

**Adult**

**Basic**

**Educator's**

**Certificate**

**of**

**Performance**



Office of Adult Education

## Application for Certificate Renewal

Submit from one to six months prior to current expiration date

Certificate will be renewed for a period of 3 years

### 1. COMPLETE THE FOLLOWING:

Name (as to appear on your certificate) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you applying as an instructor or a tutor? Instructor \_\_\_\_\_ Tutor \_\_\_\_\_

*The categories instructor and tutor reflect the instructional environment or method by which instruction is delivered and have nothing to do with whether the practitioner is paid.*

- An **instructor** delivers "classroom" instruction to groups of 2 or more.
- A **tutor** delivers "individual" instruction, typically in a one-to-one environment. In some cases, a tutor may be working with 2 or 3 people at a time, but the bulk of the instruction must be delivered one-to-one.

### 2. GATHER EVIDENCE AND CLEARLY SHOW YOUR CALCULATIONS FOR OUTCOMES (see page 2 for explanations). CHECK CRITERION YOU ARE USING:

Educational gain (CASAS 210 or below) A \_\_\_\_\_ GED completion C \_\_\_\_\_  
 Educational gain (CASAS 211 or above) B \_\_\_\_\_ Program objective D \_\_\_\_\_

**ALSO GATHER EVIDENCE THAT SHOWS 30 HOURS (2 CREDITS) OF PROFESSIONAL DEVELOPMENT (see page 6).**

### 3. SIGN AND DATE BELOW:

*I certify that the information on this application and accompanying documents is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Your signature Date

### 4. ASK YOUR SUPERVISOR TO COMPLETE SIGNATURE SECTION (BELOW)

\_\_\_\_\_  
Supervisor's Name (print or type) Supervisor's Signature and Date

\_\_\_\_\_  
Supervisor's Title (print or type) Program

### 5. SUBMIT THIS APPLICATION AND YOUR CLEARLY MARKED EVIDENCE FOR APPROPRIATE CRITERION. SEND COPIES – MATERIALS WILL NOT BE RETURNED:

#### QUESTIONS:

Ken Zutter 775.687.7291 [kzutter@doe.nv.gov](mailto:kzutter@doe.nv.gov)  
 Brad Deeds 775.687.7289 [bdeeds@doe.nv.gov](mailto:bdeeds@doe.nv.gov)  
[www.literacynet.org/nvabecp/index.html](http://www.literacynet.org/nvabecp/index.html)

ABE Certificate of Performance Program  
 c/o Ken Zutter  
 Nevada Department of Education  
 755 North Rook Street #201  
 Carson City, NV 89701

**SUBMIT CLEARLY LABELED EVIDENCE (SEE ENCLOSED SAMPLES) OF YOUR WORK AS FOLLOWS:**

**TO QUALIFY BASED ON EDUCATIONAL GAIN (CRITERION A OR B), PROVIDE EVIDENCE FOR RETENTION AND GAIN AS FOLLOWS:**

**Retention:**

During the past two years or within the past ten classes, for at least two classes or tutoring situations lasting at least 50 hours and no more than 100 hours each: **has retained at least 50% of pre-tested students.**

$$\text{Retention} = \frac{\text{Number of students post-tested within 40-100 hours of instruction}}{\text{Number of pre-tested students who have 12 or more hours of instruction}}$$

Test scores must be paired.

**Educational gain:**

During the past two years or within the past ten classes, for at least two classes or tutoring situations lasting at least 50 hours and no more than 100 hours each: **has produced at least one of the following outcomes:** (Count only students post-tested within 40-100 hours after pre-test.)

- A. For ABE and ESL students with a pre-test scaled score of 210 or below on the CASAS Life Skills or Employability Skills pre-test: Mean CASAS gain of at least 3 points
- B. For ABE and ESL students with a pre-test scaled score of 211 or above on the CASAS Life Skills or Employability Skills pre-test: Mean CASAS gain of at least 2 points

**TO QUALIFY BASED ON GED COMPLETERS (CRITERION C), PROVIDE THE FOLLOWING EVIDENCE:**

- C. For GED classes or ABE students: During the past two years or within the past ten classes, for at least two separate periods lasting at least six weeks each, the percent of students with a high school completion goal who have received a GED, Secondary School Diploma, or its recognized equivalent is greater than or equal to the performance measure negotiated with the US DOE per NV State Plan:
  - 2006-2007: 30%      2007-2008: 53%      2008-2009: 53%
  - 2009-2010: 58%      2010-2011: 50%

Count only students who have received at least 12 hours of instruction during the specified period.

For subsequent years, check with your program director or NV DOE to verify target negotiated with US DOE.

