

# Common Assessment Pilot College Information Page

## Contact Information

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**Full College Name**

**Street Address**

**City**

**Zip Code**

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**College President / CEO**

**Phone Number**

**E-Mail Address**

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**Please Identify an On Site Employee  
who will be primary contact for the  
Common Assessment Pilot**

**Title**

**Phone Number**

**E-Mail Address**

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**What is your current Student  
Information System**

**Which assessment(s) are currently  
being used for placement  
(i.e. Compass, Accuplacer)**

**Does your Academic Senate endorse  
this application to be a Pilot College**

YES

NO

NOT REALLY SURE

**Does your Placement and Assessment  
Department endorse this application to  
be a Pilot College**

YES

NO

NOT REALLY SURE

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**Why do you want your college involved  
in being a Pilot College for Common  
Assessment**

**Please provide the names of the  
curricular area experts who might be  
available to serve on the Common  
Assessment Statewide  
Content Work Groups**

**English/Math/ESL**

Please identify the preferred Work Group  
(i.e. John Smith, ESL Work Group)

**Please provide the names of the  
Assessment and Placement Experts,  
Administrators, or Institutional  
Researchers who might be available to  
serve on the Common Assessment  
Statewide Workgroups**

Please identify the preferred Work Group  
(i.e. John Smith, ESL Work Group)

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<b>Have you read the roles and responsibilities for Pilot Colleges document and do you agree to the expectations of participant colleges</b>	YES
	NO
<b>My President /CEO supports this application to be a Pilot College</b>	YES

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**Please submit information sheet by Friday May 15, 2015**

**Return to [Shana@EdResults.org](mailto:Shana@EdResults.org)**