



# Illinois State Board of Education

100 North First Street  
Springfield, Illinois 62777-0001

## EXCEEDING THE 1% ALTERNATE ASSESSMENT PARTICIPATION JUSTIFICATION REQUIREMENTS FORM

### ASSESSMENT DEPARTMENT

The Every Student Succeeds Act (ESSA) requires states to ensure that the total number of students assessed in each subject using the Alternate Assessment for Students with Significant Cognitive Disabilities does not exceed one percent (1%) of the total number of students in the state assessed with Illinois statewide assessments. States that anticipate that they will exceed 1.0 percent in 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, the ESSA requires that each district complete and submit a justification when it anticipates exceeding 1.0 percent of students assessed in a subject with the alternate assessment. For the 2017 - 2018 school year, the State's participation rate on the alternate assessment was approximately 1.15 percent of all students assessed with more than half of Illinois districts exceeding the 1.0 percent threshold. The Illinois State Board of Education will review justifications by each district. The Illinois State Board of Education will post the state waiver for public comment in October.

**The LEA must provide the following information for exceeding the 1.0% cap:**

NAME OF LEA	TELEPHONE OF LEA	
ADDRESS OF LEA	EMAIL OF LEA	
ADDRESS OF LEA (STREET, CITY, STATE, ZIP CODE)		
Total number of students enrolled in grades 3,4,5,6,7,8,9,10,11 as of October 1st of the 2018-2019 school year.		
Number of students enrolled in the DLM-AA for the 2018-2019 school year? (LEA must include students who are enrolled in the district and outplaced):		
Calculating the 1%: The calculation is determined by dividing the total number of students who participated in the DLM-AA by the total number of students who were assessed in the IAR, DLM, SAT in the assessed grades of 3-8 and 11. Multiply the quotient by 100 to yield a percentage rate.		
Compare the LEA DLM-AA participation rate for the 2017-2018 school year to the LEA's DLM-AA participation in 2018-2019. Does the comparison show an increase, decrease, or stay the same? Provide a justification if an increase was experienced.		
Review the 2018-2019 DLM-AA enrollment data of each enrolled student by primary disability category. Provide the number of students who should have or did participate in the DLM-AA.		
<input type="checkbox"/> Autism <input type="checkbox"/> Emotional Disturbance <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Specific Learning Disability <input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Orthopedic Impairment <input type="checkbox"/> Speech/Language Impairment	<input type="checkbox"/> Deafness <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Other Health Impairment <input type="checkbox"/> Traumatic Brain Injury

Review the 2018-2019 DLM-AA enrollment data of each enrolled student by demographic category to identify groups for disproportionality. Provide the number of students who should have or did participate in the DLM- AA.

<input type="checkbox"/> Male	<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Migratory
<input type="checkbox"/> Female	<input type="checkbox"/> Children with Disabilities	<input type="checkbox"/> Limited English Proficiency
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Two or more races
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Native Hawaiian/Pacific Islander		

Does the LEA expect the 2019-2020 school year to exceed the 1% exception? If so, what disability category or demographic group does the LEA see a higher percentage of and provide a brief explanation for this high percentage.

Does the LEA recognize a higher than expected number of students projected to participate in the DLM-AA in any specific disability category or demographics?

Are students participating in the DLM-AA with disability categories that are not typically eligible for the DLM-AA (i.e., by definition do not have a significant cognitive disability such as Specific Learning Disability, Emotional Disturbance)? If yes, what is the LEA's explanation regarding this data?

Briefly describe how the LEA is assuring that Individualized Education Program (IEP) teams are adhering to the three criteria in determining student eligibility for participation in the DLM-AA. The three eligibility criteria have been updated for the 2018-19 school year.

How does the LEA ensure parents/guardians are included in the DLM-AA eligibility decision-making process? Describe how the LEA informs parents/guardians of pertinent information pertaining to the DLM-AA:

Describe how special education teachers are trained to administer the DLM-AA:

If applicable, provide a brief description with supporting data that identifies specific programs or circumstances within the LEA that may contribute to higher enrollments of students identified with significant cognitive disabilities that would result in a DLM-AA participation rate in excess of 1.0 percent. (Example: the LEA is host to two facilities/group homes specifically for providing residence to students with significant cognitive disabilities.):

If appropriate, provide a brief description as to how a small overall student enrollment in the LEA contributes to the likelihood that even a small number of students found eligible to participate in the DLM-AA would result in a participation rate in excess of 1.0 percent:

Provide any additional justification of variables that may contribute to higher numbers of students being deemed eligible for participation in the DLM-AA that would result in a DLM-AA participation rate in excess of 1.0 percent:

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Original** Signature of LEA

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Original** Signature of Superintendent / Chief Administrator

**WHEN COMPLETED, PLEASE SUBMIT ALL RESPONSES AND ANY PERTINENT  
SUPPORTING DOCUMENTS TO THE FOLLOWING EMAIL:**

**[AltException@ISBE.net](mailto:AltException@ISBE.net)**

***\*Original signatures should be kept on file at the LEA.***