

NCME Executive Board of Directors
Meeting Minutes
December 10-11, 2008

Members Present: Mark Reckase
Terry Ackerman
Anne Fitzpatrick
Larry Rudner
Susan Loomis
Leslie Lukin
Todd Rogers
Kadriye Ercikan
Steve Sireci

Guest: Gerald Melican

Staff Present: Plumer Lovelace

Call to Order

Mark Reckase called meeting to order at 8:40 am Wednesday, December 10th.

Approval of the Minutes from August 2008 Board Meeting Minutes

Several corrections were requested. Anne Fitzpatrick made a motion to approve the minutes from the August 27-28, 2008 meeting of the Board of Directors as corrected; Terry Ackerman seconded the motion. The motion was passed.

Consent Agenda Reports

Dr. Reckase asked if there were questions related to any of the Consent Agenda Report items. There were no questions. The NCME Committees that indicated on the Consent Agenda Report form, “**no action is requested of the Board**” were as follows:

Alicia Cascallar Award; Brad Hanson Award;
Jason Millman Promising Measurement Scholar Award
Career Contributions to Educational Measurement
NCME Annual Awards Committee
Graduate Student Issues Committee Report
Publications Committee Report
EMIP Editor Report
Training and Professional Development Committee Report
Diversity Issues and Testing Committee

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Finance Committee Report

Gerald Melican provided an overview of work being done by the Finance Committee members. As Dr. Melican explained, has been working on a review of NCME's current insurance policies. Anne Fitzpatrick has been working on the language related to the reserve funds.

Dr. Melican walked the Board through the Finance Committee report, which included 1) a copy of the November 2008 balance sheet, 2) the NCME 2009 budget notes and 3) a copy of the proposed 2009 budget. Beginning with highlights of the 2008 financials, Dr. Melican explained that membership dues had exceeded expectations. NCME had anticipated \$92,820 in revenue, however the year-to-date actual revenue was \$105,711. The group attributed this in part to the New York location for the 2008 annual conference, which had a record turnout. Additionally, the annual meeting training fees for 2008 had also exceeded budget expectations. The budgeted amount was \$15,000, while the year-to-date actual was \$33,705. Dr. Melican suggested that in creating the 2009 budget, the Finance Committee interpreted these revenue successes as anomalies and included more conservative projections. The Board fully agreed with that approach and suggested that the same guidelines be used for sponsorships as well.

Dr. Melican briefly discussed NCME's investments. NCME's investments have been impacted by the economic downturn experienced by the rest of the nation over the last several months. Dr. Melican provided clarification on the asterisk (*) included in the financial report. Dr. Melican explained that the purpose of the asterisk was to bring attention to a footnote from TRG's Finance Department. The footnote explained that the investment amount listed represented the market value of NCME's financial investment at the time that the report was generated. As Dr. Melican explained, TRG's Finance department does not book investment values on a monthly basis. The general consensus was that NCME's financial advisor; JBHanauer & Company had shown considerable foresight and restraint in managing NCME's portfolio.

Dr. Melican address the question of replacing Dr. on the Budget and Finance Committee . Dr. Melican explained that effort had been made to begin the process of replacing Dr. Frisbie. However, Dr. Melican indicated that Dr. Frisbie had agreed to remain accessible even after his retirement, should any questions arise. Dr. Melican also offered his personal observation that the replacement for Dr. Frisbie should be someone with the additional experience of having been a past president. Dr. Melican felt strongly that a past president would understand both the mechanics of the organization and their relationship to the budget.

The Board concluded discussion with a decision to approve the budget subject to amendments to the income and expense sections. Lawrence Rudner offered a motion to approve the budget as a draft subject to a more conservative approach to the income and expense sections. Any further amendments to the budget will be sent to the Board by the end of January. Todd Rogers seconded the motion. Dr. Reckase called for a vote. All were in favor

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Definition of Reserve Funds

Dr. Fitzpatrick provided background information on the memo included in the Board book titled, "Inconsistent Definitions of Reserve Funds in Handbook and a Remedy." Dr. Fitzpatrick reminded the Board that this topic had originally surfaced at the August Executive Board meeting when the Board agreed to begin investigating ways to apply the reserve revenues to NCME initiatives. The starting point was to investigate language in the Handbook, as way to determine the organization's reserve policy guidelines. The first set of guidelines, developed in 2007, was shared as "Definition 1" in Dr. Fitzpatrick's report.

