

2009-10 NYSAA Fall Training

Guided Practice #1 – Grade Assessed &  
Guided Practice #2 – Completing Data Summary Sheets (DSSs)

Guided Practice #1: Grade Assessed

Part A

Refer to the NYSAA Administration Manual page 5 for the NYSAA Birth Date 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, 2009 and August 31, 2010.

Grade to be assessed \_\_\_\_\_

Content areas to be assessed

ELA  Mathematics

Science  Social Studies

**Student #2:**

Date of Birth: 6/05/1994

Student will reach age \_\_\_\_\_ between September 1, 2009 and August 31, 2010.

Grade to be assessed \_\_\_\_\_

Content areas to be assessed

ELA  Mathematics

Science  Social Studies

**Student #3:**

Date of Birth 09/19/1998

Student will reach age \_\_\_\_\_ between September 1, 2009 and August 31, 2010.

Grade to be assessed \_\_\_\_\_

Content areas to be assessed

ELA  Mathematics

Science  Social Studies



## Guided Practice #2: Completing Data Summary Sheets (DSSs)

Using the NYSAA Planning Tool that you completed in Practice 1 and the Student Page and Verifying Evidence provided, complete the Data Summary Sheets for Matthew's ELA AGLI.

### 2009-10 NYSAA-STUDENT PAGE

#### Student Information:

Date of Birth: 09 / 19 / 98

Last Name: Student First Name: Matthew

Student ID# (assigned by school district): #####

District of Residence: Somewhere District

Name of School Student Attends: Anywhere School

Attending School City/State: \_\_\_\_\_

Student most often receives instruction in the following setting (check one below):

School     Home     Hospital or  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 type="checkbox"/>	September 1, 2000—August 31, 2001	Grade 3	ELA, Mathematics
<input type="checkbox"/>	September 1, 1999—August 31, 2000	Grade 4	ELA, Mathematics, Science
<input checked="" type="checkbox"/>	September 1, 1998—August 31, 1999	Grade 5	ELA, Mathematics, Social Studies
<input type="checkbox"/>	September 1, 1997—August 31, 1998	Grade 6	ELA, Mathematics
<input type="checkbox"/>	September 1, 1996—August 31, 1997	Grade 7	ELA, Mathematics
<input type="checkbox"/>	September 1, 1995—August 31, 1996	Grade 8	ELA, Mathematics, Science, Social Studies
<input type="checkbox"/>	September 1, 1991—August 31, 1992	Secondary	ELA, Mathematics, Science, Social Studies

**Administration Period for 2009-10 NYSAA: October 5, 2009–February 12, 2010**

#### Supports Required per IEP (check and specify type for all that apply):

Type of Support	Details
<input type="checkbox"/> Assistive technology	_____
<input type="checkbox"/> Communication system	_____

#### Test Accommodations Required per IEP (check and specify type for all that apply):

<input type="checkbox"/> Flexibility in scheduling/timing	_____
<input type="checkbox"/> Flexibility in setting	_____
<input type="checkbox"/> Method of presentation	_____
<input type="checkbox"/> Method of response	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Braille	_____

**Month in which the last collegial review of this datafolio was conducted** \_\_\_\_\_

<b>Student's Name:</b>	<b>Date of Birth:</b>
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<b>School Name:</b>
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**1<sup>st</sup> ELA Required Component: Key Idea - Reading**

Choice Component (select one):

**Standard 1:** Students will read, write, listen, and speak for **information and understanding.**

**Standard 2:** Students will read, write, listen, and speak for **literary response and expression.**

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.

<b>Student Performance</b> (record the last three dates of documented data in chronological order)	Date 1:		Date 2:		Date 3: 12/8/09	
	%	Rating	%	Rating	%	Rating
<b>Level of Accuracy</b>					100%	4
<b>Level of Independence</b>					100%	4
<b>Scoring Rubric</b>	<b>Level</b>	<b>100% - 80%</b>	<b>79% - 60%</b>	<b>59% - 30%</b>	<b>29% - 0%</b>	
	<b>Rating</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	

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.**

Name: 11-10

Date: 11-10

# The Pumpkin Patch

By: Elizabeth King

Circle your favorite part of the story.



# The Pumpkin Patch

By: Elizabeth King

Circle your least favorite part of the story.



Name: MAT Date: 11-10

**NYSAA Verifying Evidence Label**

Date Student Performance: 11/10/09

Student Name: Matthew

ELA  Mathematics  Science  Social Studies

AGLI text: Identify favorite and/or  
least favorite part(s) of  
a story

Task: The student will identify his/her  
favorite or least favorite part of a story by  
selecting a picture that illustrates the part when given  
three pictures illustrating different parts of the  
Accuracy: 100 % Independence: 100 % Story.

Name: M. J. T.

