

LEA: _____

Exceeding 1% Threshold Justification Form

The *Every Student Succeeds Act* (ESSA) requires States to ensure that the total number of students assessed in each subject using an alternate assessment for a student with a significant cognitive disability does not exceed one percent (1%) of the total number of students in the state assessed with statewide assessments. ESSA also places a one percent (1%) cap on the total number of all students in the State assessed in each content area. ESSA states that Local Education Agencies (LEAs) that contribute to the State exceeding its participation cap must submit information to the State justifying the need to exceed the one percent (1%) cap.

In Alabama, the definition of a student with the **most** significant cognitive disability is a student with an intelligence quotient (IQ) of three standard deviations below the mean which is an IQ score of 55 or below that significantly impacts intellectual functioning and that exists concurrently with deficits in adaptive functioning (defined as essential for someone to live independently and to function safely in daily life). As a rule, a student having a **most** significant cognitive disability is not solely determined by an IQ test, but rather by a holistic understanding of a student. An alternate assessment, based on alternate standards, ensures that all students are able to participate in instruction and assessments to measure what a student knows and can do in relation to the grade level course of study.

According to the **2018-2019** academic year data, your LEA has been identified as exceeding the one percent (1%) cap in reading, mathematics, and/or science for students participating in the alternate assessment. Please submit the justification information via this link: _____ by **October 25, 2019**.

Do not submit student identifiable information with this form.

JUSTIFICATION

Is this the LEAs first year over the 1% Threshold? **YES NO**

If **NO**, how many years?

Indicate all subjects the LEA is over the 1% Threshold? **Reading Mathematics Science**

Did your Individualized Education Program (IEP) Team utilize the ALSDE guidance for each student who participated in the alternate assessment program? **YES NO**

If **NO**, explain what process was used or steps taken to ensure appropriate participation in the alternate assessment program.

Select **all** disability categories of students in your LEA who participated in the alternate assessment:

- | | | |
|-----------------------|------------------------------|---------------------------------------|
| Autism | Intellectual disability | Speech or language impairment |
| Deaf-blindness | Multiple disabilities | Traumatic brain injury |
| Deafness | Orthopedic impairment | Visual impairment including blindness |
| Emotional disturbance | Other health impaired | |
| Hearing impairment | Specific learning disability | |

Indicate how **all** personnel, who serve on an IEP Team, were trained:

Training Method	LEA Representative	Special Education Teacher	General Education Teacher	Someone Who Can Interpret the Instructional Implications of Evaluation Results	Parents were informed of IEP decision for placement and assessment.
Face-to-face					
Provided a copy of state guidance					
Other					

If other, please explain:

Training Materials, agendas, and sign in sheets must be on file at the LEA's Central Office

All documentation (referenced in the participation guidance) is on file to support the IEP Teams decision for **each** student participating in the alternate assessment program? **YES NO**

Data for the district and each school has been reviewed and analyzed? **YES NO**

Data for the district and each school has been reviewed to address disproportionality? **YES NO**

All data including worksheets must be on file at the LEA's Central Office.

Please explain (including special circumstances) why your LEA exceeds the one percent (1%) cap in reading, mathematics, and/or science for students participating in the alternate assessments.

Do not submit any student identifiable information with this form.

Please explain, in detail, the steps the LEA has taken to address the number of students participating on the alternate assessment.

As, Superintendent, my signature below assures that

- The LEA will ensure IEP Team members will review and determine annually the eligibility for participation in the Alabama Student Assessment Program for a student with the most significant cognitive disability.
- The LEA will ensure training is provided to all IEP Team members utilizing the state guidance.
- The LEA will ensure parents are informed that their child's achievement will be measured based on alternate academic standards and how participation in the alternate assessment program may delay or otherwise affect the student from completing the requirements for a regular high school diploma. The parents will be provided access to the guidance documents.

The following personnel will serve as the LEA contact and has access to all documentation to be kept on file in the LEA related to the 1% Threshold.

Name: _____ Phone number: _____

Email: _____ Address: _____

Superintendent's Signature

Date

If you have questions regarding this form, please contact Nannette Pence, Student Assessment, at npence@alsde.edu at the ALSDE. Please submit the justification information via this link: by **October 25, 2019**. **Do not submit student identifiable information with this form.**