"The primary objective of having reserve funds is to provide continuity in the programs set out in the NCME strategic plan, regardless of short-term financial discontinuities and disruptions. With this objective, the reserve funds must (1) provide protection for biennial operating expense, (2) provide for periodic, planned extraordinary expense (such as moving the central office or implementing a new publication program), (3) provide for extraordinary expenses in connection with the annual meetings, and (4) provide support for any endowed programs the organization may decide to create. It is expected that under normal circumstances, the membership dues, annual meeting revenue, and publication royalties and revenue will cover normal annual operating expenses."

Dr. Fitzpatrick noted that a second definition existed in the Handbook as well. Dr. Fitzpatrick explained that there was no indication of when the second policy was adopted. This definition was included in the report as "Definition 2."

"The Board adopted a policy that required funds in excess of one year's expenses (prior fiscal year) be placed in a reserve fund. Such funds will be used to support projects that foster and implement the mission of NCME. The amount of the reserve fund (which would operate as an endowment) is adjusted annually. If NCME encounters a deficit in a year, funds in the reserve fund are reduced to enable NCME to maintain a fund balance equal to one year's expenses."

Dr. Fitzpatrick suggested that the solution for this situation was to accept Definition #1 as the appropriate definition and replace Definition #2 with a reference to #1. After a lengthy Board discussion, Susan Loomis offered a motion to accept Definition #1 as the appropriate definition and replace Definition #2 with a reference to #1. Terry Ackerman seconded the motion. Dr. Reckase continued discussion and offered the suggestion that in the future an effort should be made to review the Handbook for existing policies before the Board creates new policies. Dr. Fitzpatrick agreed and reminded the Board that the revised Handbook will be easier to update because information will be better organized and accessible via the NCME website.

Dr. Reckase requested a vote on the request to accept Definition #1 as the appropriate definition and replace Definition #2 with a reference to #1. Support for the resolution was unanimous.

NCME Handbook Reorganization

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Dr. Fitzpatrick provided additional information and clarification to the NCME Handbook Reorganization report submitted to the Board for review. Dr. Fitzpatrick explained that there were two discussion topics being brought before the Board. The first issue related to the selection of student committee members and the second was a request for guidance on the final review of the NCME Handbook.

Regarding the topic of committee member selection, Dr. Fitzpatrick explained some that confusion existed amongst NCME committee chairs on how student committee members were selected.

As Dr. Fitzpatrick explained, the Handbook currently states that potential student committee members are selected based on recommendations from the Chair of the Graduate Student Issues Committee. According to Dr. Fitzpatrick it's been common practice for NCME to contact college faculty each year in search of individuals who are suitable for committee roles. Dr. Fitzpatrick expressed her belief that this process has worked well. Dr. Fitzpatrick suggested that the description of how students are selected should be modified to include the procedure that is unofficially in-place now.

Additionally, Dr. Fitzpatrick suggested adding language in the Handbook that would give priority to potential committee members who had indicated on NCME surveys an interest in serving on committees. As Dr. Fitzpatrick explained, this information is readily available from NCME's central office and can be provided to the Directors and Committee chairs when they want to choose new committee members.

During further discussion about the Handbook, the point was again made that the Board should review existing procedures described in it before introducing new procedures. There was general consensus from the Board that Dr. Fitzpatrick's effort within the Handbook to align policies with their respective procedures would greatly improve the Board's ability in the future to avoid redundancy. Additionally, the Board emphasized the need to provide this information to committee chairs as part of their orientation. No motions were required for this action.

Lastly, Dr. Fitzpatrick explained that currently the central office is required by contract to keep the NCME Handbook updated. Dr. Fitzpatrick suggested that this practice was a carryover from the Bill Russell era and is no longer realistic. Instead, Dr. Fitzpatrick recommended that the NCME Past President should manage this task. As Dr. Fitzpatrick explained, the Past President has the greatest understanding of NCME's over-all structure and history. There was general consensus amongst the Board in support of NCME Past Presidents assuming this task.

Dr. Reckase suggested that a plan was needed to review the current Handbook. Also he suggested that a procedure for on-going reviews of the Handbook be put in place. The Board consensus was that a. each chapter should begin with the organization's policy, b. sections of the Handbook will be distributed to various committee chairs for review, b. reviewers will be directed to edit for clarity and c. the review of the Handbook should begin after the 2009 annual meeting and be completed by the time of the summer 2009 Board meeting.

