

**2008-09 NYSAA Fall Training**  
**Guided Practice # 2 WORKSHEET**

*Using the NYSAA Planning Tool, Student Page, and Verifying Evidence provided, complete the Data Summary Sheets for Juliana's High School Mathematics AGLI.*

**2008-09 NYSAA-STUDENT PAGE**

**Student Information:**

Date of Birth: 5/31/1991  
 Last Name: XXXXXXXX First Name: Juliana  
 Student ID#(assigned by school district): 123456789  
 District of Residence: Somewhere CSD  
 Name of School Student Attends: Somewhere High 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, 1999—August 31, 2000	Grade 3	ELA, Mathematics
<input type="checkbox"/>	September 1, 1998—August 31, 1999	Grade 4	ELA, Mathematics, Science
<input type="checkbox"/>	September 1, 1997—August 31, 1998	Grade 5	ELA, Mathematics, Social Studies
<input type="checkbox"/>	September 1, 1996—August 31, 1997	Grade 6	ELA, Mathematics
<input type="checkbox"/>	September 1, 1995—August 31, 1996	Grade 7	ELA, Mathematics
<input type="checkbox"/>	September 1, 1994—August 31, 1995	Grade 8	ELA, Mathematics, Science, Social Studies
<input checked="" type="checkbox"/>	September 1, 1990—August 31, 1991	Secondary	ELA, Mathematics, Science, Social Studies

**Administration Period for 2008-09 NYSAA: October 6, 2008–February 13, 2009**

**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>
<b>School Name:</b>	

**2<sup>nd</sup> Mathematics Required Component: Strand - Statistics and Probability**

Choice Component (select one):

**Band:** Organization and Display of Data

**Band:** Analysis of Data

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** 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>							
Scoring Rubric	Level	100% - 80%	79% - 60%	59% - 30%	29% - 0%		
	Rating	4	3	2	1		

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 LAST TWO DATES of student performance documented on this Data Summary Sheet.**

## 2008-09 NYSAA Administration Planning Tool

Grade Level Assessed: High School

(Birth Date: September 1, 1990 - August 31, 1991)

Student Name: Juliana XXXXX      DOB: 5-31-91

		Required Components	Choice Components	AGLI Codes					
<b>ELA*</b>	<b>Key Ideas</b>	Reading	<b>Standards**</b> <input checked="" type="checkbox"/> 1.- Reading for information and understanding, OR <input type="checkbox"/> 3 - Reading for critical analysis and evaluation	<b>Reading AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>1</td><td>1</td><td>0</td><td>7</td></tr> </table>	1	1	1	0	7
	1			1	1	0	7		
<b>AND</b>									
	<b>Writing</b>		<input checked="" type="checkbox"/> 1 - Writing for information and understanding, OR <input type="checkbox"/> 3 - Writing for critical analysis and evaluation	<b>Writing AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>2</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table>	2	1	1	1	1
2	1	1	1	1					
<b>Mathematics*</b>	<b>Strands</b>	Algebra	<b>Bands</b> <input type="checkbox"/> Variables and Expressions, OR <input checked="" type="checkbox"/> Equations and Inequalities	<b>Algebra AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>4</td><td>2</td><td>1</td><td>0</td><td>6</td></tr> </table>	4	2	1	0	6
	4			2	1	0	6		
<b>AND</b>									
	<b>Statistics and Probability</b>		<input checked="" type="checkbox"/> Organization and Display of Data, OR <input type="checkbox"/> Analysis of Data	<b>Statistics and Probability AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>5</td><td>2</td><td>1</td><td>0</td><td>2</td></tr> </table>	5	2	1	0	2
5	2	1	0	2					
<b>Science*</b>	<b>Standards</b>	4 - Living Environment	<b>Key Ideas**</b> <input checked="" type="checkbox"/> 1 - Similarities/differences between living and non-living things, OR <input type="checkbox"/> 7 - Human decisions/activities impact	<b>Living Environment AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>2</td><td>1</td><td>1</td><td>0</td><td>4</td></tr> </table>	2	1	1	0	4
	2			1	1	0	4		
<b>AND</b>									
	<b>4 - Physical Setting/Earth Science</b>		<input type="checkbox"/> 1 - Relative motion and perspective, OR <input checked="" type="checkbox"/> 2 - Interactions among components of air, water and land	<b>Physical Setting/Earth Science AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>3</td><td>2</td><td>1</td><td>0</td><td>4</td></tr> </table>	3	2	1	0	4
3	2	1	0	4					
<b>Social Studies*</b>	<b>Standards</b>	1 - US and NYS History	<b>Units**</b> <input checked="" type="checkbox"/> 2 - Constitutional Foundations, OR <input type="checkbox"/> 7(B)- World in Uncertain Times (1980-Present)	<b>US and NYS History AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>1</td><td>1</td><td>0</td><td>6</td></tr> </table>	1	1	1	0	6
	1			1	1	0	6		
<b>AND</b>									
	<b>2 - World History</b>		<input checked="" type="checkbox"/> 5 - Age of Revolution, OR <input type="checkbox"/> 8 - Global Connections and Interactions	<b>World History AGLI Code</b> <table border="1" style="width: 100%; text-align: center;"> <tr><td>2</td><td>1</td><td>1</td><td>0</td><td>9</td></tr> </table>	2	1	1	0	9
2	1	1	0	9					

