Checklist for Collegial Review

2013-14 NYSAA

Student's Name:_____ Teacher: _____ Reviewer: _____ Review Date(s): _____

1. Student Page – *complete ONCE (compare DOB to Age Range Chart on page 6 of the Administration Manual)*	Yes	No	**Reviewer Comments/Recommended Follow-up**
Current form used & fields complete *(DOB, name, ID number, grade assessed, district of residence, school, & service provider)*			
Correct grade & content areas assessed, per student DOB *(check DOB to another document to make sure correct on Student Pg)*			
Testing accommodations (by content area) provided during test administration and recorded on page 2 of Student Page			
2. Table of Contents – *complete ONCE*	Yes	No	**Reviewer Comments/Recommended Follow-up**
All pages are numbered in the datafolio and match the Table of Contents			

3. Data Summary Sheets (One DSS for each AGLI)	Std 1	Std 2	Std 3	Std 4	Std 5	**Reviewer Comments/Recommended Follow-up** *Clearly note applicable content area, AGLI and/or date*
Current forms used; all fields complete						
Original. No photocopies, erasures, white out, etc. Errors crossed out, corrected, & initialed.						
Extension/AGLI from correct grade, per DOB; text & code match Frameworks (N/A if MP ProFile™)						
Connects - task clearly connects to Extension/AGLI, use AT code to verify (N/A if MP ProFile™)						
Dates - Baseline and final administration dates are within the administration period						
- correspond to dates on Baseline and Final VEs						
VE submitted for both baseline and final administrations						
Same Assessment Task assessed on both baseline and final administrations						
Percentage for Level of Accuracy is filled in and matches what is documented on the VE						
Baseline Level of Accuracy equals 74% or below						
4. Verifying Evidence - *complete for any type of VE*	S 1	S 2	S 3	S 4	S 5	**Reviewer Comments/Recommended Follow-up** *Clearly note applicable content area, AGLI and/or date*
TWO pieces of VE for each AGLI (or DCS with minimum 3 dates in chronological order)						
Connects - **each** piece of VE connects to task; matches student action in task						
- **each** piece of VE demonstrates any plurals or "and" statements in task						
- VE demonstrates that the student was assessed using vocabulary from Assessment Task						
Check BOTH pieces of VE – *if VE is a DCS, may check only once*						
Contains student name, date, Level of Accuracy						
Original. No photocopies, erasures, white out, etc. Errors crossed out, corrected, & initialed.						
ELA VE is in English						
Level of Accuracy - calculated correctly and notated, if needed						
Level of Accuracy - matches what is indicated on DSS						
5. Student Work Products – *check **EACH** piece, if both VEs are work products*	S 1	S 2	S 3	S 4	S 5	**Reviewer Comments/Recommended Follow-up** *Clearly note applicable content area, AGLI and/or date*
Preprinted information and/or directions do not conflict with the task						
Does not include prompts/format that gives the answer (e.g., template)						
Calendars or charts are submitted for a single date (the last date)						
Should NOT be homework, but must be work completed at school or during school sponsored activity						

6. Data Collection Sheets	S 1	S 2	S 3	S 4	S 5	**Reviewer Comments/Recommended Follow-up** *Clearly note applicable content area, AGLI and/or date*
Current forms used; contain a minimum of 3 dates in chronological order						
Contain steps, trial information, or length of time-segment						
Steps clearly describe what student was asked to do & action for which data was recorded						
Only includes steps relevant to task; Accuracy can be measured for each						
Staff recording data initialed all dates and wrote name on Staff Key; initials & name match						
Supporting evidence (SE) for **each** date (baseline and/or final) transcribed to DSS						
If supporting evidence is **not** an OVF: SE meets all requirements & information matches DCS						
If SE is an Observer Verification Form *- check* ***EACH*** *OVF used*						
Observer - name and title is recorded; signature matches name						
- not supplementary school personnel *(teacher aide or assistant)*						
- not the person collecting data *(name is different than the initials on DCS for that date)*						
Dates - all 3 match: observer's signature & date of performance on OVF **and** DCS						
- only one (1) date of performance on an OVF						
Matches DCS - name, date, Level of Accuracy						
Accuracy matches DCS for the applicable date						
DCS and SE original; no photocopies, erasures, white out, etc. Errors crossed out, corrected, & initialed						
7. Photographs – *check* ***EACH*** *if both VEs are photographs*	S 1	S 2	S 3	S 4	S 5	**Reviewer Comments/Recommended Follow-up** *Clearly note applicable content area, AGLI and/or date*
Does not contain prerequisite or post-activity steps; only steps corresponding to the task						
Minimum sequence of 3 from the same date & task						
Photos have at least one caption (explains student's steps to complete task)						
Each photo clearly shows student performing task *(last photo may be final project)*						
Informed Consent for student and peer, if applicable, signed and on file at district						
8. Digital Video and Audio Clips	S 1	S 2	S 3	S 4	S 5	
Digital Video and Audio Clip Summary Form completed & secured to DVD or CD						
Tape is labeled with names of student, teacher and school						
Arranged in order by content area *(only check once, at END of viewing)*						
Informed Consent for student and peer, if applicable, signed and on file at district						
Check ***EACH*** *if both VEs are digital video and/or audio clips*	S 1	S 2	S 3	S 4	S 5	**Reviewer Comments/Recommended Follow-up** *Clearly note applicable content area, AGLI and/or date*
Marker (beginning) – contains name, date, content area, AGLI text, assessment task						
Does not contain prerequisite or post-activity steps; only steps corresponding to the task						
Clip clearly shows student performing the task						
Each clip is 90 seconds or less (excluding markers)						
Marker (end) – contains Levels of Accuracy						

Additional Recommendations/Follow-Up: _____

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