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JEM Editor Report

Dr. Reckase lead the discussion of the JEM Editor Report. Dr. Reckase explained that there were two topics being brought before the Board. The first was the need to begin the process of indentifying the next JEM Editor. The second was the status of the backlog of journal manuscripts. As Dr. Reckase explained, it was his understanding that Jim Carlson had more than enough manuscripts to finish his role as JEM editor. According to Dr. Reckase, the implications of the current situation are that there would either be a delay in the acceptance of future manuscripts or NCME would need to consider printing a larger volume. The latter solution would also have cost implications for the organization.

Dr. Sireci arrived shortly after the introduction of the JEM Editor Report and provided an update. Dr. Sireci explained that he had spoken to Jim Carlson and learned that there were not as many manuscripts as he had originally thought. Dr. Sireci believed that Jim Carlson had manuscripts equaling three quarters of a year. As a result, Dr. Sireci indicated that in his opinion there were no outstanding problems pertaining to the backlog of JEM manuscripts. Dr. Sireci also spoke to Jim Carlson about book reviews. It was Jim Carlson's opinion that book reviews should continue. There was general consensus by the Board that if book reviews were to continue, they must be released on a timely basis in order to be considered.

EMIP Editor – Discuss Susan Bookhart's End of Term

Dr. Sireci informed the Board that 's term as EM:IP Editor was ending in 2009. As Dr. Sireci indicated, effort was being made to locate a replacement for her. The Board reviewed the process for nominating potential candidates. The Board noted that the NCME President submits the final list of nominees to the Board. The Board confirmed that this task would become the responsibility of Dr. Ackerman.

Dr. Sireci concluded his update by indicating that he would take the lead on beginning the process of identifying nominees for the EM:IP Editor.

The Board shifted its attention to the report submitted by Jim Carlson. The Board acknowledged general confusion over the information provided. Dr. Sireci agreed, and volunteered to create a new report format and submit to the Board for review. Extensive discussion continued with regard to whether or not a more thorough review of NCME's journals, including a review of their impact factor, was needed.

Dr. Sireci summarized the Board's request as two mandates, 1. investigate and report back to the Board on the journals inputs and outputs and 2. figure out a strategy to get the Board information the kind of information that would allow them to judge the quality of the journals. With regard to investigating the journal's impact, Dr. Sireci agreed to begin by requesting information from Blackwell. No formal motion was made.

Award Committee Report / Brenda H. Loyd Award

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Dr. Lukin reviewed the Award Committee Report with the Board, and provided additional background information. The Award Committee submitted a report requesting that the Board address four topics, 1) method of submission; 2) low number of nominations, 3) NCME membership requirements and 4) standardizing the language in the calls.

Dr. Lukin acknowledged the fact that the awards submission process has remained the same since it began many years ago. Dr. Lukin described the extensive number of steps involved in the process. The Awards Committee asked the Board to consider whether it was time to move to an electronic submission method.

Additionally, Dr. Lukin explained that over the past several years the number of nominations for awards has continued to decrease. In response, the Awards Committee requested that the Board consider alternatives. One idea would be to consider the possibility of moving away from the current cycle of providing awards every year. The Awards Committee suggested that such a change would have to include consideration for impact on the importance of the award to NCME members. Another idea was to review the methods currently used to generate nominations.

Dr. Lukin explained that the Awards Committee is now using multiple methods of issuing the calls for nominees. This includes posting the call in various publications, posting the information to the NCME website and sending the information out via broadcast email. Still, as Dr. Lukin explained, the response rate for nominations continues to be very low.

Dr. Lukin shared questions from the Award Committee that were related to the NCME membership requirements. For example, must the recipient be a member of NCME? If an individual's membership status is not known, who has the responsibility to investigate the person's membership status? A related question Some examples were, if an individual's membership status is in question, who has the responsibility to investigate the person's membership status? A related question is whether the purpose of NCME's awards is to recognize the achievements of talented people or to recognize the achievements of talented NCME members?

Finally, the Awards Committee requested that the Board consider standardizing the language used in the Call for Nominations. Currently each award has unique information written into the respective Call for Nomination. This consistency in language would carry over into the text written on the plaques. As Dr. Lukin pointed out, standardizing this information would make greatly facilitate the process by making it easier to promote the award.

Dr. Reckase shared with the Board another issue related to NCME awards. Recently a situation had occurred in which an individual was nominated for both NCME and AERA, Division D awards. Dr. Reckase indicated that this situation had happened before in the history of the two organizations. Dr. Reckase expressed some concern with regard to NCME's ability to "police" any policy that would hinder the ability of members to submit to proposals to multiple organizations. This topic generated extensive discussion.

