

ClassScape Assessment System

Writer/Reviewer Interest Form

In order to maximize the validity and defensibility of the state assessments, it is critical that we have a large, representative pool of volunteer teacher participants with varying demographics, such as geographic location, gender, age, and years of experience. When you return this form, your name will be entered in the ClassScape Assessment System's list of potential item writers and item reviewers. When item development activities begin educators in the volunteer database will be selected to represent statewide demographics and will be sent a letter requesting their participation in training activities. After satisfactory completion of the training, ClassScape Assessment System will pay selected educators to write and review assessment items.

Title	<input type="checkbox"/> Dr.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Name				
Home Address				
City				
Zip Code				
Home Phone				
E-mail Address	Home:		School:	
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Ethnicity	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Other:
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	
Job Title	<input type="checkbox"/> EC Teacher	<input type="checkbox"/> Administrator	<input type="checkbox"/> Curriculum Specialist	<input type="checkbox"/> University Staff
	<input type="checkbox"/> ESL Teacher	<input type="checkbox"/> Teacher		
Highest Degree Earned	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate
Certification	<input type="checkbox"/> Clear and Continuing	<input type="checkbox"/> Alternate Entry	<input type="checkbox"/> Initial	<input type="checkbox"/> Provisional
		<input type="checkbox"/> Emergency	<input type="checkbox"/> Lateral Entry	<input type="checkbox"/> Temporary Permit
National Board Certified	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Full School Name and City				
Years of Teaching Experience				

For Official Use Only		
Entered on:	By:	Item Writer ID:

Please print, complete, and return both pages of this form to:

ClassScape Assessment System/ c/o Lindsey Hardin / CUACS, NCSU, Campus Box 7401/ Raleigh, NC 27695 / **Fax: (919) 515-3642**

Please indicate the areas of item development in which you are interested in working, as well as the subjects that you have taught and those you currently teach. **Remember that you are not eligible to write or review for a subject you have not taught.**

Mathematics

Subject	Have Taught	Currently Teach	Item Review	Item Writing
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				
Grade 8				
Algebra 1				
Algebra 2				
Geometry				

Science

Subject	Have Taught	Currently Teach	Item Review	Item Writing
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				
Grade 8				
Biology				
Physical Science				

Social Studies

Subject	Have Taught	Currently Teach	Item Review	Item Writing
Civics & Economics				
U.S. History				

English Language Arts (ELA)

Subject	Have Taught	Currently Teach	Item Review	Item Writing
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Grade 7				
Grade 8				
English 1				
English 2				
English 3				
English 4				

SPECIAL EDUCATION ONLY

If you are an EC or ESL Certified teacher, please indicate in which Special Education areas (EC and/or ESL) you are qualified to teach and where in the test development process you would like to participate.

Subject	Have Taught	Currently Teach	Item Review	Item Writing
EC				
ESL				

For each content area in which you work, please **circle one** grade level range. This range should correspond to the level in which you have the most expertise.

ELA	K-2	3-5	6-8	9-12
Math	K-2	3-5	6-8	9-12
Science	K-2	3-5	6-8	9-12
Social Studies	K-2	3-5	6-8	9-12

Other comments or information you wish to provide

Please indicate whether you have previously written or reviewed items and/or assessments for ClassScope or the NCDPI Testing Program.

ClassScope YES NO Date _____
 NCDPI YES NO Date _____