

Document C Student Assessment Data

Educational Credit for Exceptional Needs Children (ECENC) Application 2016-2017

Independent School Name: _____

An independent school applying for or continuing to participate in the Educational Credit for Exceptional Needs Children Program for Fiscal Year 2016-17 is required to submit the following information:

Student test scores, by category, on national achievement or state standardized tests, or both, for all grades tested and administered by the school.

In working with its nine-member advisory committee, the EOC has determined that, to maintain student privacy and to recognize the educational needs of students, each school must submit the following:

- Summative assessment data from the 2015-16 school year that documents for *each grade tested* and for *each grade with at least 10 students in the grade*, the English language arts (reading) and mathematics achievement of students in the grade. Examples include: *TerraNova, Stanford 10, Iowa Test of Basic Skills, etc.*
- For grades 9-12, the school may provide average PSAT, SAT, ACT, or other scores as appropriate.
- For Support Level III schools, those schools that specifically exist to meet the need of only exceptional needs students with documented disabilities, the EOC will work with the Support Level III schools to provide information (including formative assessments, portfolios, etc.) that document the students' academic and social development
- Please do NOT provide personally identifiable student information.

The following is a **template** that you may use for reporting purposes. For questions, contact the EOC.

2015-16 School Year Results for _____ Assessment
National Percentiles Mean Scale Scores, Average Scores, Grade Equivalents, etc.

Grade	English language arts (Reading)	Mathematics
1		
2		
3		
4		
5		
6		
7 etc.		

I assure that the information attached and provided in Document B regarding student assessment is true, accurate, and complete under penalty of perjury in accordance with Section 16-9-10

Signature: _____

Date: _____

Print Name of Signature Above: _____

Title: _____

Email: _____

Return this form and assessment data to EOC:

Fax: 803.734.6167

Phone: 803.734.6148

Mail: P.O. Box 11867

Columbia, SC 29211