



## DC Alternate Assessment Participation Decision Documentation Form

Directions: To qualify for the District of Columbia's Alternate Assessment\*, a student's IEP team must determine that a student is eligible based on participation criteria and accompanying evidence. **Please complete this form and upload it into the student's record in the Special Programs database, OR complete the embedded "Statewide Alternate Assessment Participation Criteria" form in Special Programs. Do not send this form to OSSE over email, in order to protect student privacy.**

Please note that evidence for the decision about whether a student is eligible to participate in the DC Alternate Assessment is **NOT** based on the following:

- |  |   |
|--|---|
| 1. A disability category or label                                | 9. Low reading level/achievement level  |
| 2. Poor attendance or extended absences                          | 10. Anticipated disruptive behavior   |
| 3. Native language/social/cultural or economic difference        | 11. Impact of student scores on accountability system   |
| 4. Expected poor performance on the general education assessment | 12. Administrator decision  |
| 5. Academic and other services the student receives              | 13. Anticipated emotional duress  |
| 6. Educational environment or instructional setting              | 14. Need for accommodations (e.g., assistive technology/AAC) to participate in assessment process |
| 7. Percent of time receiving special education services          |   |
| 8. English Learner (EL) status                                   |   |

### DC Alternate Assessment Application for Participation

Applicant Information	
<b>Student Name:</b>	<b>Student USI:</b>
<b>Date of Birth:</b>	<b>Student Grade:</b>
<b>Disability Category:</b>	
<b>Did the student participate in the DC Alternate Assessment last year?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please indicate ALL assessments in which the student participated in the last year assessed?</b>	
<input type="checkbox"/> PARCC <input type="checkbox"/> DC Science <input type="checkbox"/> Multi-State Alternate Assessment (MSAA) <input type="checkbox"/> Dynamic Learning Maps Science Alternate Assessment (DLM) <input type="checkbox"/> ACCESS <input type="checkbox"/> Alternate ACCESS <input type="checkbox"/> Other State's Assessment ( <i>indicate state and name of assessment</i> ): <input type="checkbox"/> N/A: Student is in Grade 3 <input type="checkbox"/> Other ( <i>please specify</i> ):	

\*Note: The criteria for participation in the DC Alternate Assessment reflect the pervasive nature of a significant cognitive disability. All content areas should be considered when determining who should participate in this assessment. Thus, a student who participates in the DC Alternate Assessment participates in this assessment for all content areas.



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Student Name: \_\_\_\_\_

Student USI: \_\_\_\_\_

To meet the criteria for the DC Alternate Assessment, the student must meet **all** participation criteria descriptors.

Participation Criteria	Participation Criteria Descriptors	Sources of Evidence [check if used]
<p>1. The student has a significant cognitive disability</p> <p>YES <input type="radio"/> NO <input type="radio"/></p>	<p>Review of student records indicates a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior.</p> <p><i>*Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.</i></p>	<p><input type="checkbox"/> Results of Individual Cognitive Ability Test</p> <p><input type="checkbox"/> Results of Adaptive Behavior Skills Assessment</p> <p><input type="checkbox"/> Results of individual and group administered achievement tests</p> <p><input type="checkbox"/> Results of informal assessments</p> <p><input type="checkbox"/> Results of individual reading assessments</p> <p><input type="checkbox"/> Results of district-wide alternate assessments</p> <p><input type="checkbox"/> Results of language assessments including English learner (EL) language assessments if applicable</p>
<p>2. The student is learning content linked to (derived from) the Common Core State Standards (CCSS).</p> <p>YES <input type="radio"/> NO <input type="radio"/></p>	<p>Goals and instruction listed in the IEP for this student are linked to the enrolled grade-level CCSS and address knowledge and skills that are appropriate and challenging for this student. The student is learning content that is linked to (derived from) the standards that are appropriately broken into smaller steps, called Core Content Connectors.</p>	<p><input type="checkbox"/> Examples of curriculum, instructional objectives and materials including work samples</p> <p><input type="checkbox"/> Present levels of academic and functional performance, goals and objectives from the IEP</p> <p><input type="checkbox"/> Data from scientific research-based interventions</p> <p><input type="checkbox"/> Progress monitoring data</p>
<p>3. The student requires extensive direct individualized instruction and substantial supports to achieve measureable gains in the grade-and age-appropriate curriculum.</p> <p>YES <input type="radio"/> NO <input type="radio"/></p>	<p>The student (a) requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature and (b) uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across academic content.</p>	<p><input type="checkbox"/> Examples of curriculum, instructional objectives, and materials including work samples from both school and community based instruction</p> <p><input type="checkbox"/> Teacher-collected data and checklists</p> <p><input type="checkbox"/> Present levels of academic and functional performance, goals, and objectives, and post-school outcomes from the IEP and the Transition Plan for students age 12 and older</p>

