Request to Pilot Diagnostic

Assessment Form

**Staff Name (Phone number)**:

**School/Department**:

**Name of Test Requested**:

**Publisher of Test and Price (may list a website to access up-to-date information**:

**Is this test replacing an already approved test? If so, list**:

**Why are you requesting this assessment measure (please include how this assessment measure provides us with data that we cannot already gather with our existing measures)**: limit 100 words

**What grade/age level is this test appropriate for?**

**What is your intended use of the measure? Specify what students will be assessed with this measure**.

**Do you intend to use the test with English Language Learners?**

**If so, how do you intend to administer and interpret the test (limit 100 words)?**

**Is this assessment available in Spanish or other languages?**

**How is this test scored?**

**Who has appropriate training and expertise to use this test?**

**Do you need to be trained to use this measure?**

**If yes, how do you intend to receive this training?**

**What costs are involved with training?**

**How will you obtain consent for students to take the assessment?**

**Assessment costs, initial (i.e., test kits, materials)?**

**Assessment costs, ongoing (i.e., protocols, etc.)?**

**How will the results be used? (Staff, students, parents/guardians)**

**Where will the results be documented?**

**How many students will be assessed with this test during the pilot?**

**When do you intend to return to the committee with the results of that pilot for final approval? (recommended no longer than 3 months).**

**Additional Information**

**When would you like this assessment to be delivered?**

**Comments:**

Please contact Nick Pinzke, 3-5489 if you have any questions or would like additional information. The committee meets monthly and you will be notified of the request status as soon as possible.