



**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: \_\_\_\_\_

IEP Team member(s) who interprets instructional implications of the evaluation results

- Training provided by ALSDE
- Professional Development/Workshop
- Other, please specify: \_\_\_\_\_

School Administrators

- Training provided by ALSDE
- Other, please specify: \_\_\_\_\_

**3. By what means were parents/guardians informed of their child's participation in the ACAP Alternate Assessment and the implications that may apply (check all that apply):**

- Annual IEP Team meeting
- Letter/email
- Training module or in-person trainings for parents/guardians
- 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