FLORIDA DEPARTMENT OF EDUCATION

Office of Independent Education and Parental Choice
325 W. Gaines St., Ste. 1044, Tallahassee, FL 32399-0400
Email: **schoolchoice@fldoe.org**
School Choice Information Hotline: 1-800-447-1636

Office of Assessment
325 W. Gaines St., Ste. 414, Tallahassee, FL 32399-0400
Fax: 850-245-0793 Email: **FLDOE.Assessment@fldoe.org**
Phone: 850-245-0513

PRIVATE SCHOOL APPLICATION TO ADMINISTER FLORIDA STATEWIDE ASSESSMENTS IN 2018−19

Complete this application and fax or scan/email it to 850-245-0793 or FLDOE.Assessment@fldoe.org. You may also mail the final, signed copy of this application to

Office of Assessment, Attn: Catherine Altmaier
325 W. Gaines Street, Ste. 414
Tallahassee, FL 32399-0400

The application must be completed in its entirety and notarized to receive consideration. Please refer to the checklist on page 10. The application window ends **March 1, 2018**, as established in Section 1002.395(8)(c), Florida Statutes (F.S.). Late submissions will not be considered.

Any falsification of information, non-compliance with the Florida Tax Credit (FTC) Scholarship Program or the Gardiner Scholarship Program, or failure to meet the program requirements or the established deadlines will result in removal from consideration for or participation in the assessment program. **The application must be notarized.** If additional space is needed to respond to any statements, please attach a separate document with the statement number and the continuation of the response.

PRIVATE SCHOOL INFORMATION

School Name _____

Street Address _____

City _____ State _____ Zip _____ County _____

Federal Employer Identification Number _____

Primary Contact (Person Assuming Responsibility for the Private School): ▢ _____

Primary Contact Email ▢ _____ **Primary Contact Phone** ▢ _____

Secondary Contact Name* ▢ _____

Secondary Contact Email ▢ _____ **Secondary Contact Phone** ▢ _____

School Phone ▢ _____ School Email ▢ _____

School Website ▢ _____

*All applications much include contact information for two separate individuals to ensure expedient communication.

Is the school registered as a Private School with the Florida Department of Education (FDOE)? Yes ▢ No ▢

- If yes, provide the school code (4 digits) ▢

Does the school currently participate in the FTC Scholarship Program? Yes ▢ No ▢

- Provide the number of FTC Scholarship students enrolled in the school at the time of application: ▢

Does the school currently participate in the Gardiner Scholarship Program? Yes ▢ No ▢

- Provide the number of Gardiner Scholarship students enrolled in the school at the time of application: ▢

If you answered NO to the last two questions above, your school is NOT eligible to participate in the statewide assessment program for 2018–19.

INSTRUCTIONS

- Read each statement in the application and initial next to each statement to indicate your agreement and understanding of the requirement. Handwritten initials are required. Use "0" or "N/A" for any fields that do not apply.

- Read all attached documentation and complete the signature page at the end of each attachment. The signature pages must be attached to the final application. Handwritten signatures are required.

- Complete all requests for additional information. The additional information can be typed into the text boxes.

- **Applications must be notarized to be considered complete.** Only completed applications will be considered.

____ 1. I understand that I am responsible for notifying FDOE of any changes to the information provided in this application (e.g., staff, tests to be administered) and that not doing so may result in removal from consideration to participate in the statewide assessment program.

____ 2. I have read and understand s. 1002.395, F.S., and s. 1002.385, F.S. (**Attachment A**), which outline the requirements for participation. I have also included the signature page in this application.

____ 3. I have read, understand, and agree to the Test Security Policies and Procedures (**Attachment B**), the Florida Test Security Statute, and State Board of Education Test Security Rule (**Attachment C**). I have also included the signature pages in this application.

____ 4. I have communicated our intent to apply to participate in Florida's statewide assessments in 2018–19 to the staff at my school.

