



*Engaging diverse communities through leading and learning for social justice.*

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**Education Specialist Credential Candidate Observation of Assessment Administration and Interpretation**

**Organizational/Setting Data:**

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<b>Intern:</b>	_____	<b>Date/Time:</b>	_____
<b>School Site:</b>	_____	<b>Grade Level:</b>	_____
<b>Supervisor:</b>	_____		

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Type of Standardized Testing Instrument: (e.g. Woodcock-Johnson IV, WIAT, KTEA-3 etc.)

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Content/Level: (Math, Reading Comprehension, other)

\_\_\_Initial/Annual/Triennial/Transition/Other\_\_\_\_\_

Purpose of Assessment: (screening, identification, progress monitoring, etc.):

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Setting of Assessment: (Describe where administered, physical room conducive for test environment)

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**Observation of Assessment Administration Skills:**

Materials/Tools Present for Assessment:  Test  Timer  Paper  Pencil  Other items

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Time: (Begin – End) \_\_\_\_\_

Critical teaching behaviors observed during administration of assessment:  Explanation of test components  Divide test into sections  Inform student of next question  Visual/noise/activity distractions minimized

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Professional/Affective Demeanor with student:  Places student at ease  Describes the structure of test  
 Engage in observation of student during assessment  Monitored breaks as needed  Provides  
timeframe

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**Interpretation of Assessment Skills:**

Scoring/Compilation of data:  Understands measurement components  Scores w/o bias  Plots scores  
correctly

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Written Analysis of Results (Comprehensive Assessment Report):  Accurate, complete, objective  
language used  Avoids jargon  Includes strengths

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Synthesizing data from this test with other assessment(s) elements into to written report for IEP form:  
• Accuracy of all findings • Includes ELL when indicated • Thoughtful interpretation • Follows logical  
sequence  
• Sensitive to legal aspects • Includes possible limitations of assessment

**Reflection and Skill Refinement Recommendations:**

Potential Goals for candidate:

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Additional Supervisor Remarks:

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**Review/Debrief Meeting Verification Signatures:**

Intern Signature: \_\_\_\_\_  
University Supervisor  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_