

Appendix B-8: Delaware Communication Portfolio Summary Participation Guidelines

Student Name: _____

Date of Birth: _____

School: _____

IEP Meeting Date: _____

If it is determined that there is sufficient information to support ALL of the following criteria, the IEP team should document this decision on the student’s current IEP and sign below. Students who do not meet the required criteria of the Delaware Communication Portfolio Summary (DCPS) will participate in the DeSSA-Alternate assessment or the general assessment, with or without accommodations.

The achievement of students in the DCPS is based on alternate achievement standards. Students who participate in the DCPS are working on the same *Delaware Content Standards* as their peers; however, they are working on these standards in less complex ways.

NOTE: If a decision is made for the student to participate in the DCPS after the beginning of the winter test window, the student will continue to participate in the DeSSA-Alt or the general assessment for the remainder of the school year.

***** Any student who participates in the DCPS must also take one testlet in each content area of the DeSSA-Alt assigned to their grade level.**

Participation Criteria	Participation Criteria Descriptors	Agree/ Disagree	Sources of Evidence	Date(s) Completed
Criterion #1: Meets Criteria for the DeSSA-Alt	IEP team agrees that the student meets all five criteria to participate in the DeSSA-Alternate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> The DeSSA-Alt Participation Criteria have been reviewed and discussed with the IEP Team.	_____
Criterion #2: Complexity of Communication Needs	The student’s selected mode of communication requires interpretation by others, or the student does not currently have a consistent and reliable mode of communication that is understood by others.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Speech/Language Evaluation Results <input type="checkbox"/> Speech/Language Goals <input type="checkbox"/> Needs/Annual Goals section from IEP <input type="checkbox"/> Other _____	_____ _____ _____
Criterion #3: Student responses	The student does not appear engaged or does not reliably use a communication system that is understood by others.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Teacher survey/observations <input type="checkbox"/> Related IEP annual goals/progress updates <input type="checkbox"/> Psychoeducational evaluation <input type="checkbox"/> Deaf/blind services report, DVI services report <input type="checkbox"/> Other _____	_____ _____ _____ _____

Participation Criteria	Participation Criteria Descriptors	Agree/ Disagree	Sources of Evidence	Date(s) Completed
Criterion #4: Stimuli responses	The student primarily shows response to stimuli that are internal (hungry, sleepy, uncomfortable, etc.) or related to immediate environment (specific to activity or an item).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Teacher survey/observational data <input type="checkbox"/> Related IEP annual goals/progress updates <input type="checkbox"/> Psychoeducational evaluation <input type="checkbox"/> Deaf/blind services report, DVI services report <input type="checkbox"/> Other _____	_____ _____ _____ _____
Criterion #5: Communication Matrix	The team reviewed the results and it shows that the student is consistently in lower levels of the matrix.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Communication Level: _____ <input type="checkbox"/> Matrix not yet administered ¹	_____ Reviewed: _____
Criterion #6A: Previous results on state assessments	DeSSA-Alt: The results provided limited information and the team feels is the results are not valid. Student consistently received a Performance Level 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DeSSA-Alt Not yet administered For the DeSSA-Alt, the student should have used any AAC (low or high tech) or other means of communication that is typical for the student during daily instruction in order to determine the results to be considered valid.	_____ _____
Criterion #6B: Results of DCPS	DCPS Results: The results have been reviewed and discussed with the IEP team, and showed that the student is appropriately placed in this assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Portfolio not yet administered	_____ _____

Participation in DCPS is not based on the following:

- | | |
|--|---|
| 1. existence of an IEP;
2. specific disability category or label;
3. educational placement or instructional setting;
4. English language learner status;
5. socio-economic or cultural differences;
6. academic and other services received;
7. percent of time receiving special education services
8. excessive or extended absences; | 9. anticipated disruptive behavior;
10. anticipated emotional duress;
11. student's reading level;
12. administrator decision
13. impact of test score on accountability system; or
14. the expectation that the student will not perform well on the general assessment |
|--|---|

Evidence shows that the decision for participation in the DCPS **is not** based on the above list.

The IEP team understands that the student must still take one testlet in each content area of the DeSSA-Alt assigned to their grade level.

The IEP team understands that if a student has not completed 2 observations and 2 content area testlets by February 19, 2021, that student will be moved to the DeSSA-Alt. All DCPS scores will be invalidated. (Grade 10 students need to have 2 observations and 1 science testlet completed by February 19, 2021)

¹ Not yet administered only applies to students who are being considered for the first time for the DCPS. If eligible for DCPS, the Communication Matrix must be completed before the administration window opens.



IEP Team members Statement of Assurance

Our decision was based on multiple pieces of evidence that, when taken together, demonstrated that the DCPS was the most appropriate assessment for this student; this his/her academic instruction will be based on the Delaware Content Standards; and that any additional implications of the decision were discussed thoroughly.

My signature below indicates that I agree with the decision for _____ to participate in the Delaware Communication Portfolio Summary.

(Parent/Guardian) (date)

(Speech Language Therapist/Pathologist) (date)

(Parent/Guardian) (date)

(Other- please specify name and position) (date)

(Student, if attending) (date)

(Other- please specify name and position) (date)

(Administrator/Designee) (date)

(Other- please specify name and position) (date)

(Teacher) (date)

(Other- please specify name and position) (date)