# Iowa Department of EducationRequest for Approval (RFAP) Submission Form

## Proposal Overview

### Introduction

The Iowa Department of Education is seeking early mathematics (K-6) universal screening and progress monitoring assessment submissions. Screening and monitoring tools submitted will be reviewed to ensure each approved measure meets the criteria specified by the Department. Those tools that meet the State’s approval criteria will be communicated to Iowa’s schools as approved early mathematics screening and monitoring assessments.

### Questions

Applicants may submit questions and request clarifications. Requests must be submitted in writing at: [Mathematics RFAP Vendor Questions](https://docs.google.com/forms/d/e/1FAIpQLSfhEcvlP35asEDcH8ItZg46tCeR7_PASBhaJZvXyLYjUdXP4w/viewform?usp=dialog) by 5 p.m. on May 2, 2025. All questions and Department responses will be posted on the Department’s Early Mathematics RFAP page by May 16, 2025.

### Approval Process

The Iowa Department of Education has identified criteria for universal screening and progress monitoring assessments that are required as part of this Request for Approval (RFAP). Applicants must submit responses to the required sections of the Submission Form to be considered for approval. A Department committee will conduct a fair and impartial evaluation of proposals received in response to this request. The committee will identify those assessments that meet the minimum technical characteristics required for inclusion on the approved assessment list. Assessments are reviewed and approved by grade (i.e., K-6) and purpose (i.e., universal screening, progress monitoring).

### Submitting Requests for Approval

Proposals must be submitted using the [RFAP Submission Portal](https://www.surveymonkey.com/r/RFAPMath) by 5 p.m. CT May 30, 2025. Email, postal and faxed proposals will not be accepted. If an applicant has technical difficulties submitting a proposal they may contact Christi Donald (christi.donald@iowa.gov; 515-419-9012) for assistance. The following is the Submission Checklist:

* Request for Approval (RFAP) Submission Form. One per assessment submitted.
* Supporting resources, referenced as evidence within the submission (e.g., User Guide, Technical Manual, Technical Reports, Statistical Supplements), are submitted as pdfs with the proposal.
* Each submission is no more than 16MB.
* There are no more than 10 attachments per submission.
* If submitting multiple measures that stand alone, each is described and supported separately per Submission Form.

# Request for Approval Submission Form

## Section 1: Contact Information and Mandatory Requirements

The Submission Form is available in a .doc format. Vendors should create a local copy for each submission and indicate responses to closed ended items (i.e., yes/no) with an underline, circling or highlighting and for the open-ended items type responses in the empty table cells. After its completion, save as a .pdf for upload to the Submission Portal.

### Item 1.1: Contact Information

|  |  |
| --- | --- |
| Vendor: |  |
| Primary Contact: |  |
| Secondary Contact: |  |

### Item 1.2: Assessment Name

One assessment per submission. It is recognized that this may be a single assessment or a composite of multiple measures.

|  |  |
| --- | --- |
| Assessment in this submission: |  |

### Item 1.3: Developmental Status

Assessments and supporting evidence may not be “forthcoming,” “in development,” “pending validation” or similar. The assessment must be fully developed, have existing empirical evidence and readily available to users.

|  |  |
| --- | --- |
| Is the assessment fully developed and readily available to users? | Yes/No |

## Submission Requirements: Clarity, Accuracy and Completeness

This Submission Form must be used in the format provided. Ensure all required items are complete, clear, and accurate. When entering where the supporting evidence exists, be clear by providing where (e.g., document attachment name, page number(s), table numbers, section names, etc.) information can be found. Clearly indicate which measures are being submitted, at which grades and for what purposes (screening and/or monitoring). Submit one assessment tool per Submission Form. When reporting specific technical data:

* Report the data by grade. Do not consolidate or condense technical data across grades.
* If possible, report the single most representative estimate (i.e. avoid reporting a range of scores. If a median of multiple estimates is provided, indicate this with the location of the evidence in supporting documents).
* Ensure data reported in the Submission Form aligns with supporting documents provided.
* If submitting multiple assessments, include a separate Submission Form for each.