**TO QUALIFY BASED ON PROGRAM OBJECTIVES (CRITERION D), PROVIDE THE FOLLOWING EVIDENCE:**

- D. Retention as described above, plus show that you have met or exceeded at least one program grant objective that directly addresses one of the Core Outcome Measures per National Reporting System (NRS):

**CORE OUTCOME MEASURES PER NRS GUIDELINES dated 3/01**

1. **Core Outcome Measure#1:** Educational Gain  
*Learner completes or advances one or more educational functioning levels from starting level measured on entry into the program. (In NV, completed a CASAS Skill Level.)*
2. **Core Outcome Measure#2:** Entered Employment  
*Learner obtains a job by the end of the first quarter after the program exit quarter.*
3. **Core Outcome Measure #3:** Retained Employment  
*Learner remains employed in the third quarter after exit quarter.*
4. **Core Outcome Measure #4:** Receipt of a Secondary School Diploma or GED  
*Learner obtains certification of obtaining passing scores on the GED tests, or obtains a diploma or state recognized equivalent documenting satisfactory completion of secondary studies (high school or adult high school diploma).*
5. **Core Outcome Measure #5:** Placement in Post-Secondary Education or Training  
*Learner enrolls in a postsecondary educational or occupational skills training program that does not duplicate other services or training received, regardless of whether the prior services or training were completed.*

*This project is supported by a grant from the Nevada State Department of Education, Workforce Investment Act, Title II (Adult Education and Family Literacy). There is no discrimination or denial of participation on the basis of gender, race, national origin, color, disability, age, or sexual orientation.*

09/21/2004  
13:41:10

**Learning Gains - Last to First**  
0300 - CCSN-ABE / 50 - LV Main 04-05

**Program:** BS - Basic Skills (ABE)  
**Agency:** 0300 - CCSN-ABE  
**Site:** 40 - Las Vegas Main FY 03-04  
**Class:** 40137694 - GED 1 T-Th 9-12  
**Course:** 1/13-2/19

**Teacher:** Terri Teachalot, 40-1 - Sahara West

**Modality:** READING TEST

Student	Last Test			First Test			Gain	Cumulative Hours of Instruction	
	Date	Form	Score	Date	Form	Score			
Adams, Amy G3	- 123246789	02/18/2004	086R	223	01/13/2004	085R	212	11	50
Aona, Salvador E-2	- 234567890	02/18/2004	086R	230	01/13/2004	085R	220	10	48
Blua, Bob J. G2	- 345678901	01/13/2004	085R	224					0
Bluetwo, JoAnn G2	- 456789012	01/13/2004	085R	231					0
Can, Carol	- 223456789	01/13/2004	085R	223					0
Didtoo, Don	- 323456789	01/13/2004	085R	231					0
Gotit, Stevan A.	- 123456789	02/18/2004	086R	226	01/13/2004	085R	222	4	50
Hadit, Janice F	- 223456789	02/18/2004	116R	234	01/13/2004	085R	237	-3	32
Kandoit Barbara	- 323456789	02/18/2004	086R	231	01/13/2004	085R	237	-6	48
Prasson, Peter	- 423456789	01/13/2004	085R	221					0
Pushon, Alma D. E-2	- 523456789	01/13/2004	085R	239					0
Righton, Tom. G3	- 623456789	01/13/2004	085R	226					0
Rightoff, Sindia L.	- 723456789	02/18/2004	086R	250*	01/13/2004	085R	246	4	47
Student14, Sabrina R. G2	- 823456789	02/18/2004	086R	232	01/13/2004	085R	228	4	48
Student15, Som G2-C2	- 923456789	02/18/2004	086R	237	01/13/2004	085R	232	5	45
Student16, Robby W. G2	- 113456789	02/18/2004	086R	235	01/13/2004	085R	221	14	44
Student17, Maria R. G4	- 213456789	02/18/2004	086R	228	01/13/2004	085R	217	11	50
Zoond, Ana G3	- 313456789	02/18/2004	086R	234	01/13/2004	085R	227	7	42

Number of Students: 18

	N	Mean	N	Mean	Mean	Mean
All test scores:	18	230.83	11	227.18	~	28.0
Paired accurate scores:	11	232.72	11	227.18	5.54	45.8

\* Score(s) outside of accuracy range; gain not computed.

**RETENTION = 11/18 = 61.1%**

**MEAN GAIN = 5.54**

\* Score is a conservative estimate; retesting is recommended.

~ Gain not computed

Note: Raw and Scale Scores of zero are not used in the computation of means.

## Sample Data and Calculations for Retention and Criteria A&B (Educational Gain) when TOPSpro reports are unavailable

1. Application must include CLEAR evidence that criteria are met. For example:
  - a. Use TOPSpro "first to last" or "last to first" report (or something similar) where "cumulative hours of instruction" = hours student spent in that class (not "lifetime" total instructional hours) OR
  - b. Submit a report that includes at least the data and calculations as listed below. Use one page if possible.
2. Supervisor's dated signature on application indicates verification that data submitted is accurate.

