



### 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 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 the LEA has no students participating on the alternate assessment and submit to **Michelle Jackson** at the Delaware Department of Education via DOE Help Desk, by **October 20, 2023**.

NAME OF LEA	CONTACT PERSON/ROLE
EMAIL	PHONE NUMBER

**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 students 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	2023 Admin			2024 Admin Projected		
	ELA	Math	Science	ELA	Math	Science
1. Total number of DeSSA-Alt assessment students. (Grades 3-8,11 for ELA/Math and Grades 5, 8, 10 for Science. Include residential students)						
2. Total number of special education and general education students who participated in a state assessment. (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. This is the alternate assessment participation rate for each content area.						



**Part C: Identify your Tier Support**

**Delaware has shifted to a three-tiered system of support. Select the tier most appropriate for your LEA.**

- Tier 1:** LEAs at 1.0 or below; LEAs with <300 total testing population; LEAs with Special Schools
  
- Tier 2:** LEAs over 1.0 percent in any content area with circumstances other than the one above. The LEA will conduct a self-evaluation and create a corrective action plan.

Comment: \_\_\_\_\_

- Tier 3:** LEAs over 1.0 percent for 3 years who have completed all the requirements for Tier 2 and have not demonstrated any significant change. DDOE will provide monitoring.

Comment: \_\_\_\_\_

**Part D: Feedback**

- In 2022-2023, did your staff complete trainings around the alternate assessment standards, the Decision-Making Tool, or will your staff complete trainings for the 2023-2024 school year? Please provide information below on number of completers etc.

- Has your LEA moved students off the alternate assessment using the Decision-Making Tool. If so, can you provide information such as how many, including example student IDs, and any other feedback.

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

\_\_\_\_\_  
**Signature of Special Education Administrator**

\_\_\_\_\_  
**Signature of Superintendent or Charter School Lead**