Assessment *Reviewer Form*
CMAC 2020 A-4 (CMAC Member 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: ☐ Screening ☐ Progress Monitoring ☐ Diagnostic ☐ Other:

Considerations Based on State and District Guidelines

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	☐	☐	☐	☐	☐	☐
Degree to which the assessment questions are aligned to the standards for the content area being measured	☐	☐	☐	☐	☐	☐
Degree to which the assessment scale has been validated over time	☐	☐	☐	☐	☐	☐
Degree to which the assessment allows for comparison between similar students	☐	☐	☐	☐	☐	☐
Degree to which the assessment allows for comparison between schools	☐	☐	☐	☐	☐	☐
Degree to which the assessment has been evaluated for bias	☐	☐	☐	☐	☐	☐
Degree to which the assessment complements our existing testing program	☐	☐	☐	☐	☐	☐
Degree to which the assessment provides immediate insight into student learning	☐	☐	☐	☐	☐	☐
Degree to which the assessment provides immediate insight into student long term growth	☐	☐	☐	☐	☐	☐
Degree to which assessment data can be used to engage students in setting learning goals	☐	☐	☐	☐	☐	☐
Degree to which assessment data can be used to engage families in monitoring student learning	☐	☐	☐	☐	☐	☐
Degree to which the use of this assessment will impact access to technology in the building	☐	☐	☐	☐	☐	☐
Degree to which the assessment is practical to administer	☐	☐	☐	☐	☐	☐
My overall rating of this material	☐	☐	☐	☐	☐	☐

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:** _____