

# Application Form for Membership on the Mathematics Item Writing Team (IWT)

**Directions:** You may (1) type responses directly into the PDF file and then print or (2) print the application and fill in the form. After completing the form, mail to the address at the bottom.

Name \_\_\_\_\_ Work Telephone \_\_\_\_\_

E-mail \_\_\_\_\_ Home Telephone \_\_\_\_\_

Current School District \_\_\_\_\_ Current Bldg. Administrator \_\_\_\_\_

Preferred Mailing Address

Summer Mailing Address (if different)

Total Years Teaching \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Number of college credits in assessment \_\_\_\_\_

Years Teaching Mathematics \_\_\_\_\_ Grades \_\_\_\_\_

Years writing reviewed items \_\_\_\_\_

College credits in mathematics \_\_\_\_\_

Mathematics Specialties (if any)  
\_\_\_\_\_

Demographic Information (Please check only one.)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black, not of Hispanic Origin
- Hispanic
- White, not of Hispanic Origin
- Multiracial
- Other

I am interested in creating assessments for the following level(s).

- Elementary School
- Middle School
- High School

I am familiar with the Michigan Mathematics Content Expectations and am committed to writing valid standardized mathematics test questions. I can meet the time commitment and believe I can fulfill the duties based on my qualifications. I will obtain a recommendation from my current building administrator. I will abide by the State of Michigan rules for confidentiality regarding MEAP/MME/SCAS test questions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Dr. William Brown  
Michigan Department of Education / OEAA  
P.O. Box 30008  
Lansing, MI 48909-0008

# Item Writing Team Member Application Sample Mathematics Test Questions

**Directions:** Create your own three sample original multiple-choice questions (stem and four answer choices). You may (1) type your questions into the PDF file and then print or (2) print the application and complete this page. Submit this form with your application.

Name \_\_\_\_\_ Current District \_\_\_\_\_

Item #1: Content Expectation Code \_\_\_\_\_

Item #2: Content Expectation Code \_\_\_\_\_

Item #3: Content Expectation Code \_\_\_\_\_

# Item Writing Team Member Application Administrator Recommendation

**Directions for Candidate:** Please type or write your name in the space below and provide this form to your building or district administrator.

**Dear Administrator:**

The candidate named below is applying for the opportunity to write test questions for one or more MEAP/MME/SCAS Assessments. The Michigan Department of Education, in cooperation with its item development contractor, is using Michigan teachers to write test questions. Teachers selected to write questions will be required to attend meetings in June and August.

Please answer the questions below related to the candidate's qualifications to do this work and send this form to the address at the bottom of the page. Your comments will not be shared with the candidate, so please feel free to comment honestly on the candidate's qualifications.

Candidate's Name \_\_\_\_\_

1. Comment on the candidate's teaching qualifications.

2. Comment on the candidate's experience with assessment/testing.

3. Comment on the candidate's availability to participate in the item development meetings.

I recommend that this educator be considered for the position of Item Writer for the development of future assessments for the State of Michigan.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

District \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

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