

Standardized Testing and Reporting Program Apportionment Information Report Spring 2010

This report was compiled from Standardized Testing and Reporting (STAR) Program multiple-choice answer documents submitted for scoring for the California Standards Tests (CSTs), California Modified Assessment (CMA), California Alternate Performance Assessment (CAPA), and Standards-based Test in Spanish (STS). Sign, date, and return this report to the CDE by **December 31, 2010**. Certified reports postmarked after December 31, 2010, cannot be paid without a waiver request approved by the State Board of Education. Payment of late apportionment reports is contingent upon the availability of an appropriation for this purpose in the fiscal year in which the tests were administered.

District, County Office, or Charter School Name:

SHAFFER UNION ELEMENTARY

CDS Code: **18-64188**

Charter #: **0000**

| | | Grade 2 | Grade 3 | Grade 4 | Grade 5 | Grade 6 | Grade 7 | Grade 8 | Grade 9 | Grade 10 | Grade 11 | Total | Rate | Funding |
|---|--|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|-------|--------|----------|
| A | Number of students enrolled on the first day of multiple-choice CST, CMA, or CAPA testing | 30 | 27 | 25 | 31 | 32 | 29 | 38 | 0 | 0 | 0 | 212 | | |
| B | Number of students enrolled after the first day of CST, CMA, or CAPA testing who were tested at the school's option | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| C | Total Number Enrolled: | 30 | 27 | 25 | 31 | 32 | 29 | 38 | 0 | 0 | 0 | 212 | | |
| D | Number of students administered any portion of the CST or the CMA* | 28 | 27 | 25 | 31 | 32 | 29 | 38 | 0 | 0 | 0 | 210 | \$2.52 | \$529.20 |
| E | Number of students with significant cognitive disabilities assessed with the CAPA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | \$5.00 | \$0.00 |
| F | Number of students exempted from testing by written parent or guardian request** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | \$0.38 | \$0.00 |
| G | Number of students with demographic information only who were not tested for any reason other than parent/guardian exemption** | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | \$0.38 | \$0.76 |
| H | Total Number of Students: | 30 | 27 | 25 | 31 | 32 | 29 | 38 | 0 | 0 | 0 | 212 | | \$529.96 |

| Designated Primary Language Test | | STS : Grades 2-11 | | | | | | | | | | | Total | Rate | Funding | | |
|----------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|----------|--------|---------|--------|--------|
| I | Number of Spanish-speaking EL students receiving instruction in Spanish or who have been enrolled in a U.S. school for less than 12 months (mandated): | Tested | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | \$2.52 | \$0.00 |
| | | Not tested (demographic information only) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | \$0.38 | \$0.00 |
| J | Number of Spanish-speaking EL students tested with the STS at the option of the district or charter school (optional) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | \$2.52 | \$0.00 | |
| K | Total Number of Students: | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | \$0.00 | |
| L | Number of demographic alerts (withheld for each student that the test contractor had to request missing data during the scoring process)*** | | | | | | | | | | | 0 | (\$1.32) | \$0.00 | | | |

* Students taking a combination of the CST and the CMA are only counted once.
 **CST, CMA, or CAPA answer document.
 ***CST, CMA, CAPA, or STS answer document.

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| TOTAL STAR 2010 APPORTIONMENT [Row H + Row K + (-Row L)]: | \$529.96 |
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Certification: I certify the accuracy of the apportionment information required per *California Code of Regulations*, Title 5, Education, Division 1, Chapter 2, Subchapter 3.75, Section 862 as reflected on this report (Rows A, D, E, F, G, I, and J).

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|--|--|------|--------------------------------|
| District Superintendent, County Superintendent, or Charter School Administrator Name | Superintendent or Charter School Administrator Signature | Date | District STAR Coordinator Name |
| | | | Phone: |