The Board concluded the discussion by agreeing that the time and resources required to investigate whether an individual had submitted proposals to multiple organizations would be overwhelming and ultimately ineffective. The Board agreed that if an individual commanded the skill and knowledge to

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win multiple awards, it would not be NCME's position to hinder this recognition. Dr. Reckase volunteered to follow-up with representatives from AERA's Division D to inform them of NCME's position.

In response to item #1, the Board concluded that there were numerous ways in which technology could be used to facilitate the nomination process. Ideas for improvements included developing a secure, password protected area on the NCME website where people could upload their required materials. Most agreed that this initiative was best accomplished through collaboration between the awards committees, the Website Committee and TRG.

In response to item #4, there was also consensus that the language used in the Call for Award Nominations should be consistent. Dr. Lukin pointed out that revising the language in the documents would also provide an opportunity to include references to the use of technology verses the current print process. The Board agreed. Additionally, the Board suggested that final versions of the language used for the Call for Nominations should be included in the NCME Handbook.

Regarding item #3, the Board felt strongly that the task of validating membership should be accomplished by the each awards committee and could be done using the current online member database. It was pointed out that this process could be facilitated by adding language to the form that specifically requested a confirmation of membership (i.e., check box).

Related to item #3, the Board unanimously supported the position that NCME awards should be used to focus on the achievements of NCME members. The Board was informed that some award descriptions include the requirement that the recipient be an NCME member, but other do not. Therefore, as Dr. Lukin advised, there needs to be some attempt at creating consistency. Dr. Fitzpatrick pointed out that it might be prudent to solicit confirmation of this position from representatives of family based awards.

The Board also discussed at length the question of whether NCME membership should be required of all authors of a work or only the first author. The consensus of the Board was that to be eligible for an NCME award the first author must be a member of NCME at the time of submission. Dr. Sireci offered a motion to the Board for consideration, "the eligibility to submit to any of the NCME awards will be based on the NCME membership status of the first author. The first author will be required to be an active NCME member at the time of submission." Dr. Rogers seconded the motion. Dr. Reckase called for a vote. The vote was carried.

Membership Committee Report

Dr. Ackerman provided a summary of the report contributed by the Membership Committee and spoke highly of the work being done by committee members. Dr. Ackerman focused the committee's projects.

The discussion then shifted to item the committee's question about the feasibility of setting up an NCME booth at other professional conferences. This topic sparked a lengthy discussion amongst Board members. During the discussion, two organizations surfaced as potential outlets for NCME to gain additional exposure, the Council of Chief State School Officers [CCSSO] and the Psychometric

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Society. Ideas that surfaced included reserving a table at either the CCSSO or Psychometric Society conferences. Representatives of NCME would be present to describe membership benefits and offer printed material. Board members discussed the logistics involved including the costs associated with travel, shipment of the NCME booth and conference registration for NCME representatives.

Dr. Rogers explained that the Outreach Committee was working on two topics that could function as workshops at the CCSSO conference. The CCSSO conference is scheduled for June 21-24 in Los Angeles, California. Dr. Rogers acknowledged that such an effort would represent the first time that NCME has presented a topic at another organization's conference.

However, Dr. Rogers pointed out that such an effort would serve the mission of both the Outreach Committee and the Membership Committee. Board members spent some time discussing the role of the Outreach Committee, versus that of the Membership Committee. The consensus was that if either committee had questions regarding a planned initiative, a discussion between committee chairs should occur to address any concerns.

Dr. Lukin and Dr. Loomis both offered additional ideas for presentation topics. Each of them indicated that the presentations that they had in mind had been well received at other events and would fit nicely with other presentations at the CCSSO conference. Dr. Rogers agreed to ask Phoebe Winter, the chair of the Outreach Committee, to investigate the expenses involved with presenting at the CCSSO conference.

The Board then considered the question of what resources are available to make the NCME booth more attractive?" After some discussion, Dr. Fitzpatrick pointed out that the committee is given great deal of flexibility in their ability to come up with ideas and improvements. Dr. Fitzpatrick suggested that the committee submit a summary of their ideas to the Board. There was general consensus around this suggestion and the discussion moved on to item 2b of the report, "Member longevity recognition, either at the NCME Breakfast, or in the newsletter."

