

NYSAA DATA SUMMARY SHEET	Grade HS	Extension
	MATH	3

Student Name: Linda Student	Date of Birth: 03/29/1994
School Name:	

CCLS Code	Essence(s) of Cluster
F.IF Frameworks Page(s): 24	Interpret the key features of functions in terms of the context.

Extension (mark the Extension selected for this Standard)		
Less Complex ←	↔	→ More Complex
<input checked="" type="radio"/> Complete a function table (e.g., fill in the input/output information). (91311)	<input type="radio"/> Identify features on a linear graph. (91321)	<input type="radio"/> Identify a function as positive or negative on given graph. (91331)

Assessment Task (same Assessment Task used for both baseline and final administrations):
The student will complete a function table (e.g., given a function table with one or more value(s) missing, the student fills in the missing value(s)). (AT91311)

Student Performance Data			
<i>Baseline Data Point</i>		<i>Final Data Point</i>	
Date	10/14/2013	Date	2/3/2014
Level of Accuracy (74% or below)	25%	Level of Accuracy	50%
Was the student prompted?	YES	Was the student prompted?	YES

Verifying evidence (VE) must confirm the student's name, date of student performance, Level of Accuracy. Indicated whether student was prompted (Yes/No). 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 Extension or AGLI (see Administration Manual for complete VE requirements). Verifying evidence must confirm data for **BASELINE** and **FINAL** student performance documented on this Data Summary Sheet.

<h2 style="text-align: center;">NYSAA Data Collection Sheet for a Multi-Step Task</h2>								
Student Name: Linda Student	NOTE: A Data Collection Sheet cannot stand alone; supporting evidence is required. Includes a minimum of three dates. Complete in full, including staff initials, for each date							
ACCURACY (Acc) KEY: (+) Correct Response (-) Inaccurate/No Response								
Describe Steps of the Assessment Task (recommend at least 4):	Baseline 10/14/2013	Date 2 10/21/2013	Date 3 11/18/2013	Date 4	Date 5	Date 6	Date 7	Final 2/3/2014
	Acc +/-	Acc +/-	Acc +/-	Acc +/-	Acc +/-	Acc +/-	Acc +/-	Acc +/-
Student indicates 3 blocks given 3 blocks in a set and a distractor to complete line two of the function table (In: 2 blocks, Out: 3 blocks)	+	+	+	N	N	N	N	+
Student indicates 4 blocks given 4 blocks in a set and a distractor to complete line three of the function table (In: 3 blocks, Out: 4 blocks)	- <i>No response</i>	- <i>response incorrect</i>	+	N	N	N	N	+
Student indicates 5 blocks given 5 blocks in a set and a distractor to complete line four of the function table (In: 4 blocks, Out: 5 blocks)	- <i>No response</i>	- <i>No response</i>	- <i>response incorrect</i>	N	N	N	N	- <i>response incorrect</i>
Student indicates 6 blocks given 6 blocks in a set and a distractor to complete line five of the function table (In: 5 blocks, Out: 6 blocks)	- <i>No respons</i>	- <i>response incorrect</i>	- <i>response incorrect</i>	N	N	N	N	- <i>response incorrect</i>
Total +'s	1	1	2					2

Total Steps	4	4	4				4
Fraction	1/4	1/4	2/4				2/4
Percent (%)	25	25	50				50
(REQUIRED FOR EACH DATE WITH DATA) Fill in Staff Initials of Person Recording the Data for Each Date	RM	LR	RM				LR

Staff Key (REQUIRED) Record the Initials and Corresponding Name of Staff Recording Data to Provide Key for Initials Recorded Above	Initials: LR	Name: L R
	Initials: RM	Name: R M
	Initials:	Name:
	Initials:	Name:

Optional Information (for organizational and tracking purposes only):

Content Area: ELA Mathematics Science Social Studies (HS only)

Extension/AGLI#: 91311

Assessment Task: The student will complete a function table (e.g., given a function table with one or more value(s) missing, the student fills in the missing value(s)). (AT91311)

NYSAA ProFile™ 2013-2014

Student was presented with a large tactile function table with the label "In" on the left column and "Out" on the right column. The first row in each function table was completed with 1 block in the left column and 2 blocks in the right column. Choices given were actual objects for the student to feel. Teacher asked the student a question for each row, student responds by hitting her switch to make a choice (e.g., In row one we have one block here and two blocks here. For each row we will add one block to complete the table. We have two blocks in this row: Should the three blocks go in the same row or should the triangle go in the same row?).

NYSAA Observer Verification Form

Please Note: The Observer Verification Form (OVF) is submitted with a Data Collection Sheet only. All information indicated in the REQUIRED sections below must be completed in full or it will not be accepted as supporting evidence and may disqualify the student from receiving a reportable score.

Teacher completes this section (REQUIRED):

Student Name: **Linda Student**

Date of Student Performance: **10/14/2013**

Baseline Final Student Performance: Accuracy: **25%**

Observer* completes this section (REQUIRED):

Observer Title/Position (REQUIRED):

- Teacher
- Administrator
- School Psychologist
- Related Service Provider:
 - Occupational Therapist Physical Therapist Speech & Language Therapist
 - Certified Occupational Therapy Assistant Physical Therapist Assistant
- Nurse
- Other certified or licensed professional:

I hereby certify the Assessment Task was conducted in my presence.

K. I.
OBSERVER'S NAME (PRINT)

[Signature]
OBSERVER SIGNATURE
(cannot be the same person collecting data)

Oct. 14, 13
DATE OBSERVED

(must be same date of student performance noted above)

*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.)**

Optional Information (for organizational and tracking purposes only):

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Extension/AGLI#: 91311

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

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Teacher completes this section (REQUIRED):

Student Name: **Linda Student**

Date of Student Performance: **2/3/2014**

Baseline Final Student Performance: Accuracy: **50%**

Observer* completes this section (REQUIRED):

Observer Title/Position (REQUIRED):

- Teacher
- Administrator
- School Psychologist
- Related Service Provider:
 - Occupational Therapist
 - Physical Therapist
 - Speech & Language Therapist
 - Certified Occupational Therapy Assistant
 - Physical Therapist Assistant
- Nurse
- Other certified or licensed professional:

I hereby certify the Assessment Task was conducted in my presence.

K [redacted] I [redacted]
OBSERVER'S NAME (PRINT)

K [redacted] I [redacted]
OBSERVER SIGNATURE
(cannot be the same person collecting data)

Feb. 3, 14
DATE OBSERVED

(must be same date of student performance noted above)

*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.)**

Optional Information (for organizational and tracking purposes only):

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