



**TEACHER AND PRINCIPAL PRACTICE RUBRIC PROVIDERS**

**Section I. Technical Proposal – Application**

Name of Entity	Michael Kim Marshall		
Address	222 Clark Road		
City, State Zip	Brookline, MA 02445		
Phone	617-566-4353		
Fax	877-538-6549		
E-mail	<a href="mailto:Kim.marshall48@gmail.com">Kim.marshall48@gmail.com</a>		
Name and Title of Authorized Contact	Kim Marshall, consultant		
Address (if different from above)	Same		
City, State Zip	Same		
Phone	Same		
Fax	Same		
E-mail ( <b>REQUIRED</b> )	<a href="mailto:Kim.marshall48@gmail.com">Kim.marshall48@gmail.com</a>		
Tax I.D. Number	017-42-3995		
<b>The organization is:</b> (Please indicate by clicking on the appropriate boxes below:)			
Local Educational Agency (LEA)	<input type="checkbox"/>		
For-profit corporation	<input type="checkbox"/>	Check either: <input type="checkbox"/> <b>NY corp.</b> or <input type="checkbox"/> <b>Foreign corp.</b>	
Non-profit corporation	<input type="checkbox"/>	Check either: <input type="checkbox"/> <b>NY corp.</b> or <input type="checkbox"/> <b>Foreign corp.</b>	
Limited Liability Company (LLC)	<input type="checkbox"/>	Check either: <input type="checkbox"/> <b>NY LLC</b> or <input type="checkbox"/> <b>Foreign LLC</b>	
Other	<input checked="" type="checkbox"/>	Please specify: Individual/sole proprietor	
Vendor Responsibility Questionnaire (VRQ)	<p><b>Check either:</b></p> <input checked="" type="checkbox"/> Submitted online (preferred) <input type="checkbox"/> Paper form enclosed with application <input type="checkbox"/> Will not be filed due to exempt status as follows (specify):		

**IMPORTANT: For-profit corporations, non-profit corporations, and LLCs, are required to attach the following document(s), as applicable:**

- **If a New York State corporation:** the Certificate of Incorporation, together with any Certificates of Amendments to such document filed to date.<sup>24</sup> (See important footnote below.)
- **If a foreign corporation:** (1) the Application for Authority to do business in New York State filed with the NYS Dept of State, **and** (2) the Certificate of Incorporation filed in the State of incorporation, (3) together with any amendments to such documents filed to date.\* (See important footnote below.)
- **If a New York State LLC:** the Articles of Organization, together with any amendments to such document filed to date.\* (See important footnote below.)
- **If a foreign LLC:** (1) the Application for Authority to do business in New York State filed with the NYS Dept of State, **and** (2) the articles of organization filed in the State of formation, (3) together with any amendments to such documents filed to date.\* (See important footnote below.)
- **If the corporation or LLC will use an assumed name in New York State:** the certificate of Assumed Name

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<sup>24</sup> Ensure that these documents include appropriate language authorizing the provision of these services. Information pertaining to the “Consent Obtaining” process may be accessed at the SED Office of Counsel website at [www.counsel.nysed.gov](http://www.counsel.nysed.gov) or you may also contact the Office at 518-474-6400 if you have any questions regarding this requirement.

**Section I. Technical Proposal – Application**

**Name of Applying Entity: Michael Kim Marshall**

**Name of Rubric: Marshall Principal Evaluation Rubric**

**Please check the most appropriate category:**

	<b>Teacher and/or Principal Practice Rubric</b>	<b>Required Submission</b>
<input type="checkbox"/>	<p>This is an application for providing <b>Teacher Practice Rubric services</b>. Please check the most appropriate category below:</p> <p style="padding-left: 40px;"><input type="checkbox"/> This rubric is for all applicable teacher evaluation criteria.</p>	<p>A full application with all required materials (including this cover page) shall be submitted for <b>each*</b> rubric.</p> <p>Your rubric(s) must be attached in the Appendix section of your submission.</p>
<input checked="" type="checkbox"/>	<p>This is an application for providing <b>Principal Practice Rubric services</b>. Please check the most appropriate category below:</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> This rubric is for all applicable principal evaluation criteria.</p>	<p>A full application with all required materials (including this cover page) shall be submitted for <b>each*</b> rubric.</p> <p>Your rubric(s) must be attached in the Appendix section of your submission.</p>

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\* A separate technical proposal must be submitted for each rubric to be approved.

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**Section III. Technical Proposal – Rubric Design and Implementation**

**Rubric Design and Implementation (INFORMATION-ONLY):**

In this section, the applicant should present evidence that their submitted practice rubric has a demonstrated record of effectiveness in contributing to teacher and/or principal achievement.