Date: 11-24

# She'll Be Coming Around the Mountain

Adapted: Luella Connelly

Circle your favorite part of the story.



# She'll Be Coming Around the Mountain

Adapted: Luella Connelly

Circle your least favorite part of the story.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NYSAA Verifying Evidence Label**

Date Student Performance: 11/24/09

Student Name: Matthew

ELA  Mathematics  Science  Social Studies

AGLI text: identify favorite and/or least favorite part(s) of a story

Task: The student will identify his/her favorite or least favorite part of a story by selecting a picture that illustrates the part when given three pictures illustrating different parts of the  
Accuracy: 100 % Independence: 100 % story.

<b>Student's Name:</b>	<b>Date of Birth:</b>
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<b>School Name:</b>
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<p><b>2<sup>nd</sup> ELA Required Component: Key Idea - Listening</b></p> <p>Choice Component (select one):</p> <p><input type="checkbox"/> <b>Standard 1:</b> Students will read, write, listen, and speak for <b>information and understanding.</b></p> <p><input type="checkbox"/> <b>Standard 2:</b> Students will read, write, listen, and speak for <b>literary response and expression.</b></p>
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<p>Alternate Grade Level Indicator (Choose one AGLI for the selection indicated above)</p> <p>AGLI Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>AGLI Text:</p>
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<p>Assessment task:</p>
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*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
<b>Level of Accuracy</b>						
<b>Level of Independence</b>						
<b>Scoring Rubric</b>	<b>Level Rating</b>	<b>100% - 80%</b>	<b>79% - 60%</b>	<b>59% - 30%</b>	<b>29% - 0%</b>	
		<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	

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 Documenting a Task by Time Segments

Student Name: <u>Matthew student</u>								Content Area: <input checked="" type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies								
AGLI Text: <u>attend to literary text(s) read in a small group</u>								Assessment task: <u>The student will quietly attend to a story during library class.</u>								
ACCURACY KEY: (+) Correct Response (-) Inaccurate/No Response								INDEPENDENCE KEY: (+) Independent (-) Prompted								
Length of Time for each Segment <u>2</u> sec./min. (circle one)	Date 12-2-09		Date 12-3-09		Date 12-9-09		Date 12-10-09		Date		Date		Date		Date	
	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-
Segment 1	+	+	-	-	-	-	+	+								
Segment 2	-	-	+	+	-	-	+	+								
Segment 3	-	-	+	+	+	+	+	+								
Segment 4	+	+	/	/	+	+	+	+								
Segment 5	-	-	/	/	-	-	/	/								
Total +'s	2	2	2	2	2	2	4	4								
Total Segments	5	5	3	3	5	5	4	4								
Fraction	2/5	2/5	2/3	2/3	2/5	2/5	4/4	4/4	1	1	1	1	1	1	1	1
Percent (%)	40%	40%	67%	67%	40%	40%	100%	100%	%	%	%	%	%	%	%	%
Staff Recording Data for each Date (Req'd)	DJ		AB		DJ		AB									
Setting	L		L		L		L									
Name and Initials of Staff recording data (REQUIRED)	Name: <u>Amy B</u>				Initials: <u>AB</u>				<b>SETTING KEY</b> (C) Classroom (F) Cafeteria (L) Library (G) Gym (O) Other specify _____							
	Name: <u>Deb J</u>				Initials: <u>DJ</u>											
	Name: _____				Initials: _____											

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

## 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>Matthew Student</u>	Date of Student Performance: <u>12/10/09</u>
<input checked="" type="checkbox"/> ELA <input type="checkbox"/> Mathematics <input type="checkbox"/> Science <input type="checkbox"/> Social Studies	
AGLI text: <u>attend to literary text(s) read in a small group</u>	
Assessment task: <u>The student will quietly attend to a story during library class.</u>	
Accuracy: <u>100</u> % Independence: <u>100</u> %	

### Observer\* completes this section:

Observer Name: <u>Jess A</u>	
Observer Title/Position (REQUIRED):	
<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <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>Jess A</u> OBSERVER SIGNATURE (cannot be the same person collecting data)	<u>12/10/09</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**

**Verifying Evidence – Matthew Student  
Performance Date – 12/15/09**

**Content Area – ELA**

**AGLI – 32101: attend to literary text(s) read in a small group**

**Task/Activity – The student will quietly attend to a story during library class.**

	
<p>#1 The Librarian asks Matt to point to a certain character.</p> <p>Accuracy + Independence +</p>	<p>#2 Matt attends to a story being read in his library class.</p> <p>Accuracy + Independence +</p>
	
<p>#3 Matt points to a part of the story he likes.</p> <p>Accuracy + Independence +</p>	<p>#4 Matt turns the last page of the story.</p> <p>Accuracy + Independence +</p>
<p>Overall Accuracy: 4/4 100%</p>	<p>Over all Independence: 4/4 100%</p>