

Measures of Academic Progress® / Performance Series®

Assessment Coordinator Verification - Ebd Y

2016-2017

Name of Academy: _____

The following student data elements must be accurate and complete on the NWEA MAP or Scantron PS website to avoid rejection of this document:

- First and Last Name**
- 10 digit Unique Identification Code (UIC)**
- Birthdate**
- Grade Level**

Please enter the current enrollment for each grade tested in the table below:

Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8

Name Title Date

Submission:

Please submit the completed form to the Center via Epicenter, per the Master Calendar of Reporting Requirements by **May 25, 2017**.

For more information, please contact:

The Governor John Engler Center for Charter Schools
Central Michigan University
Mount Pleasant, MI 48859
(989) 774-2100
www.TheCenterForCharters.org