   (4a) Describe how you have communicated this information to staff at your school. FDOE reserves the right to contact school staff to confirm this has been communicated.
   Description of Communication: ▢

____ 5.   I have communicated our intent to apply to participate in Florida's statewide assessments in 2018–19 to the parents/guardians at my school.

       (5a) Describe how you have communicated this information to parents/guardians at your school. Description of Communication: [   ]

____ 6.   I have at least one FTC Scholarship student or Gardiner Scholarship student who will be enrolled in my school in 2018–19.

       (6a) Provide the number of FTC Scholarship students who may be enrolled in your school in 2018–19 (adjusted for graduation/promotion): [   ]

       (6b) Provide the number of Gardiner Scholarship students who may be enrolled in your school in 2018–19 (adjusted for graduation/promotion): [   ]

____ 7.   I agree that my school will comply with FDOE's testing schedule and with the specific testing windows established by my district, as applicable. <u>Private schools must adhere to the district's testing deadlines.</u> See **Attachment D** for the current 2018–19 testing schedule.

____ 8.   I confirm that my school has an adequate number of rooms that are suitable for testing (e.g., comfortable seating, good lighting, sufficient workspace, adequate ventilation, free of distractions, an appropriate temperature). For paper-based administrations, there must be at least three feet between students, and students cannot be facing each other or in seating (e.g., stadium, staggered) that allows them to easily view other students' answers. I will follow the directions provided in the appropriate test administration manual regarding test room preparation.

____ 9.   I have reviewed the sample test administration manual (**Attachment E**) and understand the expectations, policies, and procedures for testing. I have also included the signature page in this application.

____ 10. For all administrations at my school, my testing staff and I will read the appropriate manual(s) and any additional instructions from FDOE and the school district. We agree to follow all instructions.

____ 11. If approved to participate, I confirm that the school will uphold and make students and parents/guardians aware of the following testing policies in addition to any others that may be specified in the test administration manuals:

       ___ (11a)   **ELECTRONIC DEVICES POLICY:** If students are found with **any** electronic devices during testing or during a break within a test session, their tests will be invalidated.

       ___ (11b)   **LEAVING CAMPUS:** If students leave campus before completing a test session (for lunch, an appointment, illness, etc.), they **will not** be allowed to complete that test session. If a student does not feel well on the day of testing, it may be best for the student to wait and be tested on a make-up day.

       ___ (11c)   **TESTING RULES ACKNOWLEDGMENT:** To help ensure test security and remind students of actions that may result in test invalidation, the test administrator reads the testing rules in the administration script at the beginning of a test session, and students then sign below a Testing Rules Acknowledgment that reads: "I understand the testing rules that were just read to me. If I do not follow these rules, my test score may be invalidated."

       ___ (11d)   **WORKING INDEPENDENTLY:** Students are responsible for doing their own work during the test and for protecting their answers from being seen by others. If students are caught cheating during testing, their tests will be invalidated. In addition, FDOE employs Caveon Test Security to analyze student test results to detect unusually similar answer patterns. Student tests within a school that are found to have extremely similar answer patterns will be invalidated.

___ (11e) **DISCUSSING TEST CONTENT AFTER TESTING:** The last portion of the testing rules read to students before they affirm the Testing Rules Acknowledgment reads, "Because the content of all statewide assessments is secure, you may not discuss or reveal details about the test items or passages after the test. This includes any type of electronic communication, such as texting, emailing, or posting online, for example, on websites like Facebook, Twitter, Snapchat, or Instagram." Please make sure that students understand this policy prior to testing and remind them that "discussing" test content includes any kind of electronic communication, such as texting, emailing, or posting to blogs or social media websites, etc.

While students may not share information about secure test content after testing, this policy is not intended to prevent students from discussing their testing experiences with their parents/families.

____ 12. I agree that my school has a secure location to store test materials before, during, and after testing. This secure location must remain locked, and no more than three people may have access to the location.

(12a) Describe your school's locked storage (e.g., a locked file cabinet in the principal's office) and list the three people who have access to this locked storage.

