WORKSHEETS

GP 1	Guided Practice #1: Steps 1-5	Guided Practice
	Part A: Grade Assessed	

Refer to the NYSAA Administration Manual page 4 for the NYSAA Age Range Chart to identify the grade level and content areas in which the student will be assessed.

Student #1:
Date of Birth: 1/22/1997 Student will reach age _____ between September 1, 2010 and August 31, 2011. Grade to be assessed _____ Content areas to be assessed <input type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies (HS only)
Student #2:
Date of Birth: 10/05/1995 Student will reach age _____ between September 1, 2010 and August 31, 2011. Grade to be assessed _____ Content areas to be assessed <input type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies (HS only)
Student #3:
Date of Birth 09/19/2001 Student will reach age _____ between September 1, 2010 and August 31, 2011. Grade to be assessed _____ Content areas to be assessed <input type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies (HS only)



Teachers stop here for review.

Complete the NYSAA Planning Tool for Ronald Student below. Identify the Choice Components for ELA; select AGLIs for the other content area, as if you were Ronald's teacher.

2010–11 NYSAA Administration Planning Tool	Grade 3
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Grade Level Assessed: Grade 3
(Birth Date: September 1, 2001—August 31, 2002)

Student Name: RONALD	Date of Birth: 06/09/2002
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	Required Components	Choice Components	AGLI Codes					
ELA*	Key Ideas Reading	Standards** <input type="checkbox"/> 2 – Reading for literary response and expression, OR <input type="checkbox"/> 4 – Reading for social interaction	Reading AGLI Code <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> </tr> </table>	1	2	1	0	6
	1	2	1	0	6			
AND	Listening	<input type="checkbox"/> 2 – Listening for literary response and expression, OR <input type="checkbox"/> 4 – Listening for social interaction	Listening AGLI Code <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> </tr> </table>	3	2	2	0	2
3	2	2	0	2				

	Required Components	Choice Components	AGLI Codes					
Mathematics*	Strands Number Sense and Operations	Bands** <input type="checkbox"/> Number Systems, OR <input type="checkbox"/> Operations	Number Sense and Operations AGLI Code <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
AND	Measurement	<input type="checkbox"/> Units of Measurement, OR <input type="checkbox"/> Units/Estimation	Measurement AGLI Code <table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

*Some text on this document may be abbreviated. Complete text is found in the Test Blueprints of the NYSAA Frameworks.
 **More information regarding Required and Choice Components for each content area is found in the NYSAA Frameworks.



Teachers stop here for review.

GP 2	Guided Practice #2: Steps 6-9	Guided Practice
	Part A: Completing Data Summary Sheets	

Using the NYSAA Planning Tool that you completed in Practice 1, the Student Page and verifying evidence provided, complete the Data Summary Sheets for Ronald's ELA AGLIs.

2010–11 NYSAA Student Page

Student Information	
Last Name: <i>Student</i>	First Name: <i>Ronald</i>
Date of Birth: <i>06/09/2002</i>	
Student ID# (assigned by school district): <i>00000</i>	
District of Residence: <i>ABC District</i>	
Name of School Student Attends: <i>Any Town Elementary School</i>	
Attending School City/State: <i>Any Town</i>	
Student most often receives instruction in the following setting (check one below): <input checked="" type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Hospital or <input type="checkbox"/> Other (specify): _____	

NYSAA Datafolio Submitted for the Following Grade: (check only one box based on the student's birth date)			
	Birth Date Range	NYSAA Level	Content Areas Assessed
<input checked="" type="checkbox"/>	September 1, 2001—August 31, 2002	Grade 3	ELA, Mathematics
<input type="checkbox"/>	September 1, 2000—August 31, 2001	Grade 4	ELA, Mathematics, Science
<input type="checkbox"/>	September 1, 1999—August 31, 2000	Grade 5	ELA, Mathematics
<input type="checkbox"/>	September 1, 1998—August 31, 1999	Grade 6	ELA, Mathematics
<input type="checkbox"/>	September 1, 1997—August 31, 1998	Grade 7	ELA, Mathematics
<input type="checkbox"/>	September 1, 1996—August 31, 1997	Grade 8	ELA, Mathematics, Science
<input type="checkbox"/>	September 1, 1992—August 31, 1993	Secondary	ELA, Mathematics, Science, Social Studies

Administration Period for 2010–11 NYSAA: October 4, 2010–February 11, 2011

Supports Required per IEP (check all that apply):		
	Type of Support	Details
<input type="checkbox"/>	Assistive technology	
<input type="checkbox"/>	Communication system	

