



**STUDENT ASSESSMENTS
AND ASSOCIATED GROWTH MODELS FOR
TEACHER AND PRINCIPAL EVALUATION**



FORM 3.0

PUBLICLY AVAILABLE SERVICES SUMMARY

This form will be posted on the New York State Education Department's Web site and distributed through other means for all applications that are approved by the State Education Department and approved by the State Office of General Services. It is the responsibility of the applicant to contact Assessment Providers regarding potential future procurements.

Assessment Provider Information	
Name of Assessment Provider:	Hauppauge School District
Assessment Provider Contact Information:	455 Hoffman Lane Hauppauge, NY, 11788
Name of Assessment:	Hauppauge School District developed course specific assessment
Nature of Assessment:	<input checked="" type="checkbox"/> ASSESSMENT FOR USE WITH STUDENT LEARNING OBJECTIVES WITH A TARGET SETTING MODEL; OR <input type="checkbox"/> SUPPLEMENTAL ASSESSMENT WITH AN ASSOCIATED GROWTH MODEL: <input type="checkbox"/> GAIN SCORE MODEL <input type="checkbox"/> GROWTH-TO-PROFICIENCY MODEL <input type="checkbox"/> STUDENT GROWTH PERCENTILES <input type="checkbox"/> PROJECTION MODELS <input type="checkbox"/> VALUE-ADDED MODELS <input type="checkbox"/> OTHER:
What are the grade(s) for which the assessment can be used to generate a 0-20 APPR score?	Grades K-12; for courses that do not culminate in a state assessment
What are the subject area(s) for which the assessment can be used to generate a 0-20 APPR score?	All subject areas
What are the technology requirements associated with the assessment?	Calculators for math exams and some science exams
Is the assessment available, either for free or through purchase or other means, to all schools in New York State?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

To be on file by the Copyright Owner/Assessment Publisher
being...

Hauppauge 1. Name of Organization (PLEASE PRINT/TYPE)	 4. Signature (PLEASE USE BLUE INK)
Dr. D. D. [unclear] 2. Name of Authorized Representative (PLEASE PRINT/TYPE)	 5. Date of Signature
Assistant Superintendent for Curriculum and Instruction 3. Title of Authorized Representative (PLEASE PRINT/TYPE)	

1. Name	(PLEASE PRINT)
2. School Representative's Name (PLEASE PRINT/TYPE)	E. Date Signed
3. Title of School Rep (PLEASE PRINT/TYPE)	