

28762 CLA

# cla Testing Plan

## INSTRUCTIONS

Please complete and submit this testing plan as soon as possible.

Once you submit your Fall 2011 testing plan, you will see the password necessary to gain access to the CLA Proctor Interface.

Please record the confirmation information and keep it for your records.

All fields are mandatory.

As some web browsers are unable to see the submit button at the bottom of this page, this button is provided here for your convenience.

Submit

### CLA Representative

Please highlight the name of your assigned CLA Representative as this will better assist us in directing your testing plan to the appropriate person upon submission.

- I am unsure
- Christopher Brown**
- Kate Dobbay
- Robert Keeley
- Mi Sun Kwon
- Acacia Stevens

### Institution Information

Please provide contact information for both the person who will have primary responsibility for overseeing your CLA program as well as the person who may be reached in the event that the primary contact is unavailable. Note that both contacts will receive weekly email communications regarding the CLA throughout the testing window.

Institution Name University of Texas-Pan American

State TX Zip 78539

### Primary Contact Information

Name Dr. Ana Maria Rodriguez

Title Senior Vice Provost for Undergraduat

Phone (956) 665-7919

Email amrodriguez@utpa.edu

**Secondary Contact Information**

Name Marla Hinojosa  
 Title Administrative Associate  
 Phone (956) 665-7142  
 Email marlahinoj@utpa.edu

**Administration Test Dates**

Please provide **accurate** start and end dates so we can provide optimal customer service.  
 Your dates may not fall outside of the existing fall testing window (August 15-October 31).

My institution plans to  
 START testing on (MM/DD) 9/24

My institution plans to  
 COMPLETE testing on (MM/DD) 10/31

**Sampling**

Below, enter the **total number** of students from which you are sampling, this is your **population size**. Also, enter the **number of students** from the eligible population you **anticipate taking the CLA**. This is your **sample size**.

Population Size 1,200

Sample Size 200

**Special Study**

If applicable, please indicate your intent to conduct any non-standard CLA assessment(s) this semester (e.g., programs for subgroup investigations) by clicking on the box below. A standard cross-sectional administration includes testing 100 freshmen during the fall semester and 100 seniors during the spring semester. **You must discuss your intended study, including pricing and reporting implications, with your CLA Rep.**

My institution wishes to conduct a  
 special study

**Scholastic Level Exam (SLE)**

Students who do not have SAT or ACT scores must take the SLE in order to be included in the institutional analysis. The SLE is a 15-minute proxy for entering academic ability.

My institution will use the SLE

# [cla]

## USERS PORTAL

# SPRING 2011 TESTING PLAN

### INSTRUCTIONS

Please complete and submit this testing plan as soon as possible.

Once you submit your testing plan, you will see the password necessary to gain access to the CLA Proctor Administration Website. Please record the confirmation information and keep it for your records.

All fields are mandatory.

As some web browsers are unable to see the submit button at the bottom of this page, this button is provided here for your convenience.

#### CLA Representative

Please highlight the name of your assigned CLA Representative as this will better assist us in directing your testing plan to the appropriate person upon submission.

I'm unsure  
Christopher Brown  
Robert Keeley  
Mi Sun Kwon  
**LeighAnn Rodd**  
Acacia Stevens

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State Texas 78539  
Zip

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**Secondary Contact Information**

Name Marla Hinojosa

Title Administrative Associate

Phone (956) 665-7142

Email marlahino@utpa.edu

**Administration Test Dates**

*Please provide accurate start and end dates so we can provide optimal customer service. Your dates may not fall outside of the existing spring testing window (February 1-April 15).*

My institution plans to START testing on 02/14  
(MM/DD)

My institution plans to COMPLETE testing on 04/15  
on (MM/DD)

**Sampling**

*Below, enter the total number of students from which you are sampling (in most cases, this is the entire senior class in the spring). This is your test cohort size. Also enter the number of students from the eligible cohort you anticipate taking the CLA. This is your sample size.*

Cohort Size 980

Sample Size 200

**Special Study**

*If applicable, please indicate your intent to conduct any non-standard CLA/CWRA assessment(s) this semester (e.g., programs for subgroup investigations) by clicking on the box below. A standard cross-sectional administration includes testing 100 freshmen during the fall semester and 100 seniors during the spring semester. You must discuss your intended study, including pricing and reporting implications, with your CLA Rep.*

My institution wishes to conduct a special study

**Scholastic Level Exam (SLE)**

*Students who do not have SAT or ACT scores must take the SLE in order to be included in the institutional analysis. The SLE is a 12-minute proxy for entering academic ability.*

My institution will use the SLE

**CLA Contact Info**

*Do you agree to share the primary contact information entered above with other participating CLA institutions or non-participating institutions (often interested in learning from the experiences of others) who may wish to contact you? Please note that by agreeing to share your contact information with non-participating institutions, your name, telephone number, and email address will appear on the dynamic [CLA contact map](#).*

My institution agrees to share contact