Alabama State Department of Education

Justification for Exceeding the One Percent Cap Requirement for Participation on the
ACAP Alternate Assessment

The *Every Student Succeeds Act* (ESSA) requires states to ensure that the total number of students with significant cognitive
disabilities assessed in each subject using an alternate assessment does not exceed one percent (1%) of the total number of
students in the state assessed on state-wide assessments. ESSA requires districts exceeding the cap to submit a justification to
the State to justify the need to exceed the One Percent Cap requirement.

**DISTRICT: _______________________________ DATE: __________________**

**DISTRICT CONTACT FOR ONE PERCENT CAP REQUIREMENT: ______________________________**

**JUSTIFICATION**

*Do not submit any student identifiable information with this form.*

1. **Identify the factors that contributed to the district exceeding the One Percent Cap requirement on students participating in the ACAP Alternate Assessment** (check all that apply):
   - ☐ The IEP teams lack the necessary knowledge to effectively use the information provided in the *Guidance for IEP Teams on Participation Decisions for the ACAP Alternate Assessment and Alternate Achievement Standards* document when making determinations that identify students as having significant cognitive disabilities.
   - ☐ A small district enrollment size results in a greater impact on participation rates (for example, a district size of 180 students, with two students with significant cognitive disabilities, results in a higher than 1% participation rate.)
   - ☐ The district’s programmatic decisions result in a more concentrated population of students with the most significant cognitive disabilities housed in one school.
   - ☐ The district includes school, community, and/or health programs that result in an increase of families with children with the most significant cognitive disabilities.
   - ☐ Other, please explain: ____________________________________________

2. **Indicate the extent of specialized training of school staff who serve on IEP Teams** (check all that apply):
   - Special Education Facilitator/Special Education Lead Teacher
     - ☐ Fall ALACASE Conference
     - ☐ Training provided by ALSDE
     - ☐ Other, please specify: ____________________________________________
   - Regular Education Teachers
     - ☐ Training provided by ALSDE
     - ☐ Back-to-School Inservice training
     - ☐ Professional Development training workshop
     - ☐ Other, please specify: ____________________________________________
   - Special Education Teachers
     - ☐ Annual IEP Team training
     - ☐ Training provided by ALSDE
     - ☐ Back-to-School Inservice training
     - ☐ Professional Development training workshop
     - ☐ Other, please specify: ____________________________________________
**SUPPORT AND TECHNICAL ASSISTANCE**

What additional resources or technical assistance does your district need from ALSDE to ensure that students are being assessed using the appropriate state assessment (check all that apply).

- □ Training to understand and apply the *Guidance for IEP Teams on Participation Decisions for the ACAP Alternate Assessment and Alternate Achievement Standards* document for:
  - ☐ Special Education Teachers
  - ☐ IEP Team members
  - ☐ School leaders/others
- □ Training to understand and leverage allowable testing accommodations for:
  - ☐ Special Education Teachers
  - ☐ IEP Team members
  - ☐ School leaders/others
- □ Training to understand the One Percent Cap requirement on the *ACAP Alternate Assessment* participation for:
  - ☐ Special Education Teachers
  - ☐ IEP Team members
  - ☐ School leaders/others
- □ Other, please specify: ________________________________________________________________

**ASSURANCES**

- □ This district utilizes the *Guidance for IEP Teams on Participation Decisions for the ACAP Alternate Assessment and Alternate Achievement Standards* document in the development of IEPs for students who will participate on the *ACAP Alternate Assessment*.
- □ I certify that the information provided is correct to the best of my knowledge.

________________________________________  __________
Signature of Superintendent                        Date

________________________________________
Signature of District One Percent Cap Requirement Contact                        Date