Description of Locked Storage	Names of Up to Three People Who Have Access

____ 13. I understand and, if approved to participate, will ensure that all school personnel, regardless of whether they assist in the test administration, understand that the activities listed below are prohibited. **Please remember that inappropriate actions by school personnel can result in student or classroom invalidations, loss of Florida teaching certification (if applicable), and/or involvement of law enforcement.**

Examples of prohibited activities include, but are not limited to, the list below (initial by each):

___ (13a) reading or viewing the passages or test items before, during, or after testing

___ (13b) revealing the passages or test items

___ (13c) copying the passages or test items

___ (13d) explaining or reading the passages or test items for students

___ (13e) changing or otherwise interfering with student responses to test items

___ (13f) copying or reading student responses

___ (13g) causing achievement of schools to be inaccurately measured or reported

NOTE: If students with current Individual Education Plans (IEPs), Section 504 plans, or English Language Learner (ELL) plans have allowable accommodations documented, test administrators may provide accommodations as described in Appendix A of each test administration manual.

____ 14. I will notify the district assessment office and/or FDOE, as appropriate, of any security breach or suspected misconduct related to testing.

____ 15. In the event of a security breach or suspected misconduct related to testing, I will comply with the school district, FDOE, and law enforcement in any investigations. An investigation may include, but is not limited to, searches and interviews at the site and access to files.

____ 16. I understand that student results are subject to analysis and data forensics to uphold the fairness and validity of the assessment. (The assessment contractor analyzes responses for anomalies, such as an

improbably high incidence of similarity among responses in a testing group, an unusual number of erasures, and substantial gains or losses between administrations.) If student scores are found to be anomalous, I understand that student scores will be withheld and will not be reported.

___ 17. I understand that only students who regularly use certain accommodations in the classroom as part of a documented educational plan may be provided allowable accommodations on statewide assessments. (For a description of allowable accommodations on statewide assessments, refer to **Attachment F**.) I also understand that a limited amount of materials are available for paper-based accommodations and have entered accurate numbers in the testing chart in this application (see item 27 below). I have also included the signature page in this application.

(17a) Describe the types of accommodations offered to students at your school (e.g., extra time, flexible setting). Also include any accommodated materials, such as large print or braille documents or screen readers, that are used by students at your school who would participate in the statewide assessments.

Description of Accommodations:

___ 18. I agree that my school will assign a staff member to serve as the school assessment coordinator. This person will be responsible for all of the following (initial by each):

    ___ (18a)   attending the district training

    ___ (18b)   complying with all district instructions

    ___ (18c)   following all district testing policies and procedures

    ___ (18d)   communicating policies and procedures to private school staff

    ___ (18e)   ensuring that students and parents/guardians are aware that the school will participate in Florida's statewide assessments

    ___ (18f)   training educators as test administrators for each testing room

    ___ (18g)   training and assigning proctors for each testing room (proctors do not handle test materials)

    ___ (18h)   retrieving test materials from the district

    ___ (18i)   storing test materials in a secure location

    ___ (18j)   returning test materials, packaged as shown in the test administration manual, to the district per the schedule provided by the district

    ___ (18k)   following all instructions outlined in the test administration manual, provided by the district, and provided by FDOE

___ 19. Identify the person currently proposed to serve as the school assessment coordinator in 2018–19. FDOE reserves the right to contact this person to confirm that this person is willing to serve in this capacity.

Name and Email Address:

___ 20. I understand that the school assessment coordinator for my school is responsible for training all school personnel who will be involved in test administration and that only employees who have received the appropriate training may handle test materials and serve as test administrators. Training requirements are specified in the *School Assessment Coordinator Responsibilities Before Testing* section of each test administration manual. Training materials and resources are available on the Florida Standards Assessments (FSA) Portal (www.FSAssessments.org/resources) and on the PearsonAccess Next Florida Resource Center (http://florida.pearsonaccessnext.com/).

(20a) Provide the names and certification numbers (if applicable) of all educators who will be employed at your school in 2018–19 who may serve as test administrators.

