

# Alaska Fall 2009 HSGQE Retest Student Rescore Request Appeals

## Rescore Request Checklist:

- Completed** Rescore Request Form
- Superintendent (or designee) written request (see #1 below)
- Purchase Order (made out to DRC)  
Data Recognition Corporation  
13490 Bass Lake Road  
Maple Grove, MN 55311
- Fax to EED — (907) 465-8400

## Application Procedures and Timelines:

1. The school district superintendent or designee must submit a written request to appeal an Individual Student Report. The written request **MUST** include the student's name, current score, and the content area that is being appealed. **Note: Student rescore requests will not be considered without this written request.**
2. The Student Report Appeals Form must be **fully completed** by the district and must be faxed to EED for approval. EED approval consists of verification of the student scores in the content areas that are being appealed. Once approved, EED will fax the form to DRC on behalf of the district.
3. EED must receive requests for rescoring the grade 12 HSGQE no later than 3:30 p.m. on **January 13, 2010**. Results will be provided by February 5, 2010.
4. Appeals will be processed as they are received. Rescore requests received by EED after the deadline will **not** be processed.
5. Rescore requests will incur processing charges. A handling charge of **\$50.00 per student, per content area**, is required for each appeal and must be submitted with a purchase order **made out to Data Recognition Corporation**.
6. If the rescore results in a change in the student's proficiency level from "NOT-PROFICIENT" to "PROFICIENT," there will be no charge for the rescore and DRC will provide the district and EED with a memo notifying the district of the change. If the student's proficiency level does not change, DRC will provide the district and EED with a memo notifying the district that the proficiency level did not change, and send an invoice to the district for the cost of the rescore process.
7. DRC will provide scoring results to EED and the district, and will confirm the completion of the score verification process, indicating whether the student's proficiency level changed or remained the same.

## **Appeals Scoring Procedure**

1. A scoring director and/or team leader with experience scoring the item(s) in question will conduct the scoring appeals. The supervisor conducting the rescore will review the anchors and scoring guides used in the original scoring to ensure that the response is scored using the same rules and criteria used in the original scoring.
2. After reviewing the scoring guides and anchors, the supervisor will perform a “blind read” of the student’s response. A blind read is a rescoring of the student’s responses by a reader who has no knowledge of the student’s reported scores. Each response will be given a score based on the established scoring rules and criteria defined and exemplified in the anchors and scoring guides.
3. After completing the blind read, the original scores and the new scores for each response will be compared by the Performance Assessment Project Director. If the new score for a response differs from the original score, the new score will stand as the score of record. A Performance Assessment Services content specialist with scoring expertise in the content area being assessed will confirm any score changes.
4. The student’s total (raw) score is calculated for the test, which is translated into a scaled score and the student’s achievement level is determined. A memo regarding the scoring results is provided to the district and the EED.

**ALASKA CSSA  
Fall 2009 HSGQE Retest  
STUDENT RESCORE REQUEST FORM**

**Request Form to Appeal a Student's Alaska Scale Score**

<b>From:</b>	
District Name: _____	District Number: _____
District Test Coordinator: _____	Telephone: _____
Street Address: _____ _____	Purchase Order #: _____ (Purchase Order must accompany this form)
City/State/Zip: _____	

A WRITTEN REQUEST FOR APPEAL IS *REQUIRED*.

<b>School Information (Student 1)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	
<b>School Information (Student 2)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	

**Alaska Department of Education & Early Development  
Janet Valentour Assessment Administrator  
Voice: 907-465-8431  
Fax: 907-465-8400**

**EED APPROVAL/REJECTION:**

**Dated:** \_\_\_\_\_

Approved \_\_\_\_\_     Rejected \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*THIS FORM WILL NOT BE PROCESSED WITHOUT:**

- A STATE STUDENT ID NUMBER FOR EACH STUDENT; AND
- A WRITTEN REQUEST FROM DISTRICT SUPERINTENDENT OR DESIGNEE.

<b>School Information (Student 3)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	
<b>School Information (Student 4)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	
<b>School Information (Student 5)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	
<b>School Information (Student 6)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	
<b>School Information (Student 7)</b>	<b>EED</b> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
School Name: _____	School Number (4 digits): _____
Student Name: _____	State Student ID Number: _____
Teacher Name: _____	
Content Area: <input type="checkbox"/> Reading    Score: _____ <input type="checkbox"/> Writing    Score: _____ <input type="checkbox"/> Mathematics    Score: _____	

**Alaska Department of Education & Early Development**  
**Janet Valentour, Assessment Administrator**  
**Voice: 907-465-8431**  
**Fax: 907-465-8400**

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**EED APPROVAL/REJECTION:**  
**Dated:** \_\_\_\_\_  
 Approved \_\_\_\_\_     Rejected \_\_\_\_\_  
**Signature:** \_\_\_\_\_

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- A STATE STUDENT ID NUMBER FOR EACH STUDENT; AND
- A WRITTEN REQUEST FROM DISTRICT SUPERINTENDENT OR DESIGNEE.