

## **New York State Alternate Assessment (NYSAA) Parent/Family/Guardian Survey**

Dear Parent/Family/Guardian:

Your child is participating in an alternate assessment this year in English language arts (ELA), mathematics, science, and/or social studies. An important part of the assessment process is getting your feedback on how you think your child is doing at home and in the community based on their learning in these subjects. We hope that you will complete this short survey with your child's teacher.

Your child's teacher has completed part of the form and has recorded the two Alternate Grade Level Indicators (AGLIs) and assessment tasks that will measure your child's knowledge and skills for each subject being assessed this school year. The State Education Department developed Alternate Grade Level Indicators (AGLIs) for students with severe disabilities to ensure that they learn the same core curriculum for all students in New York State. An AGLI describes student performance expectations. AGLIs are used to measure your child's learning in ELA, mathematics, science and/or social studies.

Please check all boxes on the form that apply to your child's performance and describe your child's progress and any concerns you might have regarding your child's learning.

Thank you for your time and assistance.

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

## New York State Alternate Assessment (NYSAA) Parent/Family/Guardian Survey

(Completed by the teacher and parent, family or guardian.)

<b>Alternate Grade Level Indicator (AGLI) (filled in by teacher)</b>	<b>English language arts (ELA) (AGLI #1)</b>	<b>English language arts (ELA) (AGLI #2)</b>
An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the core curriculum established for all students by the New York State Board of Regents.		
<b>Assessment Task (filled in by teacher)</b>	<b>English language arts (ELA) (Task for AGLI #1)</b>	<b>English language arts (ELA) (Task for AGLI #2)</b>
An Assessment Task is a statement that identifies what the student will know, do, or understand when given an assessment activity to perform.		
<b>To be filled in by the parent/family/guardian. If applicable, does your child demonstrate this learning?</b>		
1. at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A
2. in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> NA
Is your child able to do this without any help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A

What level of support does your child need to do this?

None  Verbal  Physical  
Direction Assistance

None  Verbal  Physical  
Direction Assistance

Comment Section: Please describe your child's progress and any concerns you might have regarding your child's knowledge and skills. (Continue on back if needed.)

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

## New York State Alternate Assessment (NYSAA) Parent/Family/Guardian Survey

(Completed by the teacher and parent, family or guardian.)

<b>Alternate Grade Level Indicator (AGLI) (filled in by teacher)</b>	<b>Mathematics (AGLI #1)</b>	<b>Mathematics (AGLI #2)</b>
An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the core curriculum established for all students by the New York State Board of Regents.		
<b>Assessment Task (filled in by teacher)</b>	<b>Mathematics (Task for AGLI #1)</b>	<b>Mathematics (Task for AGLI #2)</b>
An Assessment Task is a statement that identifies what the student will know, do, or understand when given an assessment activity to perform.		
<b>To be filled in by the parent/family/guardian. If applicable, does your child demonstrate this learning?</b>		
1. at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A
2. in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> NA
Is your child able to do this without any help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A

What level of support does your child need to do this?

None  Verbal  Physical  
Direction Assistance

None  Verbal  Physical  
Direction Assistance

Comment Section: Please describe your child's progress and any concerns you might have regarding your child's knowledge and skills. (Continue on back if needed.)

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

## New York State Alternate Assessment (NYSAA) Parent/Family/Guardian Survey

(Completed by the teacher and parent, family or guardian.)

<b>Alternate Grade Level Indicator (AGLI) (filled in by teacher)</b>	<b>Science (AGLI #1)</b>	<b>Science (AGLI #2)</b>
An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the core curriculum established for all students by the New York State Board of Regents.		
<b>Assessment Task (filled in by teacher)</b>	<b>Science (Task for AGLI #1)</b>	<b>Science (Task for AGLI #2)</b>
An Assessment Task is a statement that identifies what the student will know, do, or understand when given an assessment activity to perform.		
<b>To be filled in by the parent/family/guardian. If applicable, does your child demonstrate this learning?</b>		
1. at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A
2. in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> NA
Is your child able to do this without any help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A

What level of support does your child need to do this?

None  Verbal  Physical  
Direction Assistance

None  Verbal  Physical  
Direction Assistance

Comment Section: Please describe your child's progress and any concerns you might have regarding your child's knowledge and skills. (Continue on back if needed.)

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

## New York State Alternate Assessment (NYSAA) Parent/Family/Guardian Survey

(Completed by the teacher and parent, family or guardian.)

<b>Alternate Grade Level Indicator (AGLI) (filled in by teacher)</b>	<b>Social Studies (AGLI #1)</b>	<b>Social Studies (AGLI #2)</b>
An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the core curriculum established for all students by the New York State Board of Regents.		
<b>Assessment Task (filled in by teacher)</b>	<b>Social Studies (Task for AGLI #1)</b>	<b>Social Studies (Task for AGLI #2)</b>
An Assessment Task is a statement that identifies what the student will know, do, or understand when given an assessment activity to perform.		
<b>To be filled in by the parent/family/guardian. If applicable, does your child demonstrate this learning?</b>		
1. at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A
2. in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> NA
Is your child able to do this without any help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes <input type="checkbox"/> N/A

What level of support does your child need to do this?

None  Verbal  Physical  
Direction Assistance

None  Verbal  Physical  
Direction Assistance

Comment Section: Please describe your child's progress and any concerns you might have regarding your child's knowledge and skills. (Continue on back if needed.)

**NYSAA Parent/Family/Guardian Survey–Documentation Page**

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

Subjects being tested this year (check all that apply).

ELA  Math  Science  Social Studies

Parent/Family/Guardian providing survey information about the student:

\_\_\_\_\_  
Signature Relationship to student Date

Teacher or other school personnel recording answers to survey questions:

\_\_\_\_\_  
Signature Relationship to student Date

**The Parent/Family/Guardian Survey was completed (please check one):**

- During parent/family/guardian meeting at school
- During parent/family/guardian meeting at home
- During parent/family/guardian telephone conference
- At home by the parent/family/guardian and returned to school
- Other \_\_\_\_\_

Parent/family/guardian was unavailable or unwilling to complete the survey. Teachers document dates and method of attempts to engage parent/family/guardian in the space below

Date	Method (phone call, written communication, home visit, etc.)