Names and Certification Numbers of Educators:

Name	Certification Number (if applicable)

☐ **Check this box if additional educators/certification numbers are included in a separate attachment to the application.**

____ 21. I agree that the required number of proctors will be assigned to the testing rooms according to the guidelines below. I understand that proctors must not handle secure test materials.

Number of Students	Proctors Required
1–25 students	Test Administrator*
26–50 students	Test Administrator and 1 Proctor
51–75 students	Test Administrator and 2 Proctors
*FDOE **strongly recommends** that proctors be assigned to rooms with 25 or fewer students whenever possible.	

____ 22. I agree that my school is aware of and will sign all of the necessary security agreements provided in **Attachment G** and will comply with the security measures defined therein. I have also included the signature page in this application.

Computer-Based Assessments

My school is applying to administer computer-based assessments (grades 7–10 English Language Arts [ELA], grades 7 and 8 Mathematics, and/or End-of-Course [EOC] assessments) in 2018–19.   Yes ☐ No ☐

If your school is applying to administer paper-based assessments only (grades 3–6 ELA and Mathematics; grades 5 and 8 Science), skip to item 26.

____ 23. I confirm that my school has an adequate number of rooms that are suitable for testing (e.g., comfortable seating, good lighting, sufficient workspace, adequately ventilated, free of distractions, an appropriate temperature). For computer-based test administrations, sufficient workspace should be provided for students to use planning sheets, worksheets, and work folders (provided blank pages to plan writing responses, take notes, and/or work mathematics problems). Students must not be able to easily view other students' computer or device screens or materials. If necessary, use visual blocks (e.g., file folders taped to the sides of computer screens).

____ 24. I agree that my school will assign a technology coordinator. Instructions will be provided for most of the tasks, but a basic knowledge of the school's network and technology are essential. This person will be responsible for all of the following (initial by each):

___ (24a)   attending the district training

___ (24b)   complying with all district instructions

___ (24c)   following all district testing policies and procedures

___ (24d)   communicating policies and procedures to private school staff

___ (24e)   analyzing the school's infrastructure to ensure it can handle computer-based testing

___ (24f)   ensuring that all computers meet the minimum specifications for computer-based testing

___ (24g)   installing the test client on each computer or on the network

___ (24h)   conducting an infrastructure trial

___ (24i)   resolving any issues that arise during testing

___ (24j)   following all instructions outlined in the test administration manual and technology coordinator resources provided by the district and by FDOE

___ 25. I agree that my school has a sufficient number of computers that meet the current minimum specifications to test all students within the testing window identified by FDOE and by my district. In statement 27, please note the vendor and mode for the assessment(s) you select and confirm your computers/devices against the applicable requirements.

(25a.) Describe the ability of your school to participate in computer-based testing by providing the number of computers that meet the minimum specifications for the appropriate vendor(s) (**Attachment H**) and what technology preparations will be put in place to ensure a successful testing experience.

Description of Computer-Based Readiness:

Computer-Based Assessments	Assessment Vendor	Number of Computers That Meet Minimum Specifications
FSA ELA (grades 7–10), Mathematics (grades 7 and 8), and Algebra 1 and Geometry EOC assessments	AIR	
Next Generation Sunshine State Standards (NGSSS) Biology 1, Civics, and U.S. History EOC assessments	Pearson	

Each vendor has an infrastructure trial test to ensure the school's infrastructure can run and support the testing platform. Depending on the assessments you are applying to administer, you are required to conduct one or both infrastructure trial tests prior to testing (if accepted to the program) to verify that your network can successfully administer the computer-based test(s) specified. **School districts are not responsible for providing technical support to private schools. Private schools are responsible for verifying that they meet technical specifications and can support the testing platform(s).**

FSA ELA, Mathematics, and EOC Assessments:
Refer to the infrastructure trial guide and current technical requirements at http://www.fsassessments.org/technology-resources/. The infrastructure trial test also requires a secure browser, which may be downloaded at http://www.fsassessments.org/technology-resources/browsers/. For a username for TIDE, which is the system used to register and manage students for computer-based FSA assessments, please contact FLDOE.Assessment@fldoe.org.

NGSSS Biology 1, Civics, and U.S. History EOC Assessments:
Refer to the infrastructure readiness guide and current technical requirements at http://florida.pearsonaccessnext.com/technology-resources/ under "Online Testing Infrastructure Readiness." For a username for PearsonAccess Next, which is the system used to register and manage students for computer-based NGSSS assessments, please contact FLDOE.Assessment@fldoe.org.

End of Computer-Based Assessments Section

____ 26. If approved to participate, I understand that I must work with the school district to receive my school's secure test materials before testing and to return them after testing, and that this may involve retrieving materials from and returning them to a location specified by the district. Materials must be retrieved from and returned to the district in a timely manner.

____ 27. I have identified the assessment(s) that we would like to administer at our school in 2018–19 and the projected number of participating students in column 27a in the table on the following page. **I understand that testing slots are limited, and while there may be small fluctuations between these projected numbers and the actual numbers at the time of testing, any fluctuation beyond a few students in each subject must be approved by FDOE.**

For each test the school plans to administer, provide the number of students who will participate in each administration in the table on the following page. Students may only participate in grade-appropriate subject tests. (For example, use this year's grade 4 class to estimate the number of grade 5 students.) **Enter "0" if your school will not offer the grade/subject assessment.** Please be aware that FDOE will compare these numbers to the annual private school survey for accuracy. **In addition, all schools must provide details about any paper-based accommodations required for students. If approved to participate, you will be required to provide supporting documentation demonstrating the need for the paper accommodations.**

Please note that the FSA ELA Writing Assessment is one component of the FSA ELA Assessment. A school administering the FSA ELA Assessment in grades 4–10 (grade 3 does not have a Writing component) will automatically be enrolled in both the Writing <u>and</u> Reading components of the FSA ELA Assessment. Students MUST participate in both components to receive an FSA ELA score.

Apply to administer only those assessments that are appropriate for student populations at your school (e.g., lower grades schools should not apply to administer EOC assessments). **If approved to participate, those assessments MUST be administered to <u>all students</u> in that grade level/subject at your school (e.g., if approved to administer the Grade 7 FSA ELA Assessment, ALL grade 7 students must participate in both components of the Grade 7 FSA ELA Assessment).**

Administration Window*	Vendor	Mode**	Grade/Subject	(27a) Projected Number of Students to Participate	(27b) Projected Number of Students Requiring Accommodations (large print, braille, one-item-per-page)
Fall 2018					
September 2018	AIR	Computer	Algebra 1 EOC		
September 2018	AIR	Computer	Geometry EOC		
September 2018	Pearson	Computer	U.S. History EOC		
September 2018	Pearson	Computer	Biology 1 EOC		
September 2018	Pearson	Computer	Civics EOC		
Winter 2018					
November–December 2018	AIR	Computer	Algebra 1 EOC		
November–December 2018	AIR	Computer	Geometry EOC		
November–December 2018	Pearson	Computer	U.S. History EOC		
November–December 2018	Pearson	Computer	Biology 1 EOC		
November–December 2018	Pearson	Computer	Civics EOC		
Spring 2019					
April 2019	AIR	Paper	Grade 3 ELA		
May 2019	AIR	Paper	Grade 3 Mathematics		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Paper	Grade 4 ELA		
May 2019	AIR	Paper	Grade 4 Mathematics		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Paper	Grade 5 ELA		
May 2019	AIR	Paper	Grade 5 Mathematics		
May 2019	Pearson	Paper	Grade 5 Science		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Paper	Grade 6 ELA		
May 2019	AIR	Paper	Grade 6 Mathematics		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Computer	Grade 7 ELA		
May 2019	AIR	Computer	Grade 7 Mathematics		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Computer	Grade 8 ELA		
May 2019	AIR	Computer	Grade 8 Mathematics		
May 2019	Pearson	Paper	Grade 8 Science		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Computer	Grade 9 ELA		
April 2019 – ELA Writing May 2019 – ELA Reading	AIR	Computer	Grade 10 ELA		
May 2019	AIR	Computer	Algebra 1 EOC		
May 2019	AIR	Computer	Geometry EOC		
May 2019	Pearson	Computer	U.S. History EOC		
May 2019	Pearson	Computer	Biology 1 EOC		
May 2019	Pearson	Computer	Civics EOC		
Summer 2019					
July 2019	AIR	Computer	Algebra 1 FSA EOC		
July 2019	AIR	Computer	Geometry FSA EOC		
July 2019	Pearson	Computer	U.S. History EOC		
July 2019	Pearson	Computer	Biology 1 EOC		
July 2019	Pearson	Computer	Civics EOC		

