



TEACHER AND PRINCIPAL PRACTICE RUBRIC PROVIDERS
TECHNICAL PROPOSAL - APPLICATION

Please check the most appropriate category:

	Teacher and/or Principal Practice Rubric	Required Submission
<input type="checkbox"/>	<p>This is an application for providing Teacher Practice Rubric services. Please check the most appropriate category below:</p> <p><input type="checkbox"/> This rubric is for classroom observation only.</p> <p><input type="checkbox"/> This rubric is for all applicable teacher evaluation criteria, including classroom observation.</p>	<p>A full application with all required materials (including this cover page) shall be submitted for <u>each</u> rubric.</p> <p>Your rubric(s) must be attached in the Appendix section of your submission.</p>
<input checked="" type="checkbox"/>	<p>This is an application for providing Principal Practice Rubric services. Please check the most appropriate category below:</p> <p><input type="checkbox"/> This rubric is for principal observation only.</p> <p><input checked="" type="checkbox"/> This rubric is for all applicable principal evaluation criteria, including principal observation.</p>	<p>A full application with all required materials (including this cover page) shall be submitted for <u>each</u> rubric.</p> <p>Your rubric(s) must be attached in the Appendix section of your submission.</p>

A separate technical proposal must be submitted for each rubric to be approved.



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<p>5. Describe and detail your organization's demonstrated ability to adapt and sustain the submitted rubric to align with the requested needs of participating LEAs.</p>	<p>The Center has been providing leadership performance assessment for over 10 years to thousands of educational leaders have used this tool with many using our expertise of customizing the matrix to meet state and local standards. Currently, the Reeves Leadership Performance Matrix is used in and meets the specific state requirements of Arkansas and Florida.</p> <p>Additionally, we have completed statewide leadership development in Connecticut, Ohio, and Oregon. Our extensive experience providing this assessment tool and our knowledge of the educational environment in New York demonstrate our ability to adapt our Matrix to meet the needs of participating LEAs.</p>
<p>6. What is the instructional content, methodology, and format of any proposed evaluator training that your organization may be able to offer participating LEAs?</p> <p>Please note: providers are not obligated to provide training nor are districts obligated to buy training from providers.</p>	<p>Please refer to Appendix D for two sample agendas for professional development activities related to using the Reeves Leadership Performance Matrix. In addition to the following:</p> <p>1. Develop a plan for training LEAs on how to use the Reeves Leadership Performance Matrix.</p> <p>2. Develop a plan for training LEAs on how to use the Reeves Leadership Performance Matrix.</p>

	<p>progress to goals, key trends and patterns that emerge from multiple sources of data</p> <ul style="list-style-type: none"> •Establishing structures for sustainability through a differentiated and comprehensive plan of ongoing professional learning designed to build the capacity of teachers, teacher leaders, and administrators to continue facilitating the work through a Professional Developer Certification Program, online non-credit courses, and graduate programs.
<p>7. Describe and detail the projected costs associated with the adoption of your teacher or principal rubric evaluation tool, which would include the projected cost(s) for the adoption of the practice rubric and any supplemental costs involved (i.e. training/ instruction, implementation costs, materials, etc.).</p>	<p>Please refer to our Estimated Service Costs in the sealed envelope that accompanies this response binder.</p>



TEACHER AND PRINCIPAL PRACTICE

certificate or State license.	pendix section.
5. Information as to whether lawsuits have been filed against the applicant.	

0635



TEACHER AND PRINCIPAL PRACTICE RUBRIC PROVIDERS
Assurances and Signature

In submitting this application to be included in the State Education Department’s Teacher and Principal Practice Rubric Service Provider list, I certify that:

1. The organization will comply with applicable Federal, State and local health, safety, and civil rights laws.
2. All individuals employed by or otherwise associated with the organization, who will have direct contact with eligible teachers, principals, or students, will be subject to all of the fingerprint and criminal history record check requirements contained in law, including, Education §§ 805(30), 1125(3), 1604(39), 1604(40), 1709(39), 1709(40), 1804(9), 1804(10), 1950(4)(1950(4)(mm), 2503(18), 2503(19), 2554(25), 2554(26), 2590-h (20), 2854(3)(a-2), 2854(3)(a-3), 3035 and Part 87 of regulations of the Commissioner of Education.
3. All instruction and content will be secular, neutral, and non-ideological.
4. All instruction and content provided to LEA’s will be aligned to the applicable professional standards of practice for teachers and/or principals, including, but not limited to, the New York State Teaching Standards, ISLCC 2008 Leadership standards, New York State Education Law, and the Commissioner’s regulations.
5. The organization is fiscally sound and will be able to complete services to the eligible local educational agency.

The undersigned hereby certifies that I am an individual authorized to act on behalf of the organization in submitting this application and assurances. I certify that the information provided herein is true and accurate, to the best of my knowledge. I understand that, if any of the information contained herein is found to have been deliberately misrepresented, that may constitute grounds for denial of applicant’s request for approval to be placed in the list of Teacher and Principal Practice Rubric Service Providers or for removal from that same list. I further certify that the organization will comply with all of the assurances set forth herein.

<p>1. Name of Organization (PLEASE PRINT TYPE) See appendix</p>	<p>4. Signature of Authorized Representative (PLEASE USE BLACK /BLUE INK)</p>
<p>2. Name of Authorized Representative (PLEASE PRINT TYPE) See appendix</p>	<p>5. Date Signed</p>
<p>3. Title of Authorized Representative (PLEASE PRINT TYPE) See appendix</p>	