

APPENDIX D1: FAIRNESS
Bias Checklist

COMMON ASSESSMENT BIAS CHECKLIST
Teton1

Date of Review Fall Semester ___/___/___ Spring Semester ___/___/___

Bias Review Committee (SIGNATURE)

Job Title

--	--

Assessment Title - _____

Course/Grade Level(s) - _____

Type of Assessment(s) - _____

- | | | |
|------------------------|---------------------------------|---------------------------------|
| Selected Response (SR) | Performance Assessment (PA) | Consortium Activities (CA) |
| Portfolio (PO) | Short constructed response (CR) | PAWS Released Items (PW) |
| Writing Prompt (WP) | Extended Project (EP) | Presentation/Demonstration (PD) |
| Journals (JO) | Structured Observation (SO) | Other (OT) |

Standards/Benchmarks addressed - _____

After thorough review of all assessment items/tasks, please check the box of any possible bias categories below. If there is any perceived bias on any of the following items, immediately initiate a Teton1-BOEv Assessment Bias Remediation Plan.

YES NO BOEv Assessment contains items/tasks are bias-free for all individual students and the following student subgroups;

- gender
- ethnicity/nationality
- socio-economic status
- disability
- race
- age
- other (statistical bias, misalignment with instruction, etc...)

APPENDIX D2: FAIRNESS
Bias Review Policy

_____ The content area/department has been notified of the potential bias, including assessment name/#

Check the Appropriate Box(s) below;

- gender
- ethnicity/nationality
- socio-economic status
- disability
- race
- age
- other (statistical bias, misalignment with instruction, etc...)

_____ The content area/department has provided the following documents;
 Include Date Received:

_____ 1.)The **Assessment Accountability Form** for the assessment has been examined for potential bias. Include results below.

_____ 2.)Longitudinal **Disaggregated Data** for the assessment has been examined for potential bias. Include results below.

_____ 3.)**Participation Rates** for the assessment have been examined for potential bias. Include results below.

If possible accommodations have not been made and may be appropriate please mark and complete the appropriate process below;

_____ Accommodations and/or alternate forms of this assessment are available for students with disabilities. Special Education Director, Principal, and Case Manager have been made aware of need for accommodations.

_____ Accommodations and/or modifications for this assessment are available for ELL (English Language Learners) students. ELL Director, Principal, and Case Manager have been made aware of need for accommodations.

Additional Action(s)?	Action Plan for Remediation	Person(s)	Due Date

**APPENDIX B4: FAIRNESS
IEP-BOEv Accommodation**

Name of Student	DOB	Grade	School Year	Date of IEP Meeting
BOEv Course Name	Teacher Name			

A. Assessment Accommodations: Accommodations, aids, services, and other supports that are provided in regular education classes, other education and/or academic settings.

Assessment Accommodations	Amount	Frequency	Projected Start Date	Location	Duration

B. Supports for Classroom Teachers: A statement of supports for school personnel that will be provided to enable the student to advance appropriately towards attaining the annual goals and be involved in and make progress in the BOEv assessment system.

Supports for Personnel	Amount	Frequency	Projected Start Date	Location	Duration

APPENDIX D5: FAIRNESS
Accommodations Conference

**BOE v Accommodations Conference with
Classroom Teacher(s) and/or Departments**

Name of Student(s)	DOB	School District or Public Agency
		Teton County School District #1

In order to help this student be successful the student's teachers and other individuals responsible for implementing the student's IEP must be informed of their specific responsibilities and the accommodations, modifications and behavioral supports that are specified in the student's IEP. Please contact the student's case manager if at any time during the school year you have additional questions or concerns.

The student's strengths are:			
The following teachers reviewed the student's <i>IEP Summary Report</i> and were informed of their specific responsibilities related to this student and the accommodations, modifications and behavioral support that must be provided. Indicate the teachers who kept a copy of the summary report.			
Teacher/Paraprofessional Signature	Date	IEP Summary Report*	
Signature		Yes	No
*The IEP Summary Report and Behavior Support plans are confidential and should be stored in a locked cabinet and destroyed at the end of the school year.			
The person responsible for the student's subject area instruction is also responsible for administering the district standards assessments and recording the results in PowerSchool.			
	General Education Teacher	Special Education Teacher	
Fine and Performing Arts			
Foreign Language			
Health			
Language Arts			
Reading			
Writing			
Mathematics			
Physical Education			
Science			
Social Studies			
Speech			
Vocational/Career Education			

APPENDIX D6: FAIRNESS
ELL Accommodations Conference

**BOEv Accommodations Conference with
 Classroom Teacher(s) and/or Departments**

Name of Student(s)	DOB	School District or Public Agency
		Teton County School District #1

This student has been designated as an ELL (English Language Learner) student. To help this student be successful in your classroom, below is a summary of the student's four language skills. Additionally, there are specific accommodations indicated by the student's ELL teacher to ensure the student's best opportunity for success on assessments. Please contact the student's ELL teacher with any questions or concerns.