Discussion then turned to consider the committee's idea of recognizing longtime NCME members either in NCME's newsletter or at the breakfast held during the annual meeting. Dr. Ackerman explained that such recognition would allow members who have provided many years of dedication to NCME to receive acknowledgement from the organization. Additionally, Dr. Ackerman pointed out that these individuals would likely include people that normally do not receive recognition from NCME. There was general consensus amongst the Board that the suggestion should be explored. However, some concerns regarding the length of time required to verbally acknowledge a large Board, and the difficulty in determining which members are present at the conference, were shared with the Board. Dr. Ackerman agreed to continue working with the Membership Committee to surface more details.

Dr. Ackerman shifted the Board's attention to the committee's question about designing tables for new NCME members at the NCME breakfast. Dr. Mark Reckase pointed out that AERA's Division D has done this for some time. Dr. Reckase suggested that facilitators should be identified in advance and informed that their role would be to generate conversation. Dr. Fitzpatrick noted that new members are traditionally given a "new member ribbon" to wear at the conference, making them easy

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to identify. Dr. Rudner suggested that it might also be helpful to new members to improve NCME's signs at the annual meeting.

The Board ended discussion of the Membership Committee report with support for Dr. Ackerman's suggestion of rewarding individual recruitment efforts by NCME members. The consensus was that a free, one-year NCME membership would provide a good incentive.

Outreach Committee Report

The Outreach Committee Report generated extensive discussion amongst the Board members. The Outreach Committee explained in the report that they are trying to identify resources that will address some of the needs identified in the survey completed last year.

For example, Edvantia and Pearson have developed an assessment website that includes a glossary, among other related material: EM:IP's ITEMS modules may address some of the identified technical needs; the US Department of Education has funded several centers that have resources to address some of the identified needs (e.g., the National Center on Student Progress Monitoring; the Assessment and Accountability Comprehensive Center).

Numerous questions and observations were raised including, a. is it financially feasible for the Board to support additional committees at the level detailed in the Outreach Committee report, and b. if the Board selects to provide financial support for the Outreach Committee projects, how does it ensure that other committee requests are reviewed in an equitable manner.

Additionally the Board addressed the question of how to better communicate the existence of these types of projects to multiple university departments and faculty. Individual Board members expressed some concern that projects are sometimes "fast tracked" to a particular university department without adequate or open discussion. Dr. Ackerman suggested that in the future these types of projects should be submitted a broad based of universities in the form of a Request for Proposal [RFP]. There was general agreement from Board that a traditional RFP would be a good approach, as long as the process remained easy to complete.

Dr. Gerald Melican reminded the Board that the Finance Committee had presented a conservative budget in a difficult economic year. Therefore this project should be seen as a "one off" with some time spent thinking about future policies going forward.

Dr. Rogers presented a motion to the Board that "the Outreach Committee proposal be approved using \$2,000 to fund \$500 each for students to attend the 2009 NCME Annual Conference. Dr. Rudner seconded the motion.

After hearing no more discussion, Dr. Reckase asked the Board for a vote. . Dr. Steve Sireci asked to reclude himself from voting due the fact that the Board was voting on a topic related a colleague. Voting "yes" were Dr. Susan Loomis, Dr. , Dr. Leslie Lukin, Dr. , Dr. Larry Rudner, Dr. Todd Rogers and Dr. Gerald Melican. Dr. was opposed. Dr. Rudner volunteered to draft a policy statement for "special projects" and allow Board to review.

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Web Management Committee – Discuss Charge of Committee

Dr. Reckase introduced the topic of the Web Management Committee. As Dr. Reckase explained, this is a new committee. As such, the Board is seeking guidance and direction from the Board.

Dr. Fitzpatrick explained that the responsibilities of the Web Management Committee were detailed in the NCME Handbook. Dr. Fitzpatrick provided the following information, taken from section 1.1.1 of the Handbook.

The committee manages the look and content of the NCME Website. Its responsibilities include proposing materials for the website, organizing the website, reviewing submitted materials, updating existing materials, and considering new additions to the NCME website. Editorial policy decisions and plans for work outside the current contract that involves the central office staff should be submitted to the Board for review and approval. Written reports and responses to inquiries from the Board should be provided when requested.

Additional questions were raised including a. does the information in the Handbook accurately reflect current NCME needs as they relate to the website, b. does the Handbook description provide enough guidance on how to interact with NCME's webmaster; and c. is there enough emphasis by the Web Management Committee on website content. Plumer Lovelace reminded the Board that traditionally web management committees fail because they do not focus on website content, and instead get distracted by the pursuit of graphic design projects and hyperlinks.