**Incomplete submissions and missing documentation or evidence will affect approval status. If the supporting evidence to evaluate an item cannot be found, the reviewed test will fail.**

The following is a sample of how Technical Specifications might be reported.

|  |  |  |
| --- | --- | --- |
| Grade | Data | Clear description where evidence exists |
| K | NA | NA |
| 1 | .37 | Technical Manual, p. 87, Table 5 |
| 2 | .71 | Technical Manual, p. 89, Table 6 |
| 3 | .65 | Technical Manual, p. 89, Table 6 |
| 4 | .44 | August 2022 Statistical Supplement, p. 6, Table 1 |
| 5 | NA | NA |
| 6 | NA | NA |

The following identifies the required sections, depending on the function for which the assessment is being submitted.

|  |  |  |  |
| --- | --- | --- | --- |
| Section | Description | Univ. Screening | Progress Monitoring |
| 1 | Contact Info. and Mandatory Requirements | Required | Required |
| 2 | Universal Screening Specifications | Required |  |
| 3 | Progress Monitoring Specifications |  | Required |
| 4 | Required Additional Information | Required | Required |
| 5 | Optional Additional Information |  |  |
| 6 | Authorizations and Agreements | Required | Required |

## Section 2 Universal Screening Specifications

### Item 2.1 Classification Accuracy: Area Under the Curve (AUC)

It is important that Classification Accuracy data are derived in relation to mathematics outcome measure(s) which are meaningful, broad and external to the vendor. Below provide the name(s) of the external mathematics outcome measures used to establish the reported AUC.

|  |  |
| --- | --- |
| The external measure’s name and publisher |  |
| Describe how and why this/these measure(s) serve as a sound outcome measure for AUC. Provide additional resources, rationale, and evidence as warranted. |  |

Area Under the Curve is one way to gauge how accurately an assessment identifies students at risk. It is derived from Receiver Operating Characteristic curves (ROC) and is presented as a number to 2 decimal places.

|  |  |  |
| --- | --- | --- |
| Grade | AUC | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

### Item 2.2 Classification Accuracy: Sensitivity and Specificity

It is important that Classification Accuracy data are derived in relation to mathematics outcome measure(s) which are meaningful, broad and external to the vendor. Below provide the name(s) of the external mathematics outcome measures used to establish the reported Sensitivity and Specificity.

|  |  |
| --- | --- |
| The external measure’s name and publisher |  |
| Describe how and why this/these measure(s) serve as a sound outcome measure for Sensitivity and Specificity. Provide additional resources, rationale and evidence as warranted. |  |

Sensitivity and Specificity are statistics that represent the ability of the test to correctly identify students as being at-risk for mathematics difficulty and on track for later success. Provide data to 2 decimal places.

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Sensitivity | Specificity | Clear description where evidence exists |
| K |  |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

### Item 2.3: Reliability

Provide at least one form of reliability. Test-Retest and Internal Consistency are preferred estimates, when available. It is recognized that additional types of reliability (e.g., parallel forms, marginal) may also be available.

|  |  |
| --- | --- |
| Reliability EstimateReport the type (e.g., Test-Retest, Internal Consistency, Parallel Forms, Marginal) being reported |  |

|  |  |  |
| --- | --- | --- |
| Grade | Reliability | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

### Item 2.4: Screening Windows per Year

Screening may occur at different times and frequencies of the academic year. Report the number and timing of available screening windows during the academic year.

|  |  |  |
| --- | --- | --- |
| Grade | Screening frequency & time frame | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

### Item 2.5: Availability of Risk Benchmarks

To determine if a student is on track for success or at-risk for mathematics difficulty, screening assessments have established and clearly understood risk benchmarks. Identify the one established “Risk” (or similarly termed) benchmark for each grade and screening window.

|  |  |  |
| --- | --- | --- |
| Grade | Indicate the specific “Risk” (or similarly named) benchmark for each screening window. | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

Describe the scale upon which the risk benchmarks exist. For example, describe the possible score range, type of score reported (e.g., raw, scale, composite).

|  |
| --- |
|  |

### Item 2.6: Standard Setting Methodology

Enter a clear description of how risk benchmarks were established. Explain the process or rationale and supporting evidence. Where evidence exists, make reference to pages, tables, and/or section numbers.

|  |
| --- |
|  |

### Item 2.7: Universal Screening Administration Format and Time

|  |  |
| --- | --- |
| How is the universal screening assessment administered? | 1. Individually (i.e., one-on-one)
2. Group paper and pencil
3. Individual or groups computer-administered
 |

For individual, group and computer-based assessments, complete the following table regarding typical universal screening assessment time requirements.

|  |  |  |
| --- | --- | --- |
| Grade | Average administration time | Clear description where evidence exists. |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

## Section 3: Progress Monitoring Specifications

### Item 3.1: Equivalent Forms

Progress monitoring requires regular assessment. Report the specific number of available equivalent forms for progress monitoring. For non-fixed forms (e.g. computer adaptive measures) indicate the demonstrated or theoretical number of equivalent forms available for progress monitoring.

|  |  |  |
| --- | --- | --- |
| Grade | Number of equivalent forms | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

### Item 3.2: Method to Measure Form Equivalency

Describe the process and rationale used to develop and measure form equivalency, or near equivalency. Indicate the steps taken to create highly similar progress monitoring forms and reference any evidence to indicate the results of this process. If the description exists in the existing document, provide reference.