<p>1. Describe and detail any empirical or statistical evidence of demonstrated professional achievement for teachers and/or principals over time as a result of provider services.</p>	<p><b>Clearly labeled tables or graphs depicting this improvement should be submitted as appendices.</b>                  The Marshall Rubric is widely used, but I do not have empirical evidence of its impact on teaching and learning.</p>
<p>2. What is the methodology used to collect evidence of the demonstrated professional achievement for teachers or principals (<i>i.e., measures and analyses used, comparison groups, etc.</i>)?</p>	<p>As above, this analytical work has not yet been done.</p>
<p>3. What type of research design has been established to support these findings? (<i>e.g., experimental, non-experimental, quasi-experimental, etc.</i>)</p>	<p>As above, not yet done,</p>
<p>4. Describe and detail the proposed scoring or rating system associated with the rubric being submitted.</p>	<p><b>Clearly labeled tables or charts depicting this scoring/rating system should be submitted as appendices.</b> Same</p>
<p>5. Describe and detail your organization’s demonstrated ability to adapt and sustain the submitted rubric to align with the requested needs of participating LEAs.</p>	<p>Some districts and schools, where permitted, have adapted the Marshall Principal Rubric to meet their specific needs.</p>
<p>6. What is the instructional content, methodology, and format of any proposed evaluator training that your organization may be able to offer participating LEAs?</p> <p><i>Please note: providers are not obligated to provide training nor are districts obligated to buy training from providers.</i></p>	<p>Kim Marshall has conducted numerous trainings on the Principal Rubric, usually a 3-hour session with principals and superintendents. He explains the rationale and structure of the rubric, has people dive into the details of one domain, asks them to assess an administrator they know well on another, leads a discussion about the details of the rubric, and then has participants name the key ideas of each domain, how a superintendent or head of school can gather data on them, and a “bumper sticker” slogan for what each domain is all about.</p>
<p>7. Describe and detail the projected costs associated with the adoption of your teacher or principal rubric evaluation tool, which would include the projected cost(s) for the adoption of the practice rubric and any supplemental costs involved (<i>i.e. training/ instruction, implementation costs, materials, etc.</i>).</p>	<p>The Marshall Principal Rubric is free and open source. Kim Marshall conducts in-person and remote training workshops; his rate is \$500 for a half day, \$1,000 for a full day, plus travel expenses if in person.</p>



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**Section IV. Technical Proposal – Service Summary**  
 (Information-only)

**Please complete this form if the applicant provides training or professional development services around evaluation and/or the use of their rubric. If the applicant does not provide additional services, please enter “N/A” into the first field below.**

1.	Name of organization:	Michael Kim Marshall, Consultant
	Primary location (city/state):	Brookline, Massachusetts
	Contact information: (phone / email / website)	617-566-4353, kim.marshall48@gmail.com
	LEAs where service will be provided (or is intended to be provided):	Any New York district
2.	The number of years the provider has delivered service:	22 years
3.	Title of the Teacher and/or Principal Rubric Evaluation model to be used (if appropriate):	Marshall Principal evaluation Rubric
4.	Professional population that the provider has served, and that they are requesting to serve (i.e., teachers, principals, admin., etc.):	K-12 educators: principals, other supervisors, teachers, instructional coaches, superintendents
5.	Number of teachers and/or principals that have received an evaluation using the submitted rubric tool (approximately):	I have no exact figures for the decades my principal and teacher rubrics have been in use in New York and other states.
6.	Number of teacher and/or principal evaluation instructional sessions provided per year, if applicable:	40-50
7.	Average length of each training session for the training of evaluators (minutes/hours):	3 hours

**Following is information provided as of 3/18/25 date** (contact the provider for the most up-to-date information):

<p><b>Teacher/Principal Rubric Tool:</b>  <input checked="" type="checkbox"/> Free   <input type="checkbox"/> For Cost</p>
<p><b>If for cost, to which does a fee apply:</b>  <input type="checkbox"/> Rubric   <input checked="" type="checkbox"/> Related services (e.g., training or professional development associated with the use of the rubric)</p>
<p><b>If services are offered by the applicant, are any mandatory in order to use the rubric?</b>  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p>
<p><b>If approved as a provider of a teacher and/or principal practice rubric, we are prepared to provide services to:</b>  <input checked="" type="checkbox"/> All Districts/LEAs in the State of New York, or  <input type="checkbox"/> Only to the following Districts/LEAs:</p>



**TEACHER AND PRINCIPAL PRACTICE RUBRIC PROVIDERS**  
**Section V. Assurances and Signature**

In submitting this application to be included in the State Education Department’s Teacher and Principal Practice Rubric Service Provider list, I certify that:

1. The organization will comply with all applicable Federal, State and local health, safety, and civil rights laws.
2. All individuals employed by or otherwise associated with the organization, who will have direct contact with eligible teachers, principals, or students, will be subject to all of the fingerprint and criminal history record check requirements contained in law, including, Education Law §§305(30), 1125(3), 1604(39), 1604(40), 1709(39), 1709(40), 1804(9), 1804(10), 1950(4)(ll), 1950(4)(mm), 2503(18), 2503(19), 2554(25), 2554(26), 2590-h (20), 2854(3)(a-2), 2854(3)(a-3), 3035 and Part 87 of the regulations of the Commissioner of Education.
3. All instruction and content will be secular, neutral, and non-ideological.
4. All instruction and content provided to LEA’s will be aligned to the applicable professional standards of practice for teachers and/or principals, including but not limited to, the New York State Teaching Standards, ISLCC 2008 Leadership standards, New York State Education Law, and the Commissioner’s regulations.
5. The organization is fiscally sound and will be able to complete services to the eligible local educational agency.

The undersigned hereby certifies that I am an individual authorized to act on behalf of the organization in submitting this application and assurances. I certify that all of the information provided herein is true and accurate, to the best of my knowledge. I understand that, if any of the information contained herein is found to have been deliberately misrepresented, that may constitute grounds for denying the applicant’s request for approval to be placed in the list of Teacher and Principal Practice Rubric Service Providers or for removal from that same list. I further certify that the organization will comply with all of the assurances set forth herein.

<p>1. Name of Organization (PLEASE PRINT/TYPE) Michael Kim Marshall, Consultant</p>	<p>4. Signature of Authorized Representative  (PLEASE USE <b>BLACK/BLUE</b> INK)</p>
<p>2. Name of Authorized Representative (PLEASE PRINT/TYPE) Michael Kim Marshall</p>	<p>5. Date Signed 3/18/2025</p>
<p>3. Title of Authorized Representative (PLEASE PRINT/TYPE) Consultant</p>	