Instructor/tutor's name: Tom Teachalot

Dates of class/instruction: 1/1/02-6/30/02

STUDENT  NAME	PRE-TEST  SCORE	POST-TEST  SCORE	HOURS  of instruction between pre- and post-test	CALCULATED GAIN  for students post- tested within 40-100 hours after pre-test	For retention calculation	
					Denominator  ALL pre-tested students with at least 12 hours	Numerator  ONLY students post-tested within 40- 100 hours
Student 1	210	214	22		1	
Student 2	208	213	66	5	1	1
Student 3	215	222	60	7	1	1
Student 4	216	225	57	9	1	1
Student 5	225	222	42	-3	1	1
Student 6	220	218	55	-2	1	1
Student 7	220	228	121		1	
etc....						
<b>Totals</b>				16	7	5
<b>Mean gain=16/5=</b>				<b>3.20</b>	<b>Retention=5/7= 71.43%</b>	

For mixed level classes, list students with scores less than 211 first. Calculate mean for entire class.

GED completers\*

Instructor/tutor: Terri Teachalot

## Class #1

Class/time period: 1/6/03-7/7/03

#	<u>Name</u>	<u>Approximate date passed</u>	<u>Hours of Instruction</u>
1.	Amy Adams	4/1/03	30
2.	Bob Blue	fall 2003	12
3.	Carol Can	7/20/03	30
4.	Don Didnot	-	
5.	Student 5	8/4/03	40
6.	Student 6	-	
7.	Student 7	8/4/03	46
8.	Student 8	-	
9.	Student 9	8/22/03	15
10.	Student 10	fall 2003	30
11.	Student 11	8/22/03	9
12.	Student 12	7/20/03	30
13.	Student 13	-	
14.	Student 14	-	
15.	Student 15	-	

Number with goal: 15

% with goal and at least 12 hours who passed = 8/15 = 53.3%
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## Class #2

Class/time period: 9/15/03-12/15/03

#	<u>Name</u>	<u>Approximate date passed</u>	<u>Hours of Instruction</u>
1.	Zelda Zapsit	12/20/03	30
2.	Wanda Wonder	12/20/03	30
3.	Joe Blewit	-	
4.	Mindy Too	-	
5.	Student 5	11/5/03	40
6.	Student 6	winter 2003	42
7.	Student 7	-	
8.	Student 8	-	
9.	Student 9	10/4/03	35
10.	Student 10	-	

Number with goal: 10

% with goal and at least 12 hours who passed = 5/10= 50%
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\* If you (or your program) do not know if a student has passed the GED exam, you (or your program) should first contact your local GED Examiner's office, which has access to local records through 12/31/01 and to statewide records of GED passers from 1/1/02. If that search is unsuccessful, contact the state GED Administrator's office (775.687.7294).

## EVIDENCE OF PROFESSIONAL DEVELOPMENT

**Submit clearly labeled evidence of current professional development activities along with your evidence of outcomes. (Submit copies — materials will not be returned.)**

Show that you have completed at least 2 credits (30 hours) of professional development, continuing education, or college/university coursework—all applicable to educating adults—during the past three years. (Credits must be earned after the previous issue date and prior to the expiration date of the current certificate, i.e., staff development must have occurred after the issue date of the initial Certificate or after the most recent renewal date). This requirement may be met through:

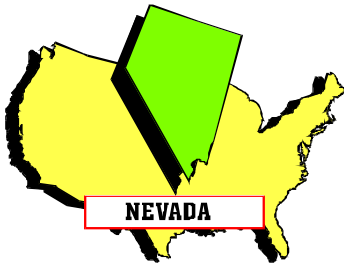
7.5 hours =  
0.5 credit

Activity	Credits	Hours*	Evidence
1. Professional development offered through Nevada State Leadership projects*	1.00 0.50 0.25	At least 15.0 7.5 - 14.9 0 - 7.4	Certificate of Completion issued by NV DOE/Adult Ed. Consultant
2. Professional development offered through local program and approved by Nevada State Leadership*	1.00 0.50 0.25 <i>Limited to 1 credit per 3-year period</i>	At least 15.0 7.5 - 14.9 0 - 7.4	Certificate of Completion issued by individual program or presenter. Certificate must contain following info: <ul style="list-style-type: none"> <li>• Course title, date, and objectives</li> <li>• Course # approved by Ad. Ed. office on (date) for # of credits</li> </ul> Signature of program director or presenter to verify participation and completion.
3. Other local in-services sanctioned by the Nevada Dept. of Education via "In-service Course Approval"	1.00 0.50	At least 15.0 7.5 - 14.9	Certificate of Credit for In-service Education issued by NV DOE
4. Professional (education-related) conference	1.00 for two or more days. .50 for one-two days. <i>Limited to 1 credit per 3-year period</i>	At least 15.0 7.5 - 14.9	Conference agenda AND completed "Evaluation Form For Adult Basic Education Programs – Conferences" (enclosed)
5. Continuing education courses	1.00 0.50 0.25	At least 15.0 7.5 - 14.9 0 - 7.4	Proof of attendance AND completed "Evaluation Form For Adult Basic Education Programs – Continuing Ed Classes" (enclosed)
6. Coursework at an accredited college or university	1.00 per semester hour	At least 15.0	Official transcript
7. Online/Web-based courses with significant facilitator support	1.00 0.50 0.25 <i>Limited to 1 credit per 3-year period</i>	At least 15.0 7.5 - 14.9 0 - 7.4	Course description or syllabus; suggested hours to complete course; written verification (from instructor or facilitator) of full participation and successful completion.
8. Independent Study**	0.25 – 2.00, depending on scope and per guidelines presented above.		Certificate of Completion issued by NV DOE/Adult Ed. Consultant
9. Workshop Development and Presentation**	0.75 1.00	3-hr. workshop 6-hr. workshop	Certificate of Accomplishment issued by NV DOE/Adult Ed. Consultant

\* Hours are on task and may include follow-up work; certificates issued only upon completion of all prescribed work.

\*\* Must be pre-approved – contact Ken Zutter, Nevada Dept. of Education for information on the approval process.

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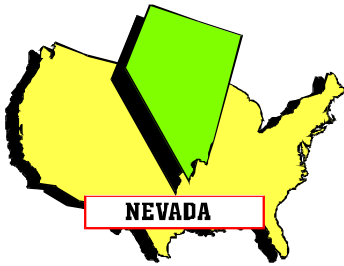
## Evaluation Form for Adult Basic Education Programs Conferences

*(Note: To maximize resources and share information, this information may be disseminated to the adult education community by the Nevada Dept. of Education and/or the ABE Leadership Team.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Conference \_\_\_\_\_ Conference Dates \_\_\_\_\_

For at least three sessions, provide the following information. Be concise and specific.

- A. Session Title and Presenter.
- B. What will you do differently as a result of attending this session and when will you do it?
- C. How will this improve student performance?
- D. Who else might benefit from what you've learned and when will you share this information?



**Evaluation Form For Adult Basic Education Programs  
— Continuing Education Classes —**

*(Note: To maximize resources and share information, this information may be disseminated to the adult education community by the Nevada Dept. of Education and/or the ABE Leadership Team.)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Class title \_\_\_\_\_ Class Dates \_\_\_\_\_  
Instructor \_\_\_\_\_

Please answer the following questions concisely and specifically:

- A. What will you do differently as a result of attending this class and when you will do it?
- B. How will this improve student performance?
- C. Who else might benefit from what you've learned and when will you share this information?

# CERTIFICATE OF COMPLETION

awarded to

*Tony Tutor*

for successful completion of

## Phonics as an ESL Strategy

December 8, 2001

Objective 1:

Learn how to apply phonological awareness to your lesson plans.

Objective 2:

Discover applicable rules that guide the student's mastery of reading and spelling.

Objective 3:

Understand methods of teaching correct placement of mouth and tongue in the pronunciation process; the importance of breath.

1-9-02  
Date

Rachael Palf  
Coordinator, Teacher Training, NV Adult Basic Education

1-9-02  
Date

Mary K. Moen  
Adult Education Consultant, NV Dept of Education



Certificate entitles participant to .5 credits for Nevada Certificate of Performance renewal

SAMPLE - EVIDENCE OF  
PROF. DEVELOPMENT  
Activity #1 & #2 - Certificate of  
Completion for workshops approved by  
NV DOE Office of Adult Education

**CERTIFICATE OF CREDIT**  
INSERVICE CREDIT  
**2002**

\_\_\_\_\_ County School District

Course Number SD2-9-2002

This certifies that \_\_\_\_\_  
(Print or type name) (Social Security Number)

has successfully completed the requirements in TEACHING ADULTS WITH GUSTO: APPLYING LEARNER-CENTERED STRATEGIES  
(Course Title)

on \_\_\_\_\_ and is entitled to ONE-HALF renewal credit(s) according to the  
(Date)

regulations of the Nevada State Board of Education.

Mary K. Moen  
Instructor

[Signature]  
Superintendent of Public Instruction

SAMPLE - EVIDENCE OF  
PROF. DEVELOPMENT  
Activity #3 - Certificate of Credit for In-  
Service Education Issued by NV DOE