Testing Accommodations Required per IEP (check all that apply):		
	Testing Accommodations	ELL Testing Accommodations
<input type="checkbox"/>	Flexibility in scheduling/timing	<input type="checkbox"/> Large type
<input type="checkbox"/>	Flexibility in setting	<input type="checkbox"/> Tests read
<input type="checkbox"/>	Method of presentation (exclude Braille/large type and test read)	<input type="checkbox"/> Use of calculator, abacus, or arithmetic tables
<input type="checkbox"/>	Method of response	<input type="checkbox"/> Use of spell-check/grammar-check devices
<input type="checkbox"/>	Other (exclude use of calculator, abacus, and arithmetic tables, use of spell-check/grammar-check devices, and waiving of spelling, paragraphing and punctuation)	<input type="checkbox"/> Oral translation
<input type="checkbox"/>	Braille	<input type="checkbox"/> Responses written in native language
<input type="checkbox"/>	Waiving of spelling, paragraphing, or punctuation	<input type="checkbox"/> Translated edition (selected tests)

Month in which the last Collegial Review of this datafolio was conducted: _____

Student Name:	Date of Birth:
School Name:	

1st ELA Required Component: Key Idea - Reading
 Choice Component (select one):
 Standard 2: Students will read, write, listen, and speak for **literary response and expression.**
 Standard 4: Students will read, write, listen, and speak for **social interaction.**

Alternate Grade Level Indicator (Choose one AGLI for the selection indicated above)
 AGLI Code:
 AGLI Text:

Assessment task:

The SAT and page information below is not required, however it is helpful for scoring:

This assessment task is the **same** as SAT# _____ on page _____ in the NYSAA Frameworks.
 This assessment task is **comparable** to SAT# _____ on page _____ in the NYSAA Frameworks.
 This is an **original assessment task** developed by the teacher.

Student Performance (record the last three dates of documented data in chronological order)		Date 1:		Date 2:		Date 3:	
		%	Rating	%	Rating	%	Rating
Level of Accuracy							
Level of Independence							
Scoring Rubric	Level	100% - 80%	79% - 60%	59% - 30%	29% - 0%		
	Rating	4	3	2	1		

Verifying evidence (VE) must confirm the student's name, date of student performance, content area, AGLI text, assessment task, Level of Accuracy, and Level of Independence. Failure to record all required elements on both the Data Summary Sheet and the verifying evidence may disqualify the student from receiving a reportable score. Two pieces of verifying evidence are required for each AGLI (see Administration Manual for complete VE requirements). Verifying evidence must confirm data for TWO OF THE THREE DATES of student performance documented on this Data Summary Sheet.

NYSAA Data Collection Sheet for a Multi-Step Task

Student Name: Ronald [REDACTED] Content Area: ELA Mathematics Science Social Studies (HS only)

AGLI Text: Read or have read to him/her simple texts and respond appropriately
 Assessment task: The student will attend to simple texts read to him and respond appropriately by interacting with the texts and/or responding to questions

ACCURACY (Acc) KEY: (+) Correct Response (-) Inaccurate/No Response INDEPENDENCE (Ind) KEY: (+) Independent (-) Prompted

Describe each Step of the Assessment Task:	Date		Date		Date		Date		Date		Date	
	Acc	Ind	Acc	Ind	Acc	Ind	Acc	Ind	Acc	Ind	Acc	Ind
attend to texts read to him	+	+	+	+	+	+	+	+	+	+	+	+
	-	+	+	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+	+	+	+
respond appropriately by interacting with text	-	+	+	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+	+	+	+
respond appropriately by responding to questions	+	+	+	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+	+	+	+	+	+	+
Total +s	2	1	3	3	3	3	2	2				
Total Steps	3	3	3	3	3	3	3	3				
Fraction	2/3	1/3	3/3	3/3	3/3	3/3	2/3	2/3	1	1	1	1
Percent (%)	67%	33%	100%	100%	100%	100%	67%	67%				
Staff Initials Recording Data for each Date from Key (Req'd)	BB	JS	JS	JS	JS	JS	BB	BB				

Staff Key (REQUIRED) Record the Initials and Corresponding Name of Staff Recording Data
 1.) Initials: BB Name: Betty B [REDACTED] 2.) Initials: JS Name: Jake S
 3.) Initials: _____ Name: _____ 4.) Initials: _____ Name: _____

NOTE: A Data Collection Sheet cannot stand alone, supporting evidence is required. Complete in full, including staff initials for each date.

