

## NYSAA Observer Verification Form

Please Note: The Observer Verification Form is submitted with a Data Collection Sheet only. All information on this document must be completed in full or it will not be accepted as supporting evidence and may disqualify the student from receiving a reportable score.

### Teacher completes this section:

Student Name: \_\_\_\_\_

Date of Student Performance: \_\_\_\_/\_\_\_\_/\_\_\_\_

ELA     Mathematics     Science     Social Studies (HS only)

AGLI text:

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Assessment task:

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Accuracy: \_\_\_\_\_ % Independence: \_\_\_\_\_ %

### Observer\* completes this section:

Observer Name: \_\_\_\_\_

Observer Title/Position (REQUIRED):

- Teacher  
 Administrator  
 School Psychologist  
 Related Service Provider:  Occupational Therapist,  Physical Therapist,  Speech & Language Therapist,  Certified Occupational Therapy Assistant,  Physical Therapist Assistant  
 Nurse  
 Other certified or licensed professional: \_\_\_\_\_ (title)

I hereby certify the assessment task was conducted in my presence.

\_\_\_\_\_  
**OBSERVER'S SIGNATURE**

(cannot be the same person collecting data)

\_\_\_\_\_  
**DATE**

(must be same date of student performance noted above)

\*An observer must be a certified and/or licensed teacher, administrator, school psychologist or related service provider, not **Supplementary School Personnel (a Teacher's Aide or Teaching Assistant may not serve as an observer** as described in section 80-5.6 of the Regulations of the Commissioner of Education.)

**Note: Use only one date of student performance data per Observer Verification Form**