



Alternate Assessment 1.0 Percent Justification Form

The Every Student Succeeds Act (ESSA) requires states to ensure that the total number of students assessed in each subject on the DeSSA-Alternate Assessment does not exceed one percent (1%) of the total number of students the state assessed with Delaware statewide assessments. States that anticipate that they will exceed 1.0 percent in the alternate assessment participation must submit a waiver request to the US Department of Education ninety (90) days prior to the beginning of the State’s alternate assessment testing window. Furthermore, ESSA requires that each LEA complete and submit a justification when it anticipates exceeding the 1.0 percent of students assessed. Since the 2017-18 school year, Delaware’s participation rate exceeded the 1.0 percent threshold.

Each LEA must complete this form even if you have no students participating on the alternate assessment and submit to **Michelle Jackson** at the Delaware Department of Education via DOE Help Desk, by **October 21, 2022**.

NAME OF LEA	CONTACT PERSON/ROLE
EMAIL	PHONE NUMBER

Directions: All LEAs should complete Part A and Part B. Only complete Part C if you exceed the 1.0 percent cap.

Part A: Assurances

The LEA will ensure that the IEP team adheres to the DeSSA-Alternate Assessment Decision-Making Tool (Appendix B-3) when making decisions for student to participate in the alternate assessment.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The LEA will ensure that special educators are trained to administer the DeSSA-Alternate Assessment.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The LEA will ensure that IEP team leaders attend the statewide PD: Alternate Assessment Participation Decision-Making Tool Workshop.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The LEA will ensure that special educators and IEP team leaders attend the statewide webinar: State Guidelines and Participation Criteria to keep up-to-date on changes in the Decision-Making Tool.	<input type="checkbox"/> YES <input type="checkbox"/> NO
The LEA will address any disproportionality in the subgroups that arise from students participating in the alternate assessment.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Part B: Calculations

Alternate Assessment Participation Rates 2021-22	ELA/Literacy	Math	Science
1. Total number of DeSSA-Alt assessment students. (Grades 3-8,11 for ELA/Math and Grades 5, 8, 10 for Science. Residential students with disabilities in, in- and out-of-district placements should also be included.)			
2. Total number of special education and general education students who participated in a state assessment during the spring window. (DeSSA ELA/Math, DeSSA-Alt, SAT)			
3. Divide the line 1 number by the line 2 number.			
4. Multiply the line 3 number by 100 to determine the alternate assessment participation rate for each content area.			



Alternate Assessment Participation Rates 2022-2023 (Projection)	ELA/Literacy	Math	Science
1. Total number of DeSSA-Alt assessment students. (Grades 3-8,11 for ELA/Math and Grades 5, 8, 10 for Science. Residential students with disabilities in, in- and out-of-district placements should also be included.)			
2. Total number of special education and general education students who will participate in a state assessment during the spring window. (DeSSA ELA/Math, DeSSA-Alt, SAT)			
3. Divide the line 1 number by the line 2 number.			
4. Multiply the line 3 number by 100 to determine the projected alternate assessment participation rate for each content area.			

Part C: Complete this section **ONLY** if you are **above** 1.0 percent participation in a content area.

Are students participating in the DeSSA-Alt with disability categories that are typically not eligible for the DeSSA-Alt assessment? (i.e. by definition do not have a significant cognitive disability such as SLD, ED)? If yes, what is the LEA's explanation regarding this data?

Is there a high incidence of students with disabilities in the district? If yes, please elaborate.

Is there a school, community or health program in the district that draws large numbers of students with significant intellectual disabilities? If Yes, please elaborate.

*Other. Please elaborate.

By submitting this justification form, the LEA verifies that all the information provided is valid and accurate and is able to provide any requested documentation of evidence.

Signature of Special Education Administrator

Signature of Superintendent or Charter School Lead

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Support Level

- Universal Level 1
 Level 2 Level 3

Content Area(s)

- ELA Math Sci