10-15-10 → At the Zoo 10-19-10 → Talent Night at School 10-27-10 → at the Zoo 11-8-10 → Cat in the Hat

Name - Ronald [redacted]

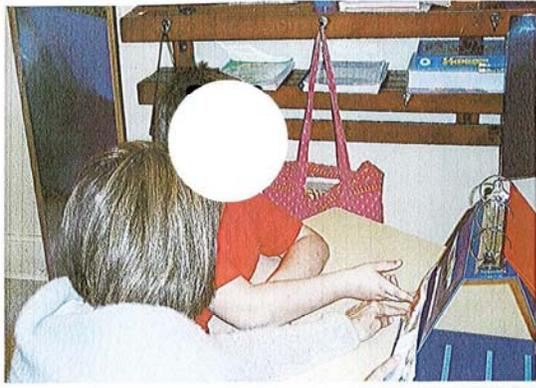
grad 3 - ELA AGWI - read or have read to him/her simple

Date - 10/19/10 texts and respond appropriately

Task - The student will attend to simple texts read to him and respond appropriately by interacting with the texts and/or responding to question(s).

Story: Talent Night at School
Written by Peter and Sheryl Sloan

On right, Ronald is following along the words in the book as the teacher reads.



On the left, Ronald points to the pictures when asked questions by the teacher about the story.

*Teacher mimics his response as a form of feedback to him.

On the right, Ronald clapped as the students in the story clapped.

*Teacher mimics his response as a form of feedback to him.

*Teacher reads text and points out words to encourage sight word vocabulary



A: 100%

I: 100%

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: <u>Ronald [REDACTED]</u>	Date of Student Performance: <u>10/27/10</u>
<input checked="" type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies (HS only)	
AGLI text: <u>read or have read to him/her simple texts and respond appropriately</u>	
Assessment task: <u>The student will attend to simple texts read to him and respond appropriately by interacting with the texts and/or responding to question(s).</u> Accuracy: <u>100</u> % Independence: <u>100</u> %	

Observer* completes this section:

Observer Name: <u>JERRY [REDACTED]</u>	
Observer Title/Position (REQUIRED):	
<input type="checkbox"/> Teacher	
<input type="checkbox"/> Administrator	
<input type="checkbox"/> School Psychologist	
<input checked="" type="checkbox"/> Related Service Provider: <input type="checkbox"/> Occupational Therapist, <input type="checkbox"/> Physical Therapist, <input checked="" type="checkbox"/> Speech & Language Therapist, <input type="checkbox"/> Certified Occupational Therapy Assistant, <input type="checkbox"/> Physical Therapist Assistant	
<input type="checkbox"/> Nurse	
<input type="checkbox"/> Other certified or licensed professional: _____ (title)	
I hereby certify the assessment task was conducted in my presence.	
<u>Jerry [REDACTED]</u> OBSERVER'S SIGNATURE (cannot be the same person collecting data)	<u>Oct. 27, 2010</u> DATE (must be same date of student performance noted above)
<small>*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.)</small>	

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

Student Name:	Date of Birth:
School Name:	

2nd ELA Required Component: Key Idea - Listening
 Choice Component (select one):
 Standard 2: Students will read, write, listen, and speak for **literary response and expression.**
 Standard 4: Students will read, write, listen, and speak for **social interaction.**

Alternate Grade Level Indicator (Choose one AGLI for the selection indicated above)
 AGLI Code:
 AGLI Text:

Assessment task:

The SAT and page information below is not required, however it is helpful for scoring:

This assessment task is the **same** as SAT# _____ on page _____ in the NYSAA Frameworks.
 This assessment task is **comparable** to SAT# _____ on page _____ in the NYSAA Frameworks.
 This is an **original assessment task** developed by the teacher.

Student Performance (record the last three dates of documented data in chronological order)		Date 1:		Date 2: 11/22/10		Date 3:	
		%	Rating	%	Rating	%	Rating
Level of Accuracy				75%	3		
Level of Independence				100%	4		
Scoring Rubric	Level	100% - 80%	79% - 60%	59% - 30%	29% - 0%		
	Rating	4	3	2	1		

Verifying evidence (VE) must confirm the student’s name, date of student performance, content area, AGLI text, assessment task, Level of Accuracy, and Level of Independence. Failure to record all required elements on both the Data Summary Sheet and the verifying evidence may disqualify the student from receiving a reportable score. Two pieces of verifying evidence are required for each AGLI (see Administration Manual for complete VE requirements). Verifying evidence must confirm data for TWO OF THE THREE DATES of student performance documented on this Data Summary Sheet.