**The student may participate in the DC Alternate Assessment if all responses above are marked Yes.**



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Student Name: \_\_\_\_\_

Student USI: \_\_\_\_\_

<b>Additional Considerations Not to Use in Reviewing Evidence</b>	
1.	<i>A disability category or label</i>
2.	<i>Poor attendance or extended absences</i>
3.	<i>Native language/social/cultural or economic difference</i>
4.	<i>Expected poor performance on the general education assessment</i>
5.	<i>Academic and other services received</i>
6.	<i>Educational environment or instructional setting</i>
7.	<i>Percent of time receiving special education services</i>
8.	<i>English Language Learner (ELL) status</i>
9.	<i>Low reading level/achievement level</i>
10.	<i>Anticipated disruptive behavior</i>
11.	<i>Impact of test scores on accountability system</i>
12.	<i>Administrator decision</i>
13.	<i>Anticipated emotional duress</i>
14.	<i>Need for accommodations, e.g., assistive technology/AAC to participate in assessment process</i>
<input type="checkbox"/>	<i>Evidence shows that the decision for participating in the DC Alternate Assessment <b>was not</b> based on the above list. (check box to confirm)</i>

**IEP Team Statement of Assurance:** *Our decision was based on multiple pieces of evidence that, when taken together, demonstrated that the Alternate Assessment is the most appropriate assessment for this student; that his/her academic instruction will be based on the MSAA Common Core Connectors (CCCs) linked to the Common Core State Standards (CCSS); that the Additional Considerations listed above were not used to make this decision; and that any additional implications of this decision were discussed thoroughly.*

Each of us participated in the decision regarding the DC Alternate Assessment:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## DC Alternate Assessment Participation Decision Flow Chart: Guidance for IEP Teams

### Consider These:

- Anecdotal parent input
- Individual Cognitive Ability tests
- Adaptive Behavior Skills Assessment
- Individual/group administered achievement tests
- District-wide alternate assessments
- English language proficiency assessment (if applicable)
- Data from scientific research-based interventions
- Progress monitoring data
- Results of informal assessments
- Teacher collected data and checklists
- Examples of curriculum, instructional materials, and work samples from community-based instruction
- Present levels of academic and functional performance, goals and objectives, and post school outcomes from the IEP and Transition Plan

Does the student have a current Individualized Education Program (IEP)?

YES

Do the student's records indicate a disability or multiple disabilities that most significantly impact intellectual functioning and adaptive behavior?\*

\* Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.

YES

Does the student require modifications to instruction that do not represent the full scope and sequence of the assigned curriculum?

YES

Does the student require extensive, direct, individualized instruction and support that is not of a temporary or transient nature?

YES

Does the student use substantially adapted materials with individualized methods of accessing information in alternate ways to acquire, maintain, generalize, demonstrate, and transfer skills across academic content?

YES

Student may participate in the DC Alternate Assessments.

NO

NO

NO

NO

NO

Student must participate in the general assessments. Student may be eligible to use accommodations. For questions, please contact OSSE at [OSSE.assessment@dc.gov](mailto:OSSE.assessment@dc.gov)