Language Skills Summary

Standardized Tests Results:

WELLA Test taken on _____

PAWS test taken on _____

Reading	
Writing	
Speaking	
Listening	

Reading	
Writing	
Math	
Science	

MAP test taken on _____

	Raw Score	Percentile Rank
Reading		
Language Usage		
Math		

Student's ELL Level: _____

Reading

ELL Classes' Lexile Grade Levels: This is an indication of the approximate grade level the above student is capable of reading with support.

ELL 1: Pre 1st Grade

ELL 2: 1st - 3rd Grade

ELL 3: 3rd - 5th Grade

ELL 4: 5th - 7th Grade

*M1: 1st year Monitor Student

*M2: 2nd year Monitor Student

*These students have been recently exited for the ELL program, but do not necessarily read at grade level.

ELL Teacher's Suggested Accommodations for Reading

Assessments: _____

Writing

Skills Summary Narrative:

ELL Teacher's Suggested Accommodations for Writing

Assessments: _____

Listening

Skills Summary Narrative:

ELL Teacher's Suggested Accommodations for Listening

Assessments: _____

Speaking

Skills Summary Narrative:

ELL Teacher's Suggested Accommodations for Speaking

Assessments: _____

Appendix D6: Fairness
Special Education Checklist

**Checklist for Implementation of Special Education Accommodations
for Body of Evidence Assessments/Activities.**

_____ Obtain a copy of the current accommodations for students with IEPs provided by the case manager during the first two weeks of class.

(See attached- Section II: Supplementary Aids and Services.)

_____ Sign the Teacher/Case Manager Conference sheet (provided by the case manager), confirming your knowledge of the accommodations for students with IEPs in your classroom and their current case manager for that year.

(See Attached- M-6 Conference with Teacher/Para.)

_____ Keep accommodations in a locked area and shred at the end of the school year.

_____ Implement accommodations for students with IEPs on BOE assessments and activities.

_____ Discuss student achievement as it pertains to the BOE assessments and activities with case managers.

_____ General education teachers review written accommodation pages for students with IEPs on a regular basis (monthly/quarterly).

_____ General education teachers contact case managers with any questions or concerns throughout the school year as it pertains to BOE assessments/activities and general progress for students with IEPs.

APPENDIX C12: CONSISTENCY
BOEv Assessment Accountability Form

Department Name	Teacher Name

Assessment Name	Standards	Benchmark	Webb	Points	% of30%

Assessment Number (____ out of ____)	Week Given Semester (Fall or Spring)	Date Given									
	<table style="width:100%"> <tr> <td>WK 1-2</td> <td>WK 3-4</td> <td>WK 5-6</td> </tr> <tr> <td>WK 7-8</td> <td>WK 9-10</td> <td>WK 11-12</td> </tr> <tr> <td>WK 13-14</td> <td>WK 15-16</td> <td>WK 17-18</td> </tr> </table>	WK 1-2	WK 3-4	WK 5-6	WK 7-8	WK 9-10	WK 11-12	WK 13-14	WK 15-16	WK 17-18	
WK 1-2	WK 3-4	WK 5-6									
WK 7-8	WK 9-10	WK 11-12									
WK 13-14	WK 15-16	WK 17-18									

Report if any of the above sequence/week/date data is different from cover sheet.

Sequence:
 Time:
 Date:

Were <u>Administration Protocols</u> Followed?	YES	NO
Were <u>Accommodations</u> used?	YES	NO
Were <u>Scoring Rubrics</u> Used?	YES	NO
Were <u>Anchor</u> assessment items Used?	YES	NO
Were new <u>Anchor</u> Assessment items adopted?	YES	NO
Did you calculate the <u>Reliability Coefficient</u> on closed-ended assessments? <u>Percentage</u>?	YES	NO _____ %
Did you calculate the <u>Inter-Rater Reliability</u> on open-ended assessments? <u>Percentage Exact Same</u>?	YES	NO _____ %
Did you enter <u>Grading Data</u> into Powerteacher?	YES	NO
Will <u>Alternate Assessments</u> be required?	YES	NO
Did you <u>Notify All Stakeholders</u>?		
<u>Participation Rate</u>?	YES	NO _____ %
Did you <u>Disaggregate</u> student data?	YES	NO

Male	Female	White	Non—White	IEP/504c	ELL
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %