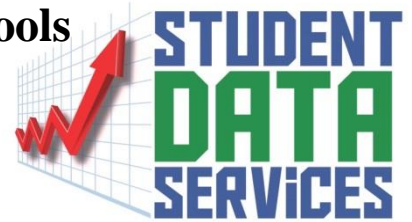




Jewish Education Project Schools Data/Test Scoring Contact Information 2023-2024



NEW SCHOOL _____
CIO CHANGE _____
(check one)

Please identify the Data / Test Scoring contact person for your school and submit this completed form to Eastern Suffolk BOCES.

Please indicate a primary and secondary contact person.

School Name _____

School BEDS number _____

Mailing Address _____

Primary Contact _____

Work Phone _____ **Home Phone** _____

Email _____ **Fax #** _____

Secondary Contact _____

Work Phone _____ **Home Phone** _____

Email _____ **Fax#** _____

Authorized Signature _____ **Date** _____

Print Name and Title _____

Student Data Services – 750 Waverly Avenue, Holtsville, NY 11742
Fax: (631) 240-8967 Phone: (631) 218-4195

Student Data Services

Charles King, Divisional Administrator
Peter Desjardins, Program Administrator

Eastern Suffolk BOCES does not discriminate against any employee, student, applicant for employment, or candidate for enrollment on the basis of sex, gender, race, color, religion or creed, age, weight, national origin, marital status, disability, sexual orientation, military or veteran status, domestic violence victim status, genetic predisposition or carrier status, or any other classification protected by Federal, State, or local law. Eastern Suffolk BOCES also provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the implementation of applicable laws should be directed to either of the Eastern Suffolk BOCES Civil Rights Compliance Officers: the Assistant Superintendent for Human Resources, 201 Sunrise Highway, Patchogue, NY 11772, 631-687-3029, ComplianceOfficers@esboces.org; or the Associate Superintendent for Educational Services, 201 Sunrise Highway, Patchogue, NY 11772, 631-687-3056, ComplianceOfficers@esboces.org. Inquiries may also be addressed to the Office for Civil Rights at the US Department of Education, 32 Old Slip, 26th Floor, New York, NY 10005, 646-428-3800, OCR.NewYork@ed.gov.



Jewish Education Project Schools

Request for Services

2023-2024 Assessments



Please indicate below the assessment processing services you wish to sign up for and a count of the number of students from your school that will participate. Please email the completed form to Nabila Levian at the Jewish Education Project, nlevian@thejewisheducationproject.org.

School Name _____

BEDS # _____

GRADE	# Students	ELA	MATH	SCIENCE	COMMENTS
3					
4					
5					
6					
7					
8					

Will you be processing NYSESLAT with us? _____ **If yes, # of Students** _____

Signature _____ **Date** _____

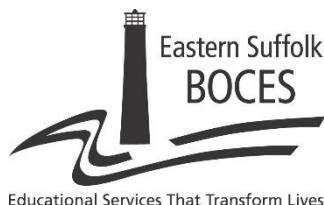
Print Name and Title _____

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**THE INFORMATION ON THIS
FORM IS STRICTLY
CONFIDENTIAL**



Security Form – Level 0 Warehouse
Complete and fax to Student Data Services at (631) 240-8967
or email britchie@esboces.org and bball@esboces.org

Complete this section to identify the person authorized to access Level 0 with District Admin access.

School District / Agency: _____

Last Name: _____ First Name: _____

Telephone #: _____ Building: _____

Position Title: _____

Email Address: _____

ID AND PASSWORD SELECTION AND PROCEDURE

Each authorized user of the system will be given a unique User ID and password.

- Use this form to request an individual ID.
- The District Level Administrator or District Data Coordinator, in the district must sign the Level 0 security form. We require two (2) business days turnaround after the form is received
- Passwords associated with individual User IDs (ex., MYNAME) can be changed by those users online at any time.
- Passwords associated with individual User IDs (ex., MYNAME) need to be 8 or more characters; letters, numbers and special characters. They are case sensitive.
- User Names and Passwords are not to be shared.
- If a password is lost, forgotten, or stolen, contact Student Data Services (631) 218-4195

***** **IMPORTANT** *****

As the District Level Administrator or District Data Coordinator of _____
I give permission for the person named above to receive a User ID and password for Level 0 with District Admin access. However, I understand that I am ultimately held responsible for confirming that the data in Level 0 is correct and ready for submission to the Level 1 Data Warehouse. In order to accomplish this I will be given an ID and Password with District Admin/Lock access.

District Level Administrator or _____ Date: _____
District Data Coordinator (Signature)

Student Data Services

Charles King, Divisional Administrator
Peter Desjardins, Program Administrator

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Authorization for NYSSIS Access

Affiliation Group

Please Check One

Add

X

Delete

State Education Department Use Only

Date Received

Active Date

School Information

BEDS Code

Institution ID (If Available)

School Name

Street

City

State

Zip Code

Affiliation Group Information

BEDS Code

Institution ID (If Available)

Affiliation Group Name

Street

City

State

Zip Code

Chief School Officer Authorization

I understand and have communicated to my affiliation group the importance of protecting student privacy in data collection and reporting, and that access to individual student data through NYSSIS (the New York State Student Identification System) is to be used for the sole purpose of obtaining unique student identifiers for students to be reported through the SIRS (Student Information Repository System). I also acknowledge that further information on protecting student privacy can be found at <http://www.p12.nysed.gov/irs/privacy.html>

Signature

Date

Name (Print)

Title

RIC/BIG5 NYSSIS Contact Authorization

BEDS Code

Institution ID (If Available)

RIC/Big5 Name

Signature

Date

Name (Print)

Title

Please mail this form to:
Regional NYSSIS Contact