The consensus of the Board was that the NCME Handbook does provide enough detail and guidance for the Web Management Committee to begin their work. Plumer explained that he had been in contact with various members of the Web Management Committee and would continue to monitor their progress.

Nominations and Elections Committees

As Chair of the Nominations Committee, Dr. Fitzpatrick provided additional background information on the Future of the Nomination Committee report. Dr. Fitzpatrick explained that the NCME Handbook outlines the duties of the Nominations Committee as follows:

“Nominates at least 2 members for Vice President, and at least 2 members to each of the slates of candidates for the Board of Directors.”

Dr. Fitzpatrick asked the Board to approve the additional duties of working with NMCE's central office to develop ballot content and the candidates' biographical sketches. She noted that she had spent quite a few hours doing this work over the summer, and that these duties were not explicitly assigned to any committee. The Board approved of this addition.

Dr. Fitzpatrick then noted that the Elections Committee had been dissolved by the board at its August 2008 meeting because NCME was moving to electronic voting; it was believed then that the services of this committee would no longer be needed. She further noted that the Elections Committee is

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named in NCME's bylaws (Article V, Section 2) and given the explicit responsibility of verifying the vote counts in an election. As a result, it seemed that dissolution of the committee could not be done unless there was a change in the bylaws.

Dr. Rogers offered a motion to, "reinstate the Election Committee to fulfill the requirements of Article V: Section 2." Dr. Rudner seconded the motion. Dr. Reckase requested a vote. The vote to approve the motion was unanimous.

The Board continued discussing how the Elections Committee could carry out its responsibilities in an electronic election environment. Dr. Rogers suggested that the Elections Committee take some time to investigate how other election committee's function in an electronic voting environment and make recommendations to the Board.

Meeting with AERA – Guests: Dr. Gerald Sroufe and Ms. Laurie Cipriano

The NCME Board welcomed Dr. Sroufe and Ms. Cipriano to provide an update on the status of the 2009 Annual Conference. Dr. Sroufe is AERA's Director of Governmental Relations; Ms. Cipriano is AERA's Director of the Annual Meeting.

Members of the Board had expressed some concern about the recent transition from the Omni Hotel to the Hard Rock Hotel. Dr. Reckase opened the discussion by requesting a comparison between the Omni Hotel to the Hard Rock Hotel, as well as any relevant changes that resulted from the transition. Additionally, Dr. Reckase asked for background information on "why" the transition to the Hard Rock Hotel as taken place.

Dr. Sroufe explained that the transition came as a result of union-related issues at the Hyatt Hotel, where 50% of AERA's meetings were to take place; as a result, AERA had to shift some of its meetings to the Omni Hotel.

Ms. Cipriano described the Hard Rock Hotel as, "modern, trendy and very much part of the Hard Rock brand..." Ms. Cipriano explained that, based on required floor space, NCME's meeting fit in the Hard Rock Hotel better than the Omni Hotel. In terms of NCME's presence at the Hard Rock Hotel, NCME would be occupying all of the available meeting space. Approximately 450 sleeping rooms have been set aside at both the Omni and the Hard Rock Hotels for NCME members.

Ms. Cipriano explained that a separate URL had been set up for NCME members to allow them to go directly into the housing block that has been reserved for them. Additionally, if demand exceeds the 450 rooms, the general room block allocation would become available. Ms. Cipriano estimated that there were as many as 18 hotels nearby with available room space for the meeting.

Ms. Cipriano explained that originally the plan was to use only half of the San Diego Convention Center. However, after the shift from the Hyatt, the decision was made to use all of the space available at the convention center. AERA also has reserved the space at the San Diego Marriott.

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Dr. Reckase asked about plans for the NCME Breakfast and where that event would be taking place. Ms. Cipriano confirmed that it would be taking place in the Convention Center because the breakfast requires a large space.

Dr. Reckase also asked for more information on the joint reception with AERA's Division D. He wanted to know where the event would take place and whether it be convenient for NCME members. Ms. Cipriano confirmed that the joint reception would take place at the San Diego Convention Center. Ms. Cipriano also said that she tried to put as many Division D meetings as possible at Convention Center in order to make it convenient as possible for NCME members.

Dr. Reckase opened the floor for additional questions from the Board. Dr. Rudner asked if the new location would result in cost increases for liquor or audio vision equipment. Ms. Cipriano confirmed that all expenses were similar. Dr. Sireci asked Ms. Cipriano whether provisions could be made at the Hard Rock Hotel for a complimentary hotel room for NCME's Meeting Planning staff during its upcoming site visit. Ms. Cipriano agreed to follow-up.