NYSAA Verifying Evidence Label

Date of Student Performance: 11/18/10

Student Name: Ronald

ELA Mathematics Science Social Studies (HS only)

AGU text: consider questions

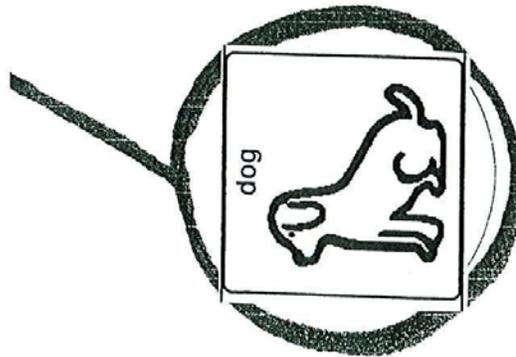
of who, what, where, when, how, and/or why about texts read aloud

Task: Ronald will answer who, what, where, when, how, and/or why questions after listening to texts.

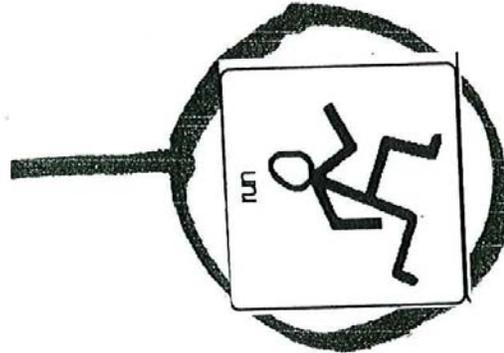
Accuracy: 80% Independence: 100%

Go, Dog. Go! By P.D. Eastman

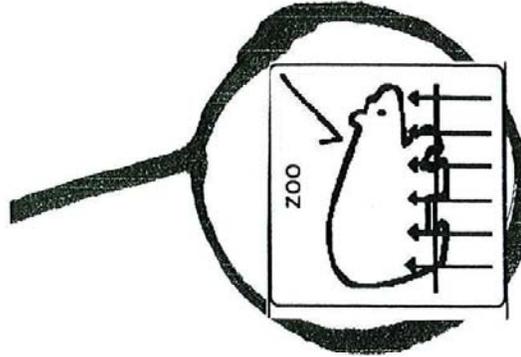
Who



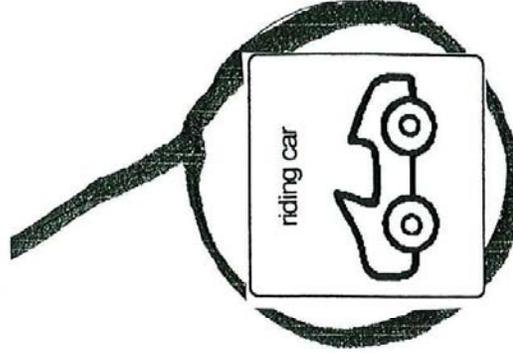
What



Where



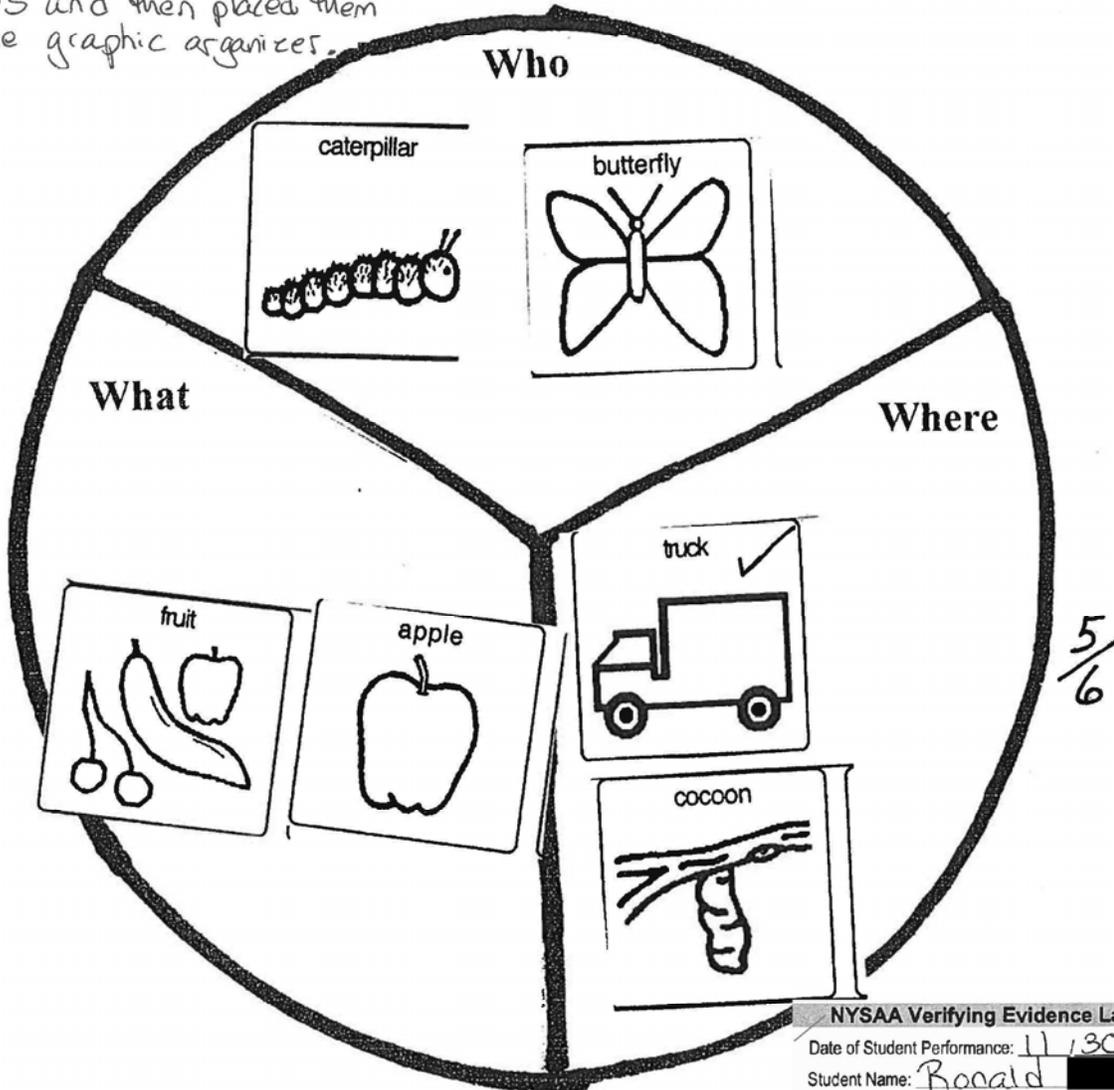
How



Questions were verbally given; Ronald selected appropriate choice cards. He then placed them in the correct locations on the graphic organizer to complete the work sheet.

The Very Hungry Caterpillar by Eric Carle

Questions were written on the board and read to Ronald. He selected his choices and then placed them on the graphic organizer.



NYSAA Verifying Evidence Label

Date of Student Performance: 11/30/10
 Student Name: Ronald [redacted]
 ELA Mathematics Science Social Studies (HS only)
 AGLI text: answer questions of who, what, where, when, how, and/or why about texts read aloud
 Task: Ronald will answer who, what, where, when, how, and/or why questions after listening to texts.
 Accuracy: 83% Independence: 100%

Use your NYSAA Administration Manual and information from the training DVD to answer the following questions regarding NYSAA requirements.

1. How many pieces of verifying evidence are required? _____
