

2009 MCAS Alternate Assessment Summer Scoring Institute SCORER APPLICATION FORM

DEADLINE TO APPLY: April 28, 2009

(Notification by May 8)

(This form may be photocopied and shared with other interested educators.)

Please consider our invitation to become a score MCAS-Alt Summer Scoring Institute for one wonly the final week (July 13–17). The Department prospective scorers of all decisions by mail no laspecific weeks. Please indicate below the week (eek or any combination o f ent of Elementary and Seco ater than May 8 and will m	f two weeks, but may not apply for ondary Education will notify take every effort to honor requests for
June 29–July 3	July 6–10	July 13–17
The Institute will be held at the Westin Waltha will be reimbursed at a rate of \$.40 per mile to to (Sunday through Thursday) will be available to approval of this application and actual participal each day of training prior to qualification, plus and then must qualify, in order to score actual preselection as a scorer.	hose commuting to the Inst those traveling a distance of tion in the Institute, each so \$120 per day of actual scor	titute. Overnight accommodations of 50 miles or more each way. Upon corer will receive a stipend of \$75 for ing. Applicants must be confirmed,
Name:		
District:	School:	
School Address:		
Summer Mailing Address:		
Home Phone: ()	School Phone: ()
Other Phone (cell): ()	Email:	
Current Position and Grade Level(s):		
Professional Qualifications: Please complete t	he information below:	
I am currently certified/licensed in the following	g area(s):	
Certification/License number:		
My years of experience in area of certification/l	icensure:	
	□ 5 □ 6 □ 7	□ 8 □ 9 □ 10+
I prefer to score portfolios at the following level	l(s): Elementary	Middle Secondary
Yes, I compiled and submitted at least one N	ICAS-Alt student portfolio	o in 2009.
Yes, I participated in a previous MCAS-Alt	Summer Scoring Institute	in: (Check all that apply.)
□ 2004 □ 2005	☐ 2006 ☐ 2007	<u>2008</u>
☐ I have supervised educators who compiled I	MCAS-Alt portfolios.	
I have fluency and/or training in the following a Braille American Sign Language		
☐ I would be willing to be trained to score EV	Electronic Portfolios on th	e computer.

(You must also complete page 2 of this application.)

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Name of Applicant:
Please check below if the answer is yes:
☐ I have read the 2009 Educator's Manual for MCAS-Alt.
☐ I am familiar with the contents of the <i>Resource Guide to the Massachusetts Curriculum Frameworks for Students with Significant Disabilities</i> (2006).
(Both publications listed above are available on the Department's website at www.doe.mass.edu/mcas/alt .)
In the space below, please tell us why you wish to serve as an MCAS-Alt scorer and what particular training and experience you have that will allow you to make a positive contribution to the MCAS-Alt scoring process.

If you have additional questions, please contact the MCAS Service Center at 800-737-5103.

Please complete and fax or mail both pages of this form no later than April 28, 2009, to:

Crystal Tenney
Measured Progress
100 Education Way, Dover, NH 03820
Telephone: 866-296-2737 Fax: 866-283-2197