



Testing Students with Disabilities Committee Application

Please submit all application packets to:

South Carolina Department of Education

Attn: Suzanne Swaffield

Office of Assessment

1429 Senate Street

Room: 209-C

Columbia, SC 29201

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(The completed application packet may be submitted by mail or by fax.)

SOUTH CAROLINA DEPARTMENT OF EDUCATION
Office of Assessment
Testing Students with Disabilities Committee

Member Requirements and Provisions

The Office of Assessment is seeking applicants for committees to provide input on test administration, test development, and procedures for testing students with disabilities on the South Carolina statewide assessment programs. Teachers, parents, and administrators are encouraged to apply. Submitted applications will be placed on file, and prior to each committee meeting or activity, an invitation list will be generated from the list of applicants.

Committee members will be selected based on the submission of a completed application that communicates one or more of the following qualifications:

- expertise and recent experience in a specific content area and/or special education area;
- expertise and recent experience in administration of the statewide testing programs;
- comprehensive knowledge of the South Carolina curriculum standards and how they should be applied in teaching students or supervising professional staff; and
- varied experiences in working with students who have different learning styles, abilities, and aptitudes.

Applicants are expected to:

- apply for committee membership by completing and submitting the application;
- provide contact information for two references;
- obtain approval from the district superintendent or principal to serve on the committee (school personnel);
- update contact information as needed throughout the year; and
- read and abide by the Security Agreement (*available at www.ed.sc.gov*)

All persons agreeing to serve as members of an Office of Assessment Committee must do so with full knowledge that the security and confidentiality of testing materials may in no way be breached. In order to participate, each committee member must agree to and sign a non-disclosure statement on the first day of attendance at a committee meeting or other activity.

For some committees or tasks, committee members who are not under contract by a district may be provided a stipend. Travel costs will be reimbursed in accordance with state travel regulations. If a classroom teacher's attendance at a committee meeting requires a substitute teacher, reimbursement may be made to the district. All applicants will not necessarily be selected.

Committee members are expected to:

- follow procedures and guidelines outlined by meeting facilitator(s);
- contribute to group discussions;
- maintain a broad-based perspective throughout the review process with regard to all students in the state;
- update contact information as needed throughout the year; and
- adhere to all test security regulations.

Examples of Committees:

- *Testing Students with Disabilities Guidance Committee*
Purpose: to provide feedback on testing accommodations, procedures, and materials
(Typically meets one day during the summer)
- *Bias and Content Review Committees*
Purpose: to review test items and tasks relative to appropriateness for all students
(Meeting days and times may vary)
- *Standard Setting Committee*
Purpose- to determine performance levels for assessments
(Meeting days and times may vary)
- *Standard Alignment Committee*
Purpose- to review test items in relation to linkage to the state standards
(Meetings days and times may vary)

SOUTH CAROLINA DEPARTMENT OF EDUCATION
Office of Assessment
Testing Students with Disabilities
Committee Application

1. Contact Information *(Type or Print Clearly)*

Last Name _____ First Name _____ MI _____
Position/Title _____
Content Area _____ Grade Level _____
School District _____
School *(if applicable)* _____
Principal *(if applicable)* _____

Work

Street Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____
E-mail _____

Home

Street Address _____
City _____ State _____ Zip Code _____
Phone () _____ Fax () _____
E-mail _____

Gender: *(Optional)*

Female Male

Ethnicity: *(Optional)*

- American Indian or Alaskan Native
- Asian or Pacific Islander
- African-American (Not of Hispanic Origin)
- Hispanic
- White (Not of Hispanic Origin)
- Unspecified

2. Check the committee(s) for which you are applying:

- | | |
|--|---|
| <input type="checkbox"/> Testing Students with Disabilities Guidance Committee | <input type="checkbox"/> Standards Setting |
| <input type="checkbox"/> Bias and Content Review | <input type="checkbox"/> Standard Alignment |

3. Education/Professional Development:

| Name of College Degree & Year Received | Workshops and/or Seminars Attended in last three years |
|---|---|
| | |
| | |
| | |

4. Questionnaire:

Teachers/Administrators:

- Briefly describe your job responsibilities for the past three years.
- Please include types of classes, a description of students, ages, and special education classifications.