# NYSAA Data Collection Sheet for Multi-Step Task

Student Name: Juliana XXXX Content Area:  ELA  Mathematics  Science  Social Studies

AGLI text: gather data and/or record data on a list or in a chart (92102)

Assessment task: The student will gather data and record it by choosing a sticker for a chart everytime she meets her independent decision making goal and will tally her stickers daily.

ACCURACY KEY: (+) Correct Response (-) Inaccurate/No Response

INDEPENDENCE KEY: (+) Independent (-) Prompted

Describe each Step of the Assessment Task:	Date 12/9		Date 12/10		Date 12/11		Date 12/12		Date		Date		Date		Date	
	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-	Acc +/-	Ind +/-
Choose a sticker for her morning goal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Choose a sticker for afternoon goal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Choose a sticker for lunch/breaktime	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
tally stickers each day	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>Total +’s</b>	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
<b>Total Steps</b>	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
<b>Fraction</b>	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4	4/4
<b>Percent (%)</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Staff Recording Data for each Date (Req'd)	gm	gm	gm	gm	mm	mm	mm	mm	mm	mm	mm	mm	mm	mm	mm	mm

**Setting**

Name and Initials of Staff recording data (REQUIRED)

Name: Gayle MXXXX Initials: gm

Name: Robby MXXXX Initials: rm

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

**SETTING KEY**  
(C) Classroom (F) Cafeteria (L) Library (G) Gym  
(O) Other specify \_\_\_\_\_

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>Juliana xxxxx</u>	Date of Student Performance: <u>12/11/08</u>		
<input type="checkbox"/> ELA	<input checked="" type="checkbox"/> Mathematics	<input type="checkbox"/> Science	<input type="checkbox"/> Social Studies
AGLI text: <u>gather data and/or record data on a list or in a chart (52102)</u>			
Assessment task: <u>The student will gather data and record it by choosing a sticker for a chart everytime she meets her "independent decision making" goal and will tally her stickers daily.</u>			
Accuracy: <u>100</u> % Independence: <u>100</u> %			

### Observer\* completes this section:

Observer Name: <u>Jackie xxxxx</u>	
<b>Observer Title/Position (REQUIRED):</b> <input checked="" type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Related Service Provider: <input type="checkbox"/> Occupational Therapist, <input type="checkbox"/> Physical Therapist, <input 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)	
<b>I hereby certify the assessment task was conducted in my presence.</b>	
<u>Jackie xxxxx</u> <b>OBSERVER SIGNATURE</b> (cannot be the same person collecting data)	<u>Dec. 11, 2008</u> <b>DATE</b> (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.)**

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

12-12-08  
Math ~

AGI-gather data and/or record data on a list or in a chart (32102)

Task-The student will gather data and record it by choosing a sticker for a chart everytime she meets her "independent decision making" and will tally her stickers daily.

Student: Juliana [redacted]

1 point for each independent decision!

Day One Date:  12/9	  			Day One Total Points:  4
Day Two Date:  12/10	  	  		Day Two Total Points:  4
Day Three Date:  12/11	  			Day Three Total Points:  4
Day Four Date:  12/12	  			Day Four Total Points: A: 100% I: 100%  4

