

Assessment Reviewer Form CMAC

2020 A-2 (Teacher Reviewer)



Northshore School District
School Board Procedure 2020

Name of Reviewer:		School:					
Reviewer's position:							
Name of Sponsor/Group:				Date:			
Assessment Name:				Intended Grade Level(s):			
Purpose of the Assessment: <input type="checkbox"/> Screening <input type="checkbox"/> Progress Monitoring <input type="checkbox"/> Diagnostic <input type="checkbox"/> Other:							
<u>Considerations Based on State and District Guidelines</u>							
Check the appropriate response (5 = High, 1 = Low)		5	4	3	2	1	N/A
Degree to which the test provides accurate scores for every student, regardless of achievement level, that measures the student's learning goals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment questions are aligned to the standards for the content area being measured		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment scale has been validated over time		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment allows for comparison between similar students		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment allows for comparison between schools		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment has been evaluated for bias		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment complements our existing testing program		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment provides immediate insight into student learning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment provides immediate insight into student long term growth		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which assessment data can be used to engage students in setting learning goals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which assessment data can be used to engage families in monitoring student learning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the use of this assessment will impact access to technology in the building		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Degree to which the assessment is practical to administer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall rating of this material		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please address any scores of 1 or 2:							
Reviewer Signature:						Date:	

1. Please note any special problems that may arise when using this assessment.

2. Please share any other information you feel pertinent regarding the proposed assessment and its administration.

Do you recommend the use of this assessment within the classroom? YES NO

Name of evaluator: _____

Signature of evaluator: _____ **Date:** _____