2. If the assessment task contains an “and”, such as “addition and subtraction problems”, must both “addition” and “subtraction” be shown in the verifying evidence?

3. If the assessment task contains an “and/or”, such as “addition and/or subtraction problems”, must both “addition” and “subtraction” be shown in the verifying evidence?

4. If the assessment task is plural, such as “texts”, must the verifying evidence demonstrate the plural by showing or notating the different texts that were used? _____

5. What are the four types of verifying evidence? _____
6. Which type of evidence requires supporting evidence? _____
7. Name the two student performance data percentages that must be documented on the Data Summary Sheet for the last three dates of student performance. _____

8. What are the seven required elements that must be recorded on verifying evidence?

9. Each of the four types of verifying evidence must meet individual criteria in order to be valid. Complete the table below for each type of verifying evidence. (Please note: Review the Administration Manual for all requirements specific to each type of verifying evidence.)

Student Work Product	Photograph	Video- or Audiotape clip	Data Collection Sheet

Choices (words may be used more than once)

Minimum of Three Photographs • Steps/Time-Segment/Trial Information • Recorded Markers • Minimum of Three Dates • Sequenced from a Single Date • Captioned • Initials of Staff Recording Data • No Prerequisite or Post-Activity Steps • Supporting Evidence • Clip Summary Sheet • Original • Informed Consent • 90 Seconds or Less • Seven Required Elements

10. What is the administration period for 2010-11? _____