|  |
| --- |
|  |

### Item 3.3: Evidence of Reliability

Provide at least one form of reliability. Test-Retest and Internal Consistency are preferred estimates, when available. It is recognized that additional types of reliability (e.g., parallel forms, marginal) may also be available.

|  |  |
| --- | --- |
| Reliability EstimateReport the type (e.g., Test-Retest, Internal Consistency, Parallel Forms, Marginal) being reported |  |

|  |  |  |
| --- | --- | --- |
| Grade | Reliability | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

### Item 3.4: Reliability of Slope

Reliability of slope represents the ability of the test to produce a consistent estimate of student growth over time. Report (1) Reliability of Slope coefficient (2) Number of Observations this is based upon, and (3) Number of Weeks these observations are based.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Grade | Reliability of slope coefficient | Number of observations | Number of weeks | Clear description where evidence exists |
| K |  |  |  |  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

### Item 3.5: Progress Monitoring Administration Format and Time

|  |  |
| --- | --- |
| How is the progress monitoring assessment administered? | 1. individually (i.e., one-on-one)
2. Group paper and pencil
3. Individual or groups computer-administered
 |

For individual, group and computer-based assessments, complete the following table regarding typical progress monitoring assessment time requirements.

|  |  |  |
| --- | --- | --- |
| Grade | Average administration time | Clear description where evidence exists |
| K |  |  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

### Item 3.6: Progress Monitoring Frequency

Describe the frequency (e.g., daily, weekly, biweekly, monthly, quarterly) for which this assessment has been developed and validated. Provide reference to descriptions of this in supporting materials, if possible.

|  |
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|  |

## Section 4: Additional Required Information

### Item 4.1: Administration Qualifications & Required Training

Describe the training needed to administer, score, and interpret the assessments. Describe how this training is accessed for new and continuing users. Include the training time, nature of fidelity checks and estimate time needed to administer and score with accuracy.

|  |
| --- |
|  |

### Item 4.2: Data Availability

Describe the availability of student data after universal screening and/or progress monitoring assessments.

|  |  |
| --- | --- |
| How long does it take for teachers to have student performance data in hand and available for use after administration? |  |
| How are student and group data reports organized and displayed? |  |
| Is scoring and data available paper and pencil? Electronically, or both? |  |
| Does the above-named assessment have a data export/API capability? For potential data integration we need a consistent format with State Student ID, student identifiers, district and building info, scores and dates of testing. | Yes/NoDescribe |

## Section 5: Additional Optional Information

### Item 5.1: Optional Information

Share additional relevant information on the universal screening and/or progress monitoring tools available.

|  |
| --- |
|  |

## Section 6: Authorizations and Agreements

### Item 6.1: Certification

|  |
| --- |
| I certify that the contents of this Proposal in response to the Iowa Department of Education’s Approved Early Mathematics Assessment request for information are true and accurate. I also certify that I have not knowingly made any false statements in this Proposal. |
| Signature (type/or submit an electronic signature\*):Title:Date: |

\*By typing or providing your electronic signature you are agreeing that your electronic signature is the legal equivalent of your manual signature.

**FORM 22 – Request for Confidentiality (Required)**

***THIS FORM 22 (FORM) MUST BE COMPLETED AND INCLUDED WITH YOUR PROPOSAL. THIS FORM 22 IS REQUIRED WHETHER THE PROPOSAL DOES OR DOES NOT CONTAIN INFORMATION FOR WHICH CONFIDENTIAL TREATMENT WILL BE REQUESTED. FAILURE TO SUBMIT A COMPLETED FORM 22 WILL RESULT IN THE PROPOSAL TO BE CONSIDERED NON-RESPONSIVE AND ELIMINATED FROM EVALUATION. COMPLETE PART 1 OF THIS FORM IF THE PROPOSAL DOES NOT CONTAIN CONFIDENTIAL INFORMATION. COMPLETE PART 2 OF THIS FORM IF THE PROPOSAL DOES CONTAIN CONFIDENTIAL INFORMATION.***

1. **Part 1 - Confidential Treatment Is Not Requested**

A Respondent not requesting confidential treatment of information contained in its Proposal shall complete Part 1 of Form 22 and submit a signed Form 22 Part 1 with the Proposal.

1. **Part 2 - Confidential Treatment of Information is Requested**

A Respondent requesting confidential treatment of specific information shall: (1) fully complete and sign Part 2 of Form 22, (2) mark each page upon which the Respondent believes confidential information appears **and CLEARLY IDENTIFY EACH ITEM for which confidential treatment is requested; MARKING A PAGE IN THE PAGE MARGIN IS NOT SUFFICIENT IDENTIFICATION**, and (3) submit a “Public Copy” from which the confidential information has been excised.