Dr. Reckase raised the issue of AERA providing final program information to NCME in order to resolve any scheduling conflicts. Dr. Reckase explained that he had recently communicated with the Program Chair and been informed that his expectation was that he would receive information on January 10th. Dr. Reckase asked for an update on how this process was coming along and if AERA felt confident that the deadline would be met. Ms. Cipriano explained that the final AERA program would be available on approximately January 16th, about two weeks before information is made available to the general public).

After the departure of the AERA staff, the Board continued discussions on the topic. The primary focus was how to advance the working relationship and communication with AERA. The general consensus was that a meeting between NCME's Executive Director and Dr. Sroufe should be scheduled to lay the groundwork for increased communication. Based on the outcome of that meeting, the Board would consider whether or not to generate a letter to the AERA President. Plumer agreed to set-up a meeting with AERA and brief the Board afterwards.

Standards and Test Use Committee Report

Dr. Reckase provided background information on the Standards and Test Use Committee Report. As Dr. Reckase explained, there are two issues raised in the report:

1. Should the revised standards that are written use a "classification code?" In the past there were "primary" and "conditional" labels associated with standards. Should those labels be used again?
2. Should the revised standards define what information should be required in all acceptable tests? If so, what might this information be?

Dr. Rudner explained that the Joint Standards Committee charged with revising the test standards was scheduled to meet the following week. Dr. Rudner suggested that the Board might want to provide their support for the report as opposed to an Ad Hoc Committee.

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Several Board members offered opinions. Some concerns were raised with regard to whether or not classifying standards would cause those standards not labeled as “essential” to be ignored. There were also questions about number of standards currently listed and whether that number should be decreased. The Board briefly discussed the idea of including language that explains what standards are required in order to be in compliance. Dr. Rogers explained, from his experience, it’s impossible to regulate adherence to compliance standards unless an organization is involved in court proceedings.

After extensive discussion, the recommendation was made to put together a statement from the Board to the Joint Standards Committee recommending that the information presented by the NCME’s Standards and Test Use Committee be considered by the Joint Standards Committee. Included in that statement would be the Board’s concern that the use of a category such as “minimal” could be misinterpreted. Dr. Rudner volunteered to put together a statement for review by the Board.

Ad Hoc Expenditures Committee

Dr. Reckase ask the Board if there was addition discussion needed on the Ad Hoc Expenditures Committee topic. The Board unanimously agreed that a lengthy and productive discussion had already occurred.

Executive Director’s Report

Plumer Lovelace provided the Executive Director’s Report.

Annual Conference – Plumer felt that the topic had been discussed in great detail, but reiterated his commitment to following up on scheduling a meeting with AERA. Additionally, Plumer promised to share any schedules or project management documents with the Board once the development of the program for the annual meeting in 2010 has begun.

IRS Form 990 – Significant changes have occurred in IRS Form 990. This change has repercussions for non-profit, tax-exempt organizations. The most important change is in the area of governance.

Going forward, the IRS will request that non-profits indicate which governance policies are in-place. The policies recommended for most associations pertain to 1). conflict of interest; b. anti-trust; and c. whistle blower’s policies. The IRS recommendations also include a document destruction policy, which TRG currently has for all clients. Finally, since NCME’s Finance Committee also serves as the Audit Committee, it will be necessary to confirm that the Finance Committee is properly performing the of the Audit Committee.

Electronic Voting – As of December 16, 2008, 197 members had voted online without incident. Current timeline calls for a reminder to be sent in a week. Voting is scheduled to close on December 31, 2008. Dr. Fitzpatrick explained that the election results are presented during the Breakfast. Dr. Fitzpatrick also confirmed that the President was required to contact each of the candidates.

First Year Graduate Student Campaign – The Central Office recently sent an email to a selected group of NCME members describing an offer of a free one-year membership in NCME for first year graduate students. Potential NCME contacts in the academic were selected by pulling all members

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from the database who selected “college / university” as their industry, but did not select “student” as their status. There were 540 individuals in that category. The same offer was posted on the website. It is too early to tell if the campaign has been effective or not.