Parents:

- Briefly describe your child and any experience you have had with statewide assessment.
- Child's Current School / District _____

- List any areas in which you are certified to teach in South Carolina.

- Briefly describe any special expertise that you have such as use of assistive technology, aligning standards with instruction and assessment, or curriculum content, administration, previous experience with other committees or parent organizations, etc.

- Briefly explain why you are interested in serving as a member of one of the committees or assisting with assessment activities.

- Briefly describe your experience with administering statewide assessments to students with documented disabilities.
(Administrators may describe experience with coordinating the statewide assessments at the district level. Parents may describe their experience in participating in IEP or 504 Plan meetings and/or reviewing assessment results.)

Professional References

The professional references named on this form should have direct contact with the applicant on a regular basis with regard to his/her current instructional/supervisory assignment. The professional references can verify that the applicant is qualified to serve on the committee(s) for which he/she has applied. *Parents may list school personnel or others who are knowledgeable of their skills.*

First Reference:

Name of Professional Reference _____
Position/Title _____
School (if applicable) _____
School District (if applicable) _____
Phone () _____ E-Mail _____

Second Reference:

Name of Professional Reference _____
Position/Title _____
School (if applicable) _____
School District (if applicable) _____
Phone () _____ E-Mail _____

Note: *References will be contacted.*

SOUTH CAROLINA DEPARTMENT OF EDUCATION
Office of Assessment
Testing Students with Disabilities Guidance Committee
Approval of Committee Nomination

The district superintendent must approve the nomination of school administration personnel. Principals must approve the nomination of teachers for membership on the committee(s). *Parents do not need an approval of nomination.*

The individual listed below has applied to serve on a committee to assist the South Carolina Department of Education, Office of Assessment with implementation of statewide assessments. Please indicate your approval for this person to serve on a state committee.

Applicant _____ Committee/Activity _____

Signature of Superintendent/Principal _____

District/School _____

Date _____

Committee members not under contract by a district may be paid a stipend of \$150.00 per day. Travel costs will be reimbursed in accordance with the State travel regulations. If a classroom teacher's attendance at a committee meeting requires a substitute teacher, the district may be reimbursed.

Return the signed approval form with the application.

Office of Assessment
Agreement to Maintain Test Security and Confidentiality

The security of the *South Carolina Palmetto Assessment of State Standards (PASS) High School Assessment Program (HSAP)*, *End-of-Course Examination Program (EOCEP)* and *South Carolina Alternate Assessment (SC-Alt)* is of the utmost importance. To ensure the security of all materials, the nature and content of any test, test item, or other secure assessment material must not be divulged.

I acknowledge that I will have access to these secure test materials from ___/___/___ until, ___/___/___.

I have read the attached State Board of Education Test Security Regulations, 24 S.C. Code Ann. Regs. 43-100 (Supp. 2009) and agree to abide by them. I understand that these materials are highly secure and that disclosure may constitute a violation of these regulations. I understand that, pursuant to S.C. Code Ann. § 059-1-445 (2004) it is unlawful for anyone to knowingly and willfully violate security regulations promulgated by the State Board of Education for mandatory tests administered by or through the State Board of Education and that any person violating the provisions of this statute or regulations is guilty of a misdemeanor, and, upon conviction, must be fined not more than one thousand dollars or be imprisoned for not more than ninety days, or both. Upon conviction, the State Board of Education may suspend or revoke the administrative or teaching credentials, or both, of the person convicted.

I agree that it is my responsibility to protect the security of the test items and other materials as follows:

1. I will not divulge the contents of the items or other materials to any other person.
2. I will not copy any part of the items or other materials.
3. I will keep the items and other materials secure while in my possession and will not leave them unattended in a location where anyone else could inadvertently see them.
4. I will not permit anyone to remove the items or other materials from my possession and control except as instructed by the SCDE staff.
5. I will return the items and all other materials by the end of each review session during the allotted time period.

Signature: _____

Print Name: _____