Form 22 will not be considered fully complete unless, for each confidentiality request, the Respondent: (1) enumerates the specific grounds in Iowa Code Chapter 22 or other applicable law that supports treatment of the information as confidential, (2) justifies why the information should be maintained in confidence, (3) explains why disclosure of the information would not be in the best interest of the public, and (4) sets forth the name, address, telephone number, and e-mail address for the person authorized by Respondent to respond to inquiries by the Agency concerning the confidential status of such information.

**The Public Copy from which confidential information has been excised** must excise the confidential information in such a way as to allow the public to determine the general nature of the information removed and to retain as much of the Proposal as possible.

**Failure to request information be treated as confidential as specified herein shall relieve Agency and State personnel from any responsibility for maintaining the information in confidence. Respondents may not request confidential treatment with respect to pricing information and transmittal letters. A Respondent’s request for confidentiality that does not comply with this form or a Respondent’s request for confidentiality on information or material that cannot be held in confidence as set forth herein are grounds for rejecting Respondent’s Proposal as non-responsive. Requests to maintain an entire Proposal as confidential will be rejected as non-responsive.**

If Agency receives a request for information that Respondent has marked as confidential and if a judicial or administrative proceeding is initiated to compel the release of such information, Respondent shall, at its sole expense, appear in such action and defend its request for confidentiality. If Respondent fails to do so, Agency may release the information or material with or without providing advance notice to Respondent and with or without affording Respondent the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction. Additionally, if Respondent fails to comply with the request process set forth herein, if Respondent’s request for confidentiality is unreasonable, or if Respondent rescinds its request for confidential treatment, Agency may release such information or material with or without providing advance notice to Respondent and with or without affording Respondent the opportunity to obtain an order restraining its release from a court possessing competent jurisdiction.

**(Proceed to the next page.)**

**Part 1 – Form 22 - No Confidential Information Provided**

**Confidential Treatment Is Not Requested**

|  |
| --- |
| Respondent acknowledges that the proposal response contains no confidential, secret, privileged, or proprietary information. There is no request for confidential treatment of information contained in this proposal response.This Form must be signed by the individual who signed the Respondent’s Proposal. The Respondent shall place this Form completed and signed in its Proposal.* **Fill in and sign the following if you have provided no confidential information. If signing this Part 1, do not complete Part 2.**
* **NOTE: All sample assessment protocols, administration and/or scoring guides will be maintained as confidential and not be released to the public to maintain the security of the assessment/measure.**
 |
| Company:Title of Measure/Assessment:Signature (type/submit an electronic signature\*): Title: Date:  |

\* By typing or providing your electronic signature you are agreeing that your electronic signature is the legal equivalent of your manual signature.

**(Proceed to the next page only if Confidential Treatment is requested.)**

**Part 2 – Form 22 - Confidential Treatment is Requested**

***The below information is to be completed and signed ONLY if Respondent is requesting confidential treatment of any information submitted in its Proposal.***

***NOTE:***

* ***Completion of this Form is the sole means of requesting confidential treatment.***
* ***A RESPONDENT MAY NOT REQUEST PRICING INFORMATION BE HELD IN CONFIDENCE.***

Completion of the Form and Agency’s acceptance of Respondent’s submission does not guarantee the agency will grant Respondent’s request for confidentiality. The Agency may reject Respondent’s Proposal entirely in the event Respondent requests confidentiality and does not submit a fully completed Form or requests confidentiality for portions of its Proposal that are improper under the request for information.

**Please provide the information in the table below. Respondent may add additional lines if necessary or add additional pages using the same format as the table below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposal Section: | Respondent must cite the specific grounds in Iowa Code Chapter 22 or other applicable law which supports treatment of the information as confidential. | Respondent must justify why the information should be kept in confidence. | Respondent must explain why disclosure of the information would not be in the best interest of the public. | Respondent must provide the name, address, telephone number, and email address for the person at Respondent’s organization authorized to respond to inquiries by the Agency concerning the status of confidential information. |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| This Form must be signed by the individual who signed the Respondent’s Proposal. The Respondent shall place this Form completed and signed in its Proposal. A copy of this document shall be placed in all Proposals submitted including the Public Copy. * **If confidentiality is requested, failure to provide the information required on this Form may result in rejection of Respondent’s submittal to request confidentiality or rejection of the Proposal as being non-responsive.**
* **Please note that this Form is to be completed and signed only if you are submitting a request for confidential treatment of any information submitted in your Proposal. If signing this Part 2, do not complete Part 1.**
 |
| Company:Title of Measure/Assessment:Signature (type/submit an electronic signature\*): Title: Date: |

\* By typing or providing your electronic signature you are agreeing that your electronic signature is the legal equivalent of your manual signature.