Miscellaneous – The Central Office received a request from the National Science Teachers Association. The organization is in the process of publishing a book. The person who contacted Plumer wanted to reprint the Standards for Educational and Psychological Testing. Plumer spoke to Dr. Rudner. Dr. Rudner provided two URLs that were forwarded to the individual. Another request was received from the University of Carolina to reprint NCME’s Code of Professional Responsibilities and Educational Measurement in a textbook. Plumer spoke to Dr. Rudner for direction a second time and received direction to the appropriate URL to forward.

Plumer received a request from the National Association of Elevator Contractors. The group has a certification exam for elevator technicians. The contact explained that the organization wanted to make sure that the exam met the Standards for Educational and Psychological Testing. Plumer described the solution that Dr. Reckase suggested. As directed by Dr. Reckase, Plumer queried NCME’s membership database to find individuals living close to the contact, and put together a broadcast email to all of them indicating the needs of the National Association of Elevator Contractors. After a couple weeks Plumer followed up with the contact and was told that everything had worked perfectly. Dr. Reckase suggested that this process might be useful in the future.

Other Business

Request for Proposals

Dr. Rudner volunteered to create a document for review at the next Board meeting.

Pre-Produced Video

Dr. Rudner brought up the idea of videotaping presenters at the NCME annual meeting and offering those programs as a NCME product. The video would be distributed over the Internet and would require payment for access.

Dr. Reckase suggested that an additional use of video would be to distribute information of general interest to the public. This could include policy information or a particularly clear, non-technical treatment of an important topic. Access to this information would be free. Dr. Sireci suggested that the Board take the next step, identify potential topics and commit to videotaping one session as a prototype. Additionally, Dr. Sireci thought it would be important to bring attention not only to the topic being presented but also to the presenter.

Dr. Lukin reiterated the observation that the Board seemed to be considering two different goals for the videotaping. One goal was the creation of something technical that would be designed for members. The second goal was creating something that could serve individuals and organizations as an outreach effort; this second goal would require that the material be more applied and much more policy oriented. In character. Plumer informed the Board that he had experience both as a video

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producer, and as the manager of a product area that included videotapes. Plumer offered to secure a cost estimate.

NCME Sponsored CCSSO Workshop

Along with doing the videotaping, the Board discussed the idea of an NCME sponsored CCSSO workshop. The Board's consensus was that the workshop should be an Outreach Committee initiative. The Board agreed that reviewing a list of workshops for the 2009 Annual Conference was a good starting point for ideas about workshops to offer. One thought was that perhaps the presenters of a workshop at the annual meeting would be willing to present the same workshop at CCCSSO. Dr. Rogers agreed to communicate these ideas to the Outreach Committee Chair.

Dr. Reckase asked the Board to consider the financial implications of offering workshops at CCSSO. As Dr. Reckase explained, if the workshop selected was being presented by someone who did not have plans to attend the CCSSO conference, would the Board be willing to support the expense of sending someone to the event? The Board consensus was that the Outreach Committee should gather information and report back to the Board.

Communicating with the New Obama Administration / Role of NCME

Dr. Reckase asked the Board to consider whether NCME should communicate with the new Obama administration to make it aware of NCME's interest in serving as a resource.

Dr. Reckase suggested that it might make sense to postpone any activity until after the selection of a new Secretary of Education. Dr. Reckase asked for ideas and suggestions from the Board.

Some suggestions that surfaced included 1. generating a basic letter of introduction to the new administration, 2. submitting a letter that would include a reference to the No Child Left Behind legislation and information for consideration by the new administration; and 3. providing a clear description of how NCME can help the new administration. The Board also noted the importance of making a distinction between involvement in a political activity (which is not appropriate for NCME to do) and being involved in considering matters related to educational testing (which is appropriate).

After a lengthy discussion, the consensus of the Board was that a letter should be sent to the members of Congress that are on various educational committees. The Board concluded that they could get the list of members of Congress from Gerald Sroufe. The letter would include a brief description of what NCME has to offer, and examples of how NCME has demonstrated expertise in helping to sort through testing issues that have surfaced in the past.

The Board emphasized the importance of being prepared to respond after the letter is sent. Dr. Ackerman suggested that the Board take time after the letter is sent to formulate a specific response plan. The Board concluded discussion with a commitment to create a letter.

The challenges of speaking with the media was also considered by the Board. The Board recommended asking Gerry Sroufe, AERA's Director of Governmental Relations, for guidance. Dr. Reckase asked Plumer to obtain a cost estimate for a training session on how to speak to the media.

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Dr. Reckase asked for a motion to adjourn the meeting. Dr. Lukin offered a motion. Dr. Rogers seconded the motion. The meeting was adjourned.