* Administration windows are approximate and are subject to change. The district will provide the actual administration windows for each assessment. To reduce the risk of item exposure, all schools within a district must take the same test according to the same schedule.

** In order to participate in a computer-based administration, the school must have a sufficient number of computers to test all students within the testing window. Refer to the computer-based testing specifications (Attachment H). A limited quantity of paper materials is available for eligible students with paper-based accommodations. Schools will be required to provide supporting documentation for paper-based accommodations. **An insufficient number of computers does not qualify a school to order paper-based materials.**

I hereby confirm that the information provided in this application is accurate. I understand that any falsification of information, non-compliance with the FTC Scholarship Program or Gardiner Scholarship Program, or failure to meet the established deadlines will result in removal from consideration for approval to participate in the statewide assessment program.

_____
(Signature)

_____
(Name – Please Print)

_____
(Position)

NOTARY PUBLIC SECTION

STATE OF FLORIDA, County of _____

Sworn to or affirmed and subscribed before me this _____ day of _____, 20__, by _____
        (name of person making statement).

_____ (Signature of Notary Public)

_____ (Name of Notary Public)

        (NOTARY SEAL)

Personally Known_____ OR Produced Identification_____

Type of Identification Produced_____

Remember to attach the following signature pages:
- **Attachment A:** Section 1002.395, F.S., and Section 1002.385, F.S.
- **Attachment B:** Test Security Policies and Procedures
- **Attachment C:** Florida Test Security Statute and State Board of Education Test Security Rule
- **Attachment D:** 2018–19 Test Administration Schedule
- **Attachment E:** Sample Test Administration Manual
- **Attachment F:** Appendix A of Test Administration Manual (Information Regarding Allowable Accommodations on Statewide Assessments)
- **Attachment G:** Required Security Agreements
- **Attachment H:** System Requirements and Minimum Specifications for Computer-Based Testing

Before submitting your application, please ensure you have responded to each statement completely by referring to the checklist on the following page. Incomplete applications will not be considered.

Application Checklist:

____1. I have completed the Private School Information Section.
____2. I have provided my initials next to each statement (#1–#27) to indicate my agreement or understanding.
____3. I have provided a thorough narrative for each statement that requires elaboration.

Statement 4a   Described our school's communications with our staff regarding this program
Statement 5a   Described our school's communications with our parents/guardians regarding this program
Statement 6a   Listed the expected number of FTC Scholarship students enrolled at my school in 2018–19
Statement 6b   Listed the expected number of Gardiner Scholarship students enrolled at my school in 2018–19
Statement 12a Described my school's secure, locked storage and listed the three individuals who will have access
Statement 17a Described all of the accommodations offered to students at my school, if applicable
Statement 19   Identified the proposed school assessment coordinator for my school
Statement 20a Provided the names and certification numbers (if applicable) of all teachers at my school who may serve as test administrators
Statement 25   Provided the number of computers that meet specifications, if applicable
Statement 27   Identified each assessment my school would like to administer, including the projected number of students and needed accommodations

____4. I have signed each of the required signature pages (Attachments A–H) and included them with my application.
____5. I have completed the signature and notary section on page 11 of the application.

FOR FDOE USE ONLY

<u>Eligibility</u>

____ Application is complete and is approved to move forward for consideration.

           Evaluated by _____ Date _____

<u>Application Decision</u>

____ Approved

____ Denied   Reason _____

           Entered by _____   Date _____