

Illinois State Board of Education (ISBE) - Form 53-30A School Year 2023

Exceeding the 1% Alternate Assessment Participation Threshold Justification Requirement Retroactive Form and Assurances

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 1 percent of the total number students in the state assessed with Illinois statewide assessments. ESSA requires that each Local Education Agency (LEA)/district submit a justification form when it exceeds the 1 percent of students assessed in a subject with the alternate assessment. ISBE will review justifications by each LEA and make them available to the public. The form must not contain any personal identifiable information. Please refer to the Dynamic Learning Maps Alternate Assessment (DLM-AA) Participation Rate and Justification Guidance document on the ISBE webpage for more information. Please send any questions/concerns to mjohnso@isbe.net

* Required

1. LEA/District RCDT Code (00-000-0000-00) *

2. LEA/District Name *

3. LEA Contact Name *

4. LEA Contact Title *

5. LEA Contact Phone (include area code) *

6. LEA Contact Email Address *

7. LEA DLM-AA Participation Rate *

The value must be a number

8. Enter a description of how the LEA will ensure that Individualized Education Program teams are adhering to the eligibility criteria as outlined in the Participation Guidelines when determining student eligibility for participation in the alternate assessment. *

9. Enter a description of how any disproportionately among race, gender, or socioeconomic status groups is defined and how that disproportionately will be addressed. If present, regarding participation in the alternate assessment. *

10. Enter justification of variables deemed essential to understanding why the LEA exceeded the 1 percent threshold for participation in the DLM-AA. (For example, small district population may impact the percentage of students taking the DLM. "Low" student achievement is not an appropriate justification for students taking the DLM.) *

11. Enter a description of efforts by the LEA to decrease the number of students taking the DLM-AA, if applicable. *

12. The district ensures the general and special education teachers and other appropriate staff are knowledgeable about the administration of assessments, including making appropriate use of testing accommodations, the IEP team members are trained with the participation guidelines and make the decision of which students qualify for the alternate assessment using the guidance, all alternate assessment test administrators have the required training for the administering the alternate assessment, only students with the most significant cognitive disabilities participate in the alternate assessment, to address any disproportionality in the percentage of students in any subgroup participating in the alternate assessment. *

Agree to the Above Assurances

13. The district ensures the decision for a student to participate in the Illinois Dynamic Learning Maps Alternate Assessment (DLM-AA) is not based solely on the following criteria: a disability category, poor attendance or extended absences, native language or social, cultural or economic difference, expected poor performance on the general education assessment, academic and other services the student receives, educational environment, English learner status, low reading or achievement level, anticipated disruptive behavior, impact of student scores on the accountability system, administration decision, anticipated emotional duress, need for accommodations. *

Agree to the above Assurances

14. Digital Signature from LEA/District Superintendent - I agree and understand that by signing the Electronic Signature Acknowledgment, that all electronic signatures are the legal equivalent of my manual/handwritten signature. *

15. Digital Signature from Special Education Director - I agree and understand that by signing the Electronic Signature Acknowledgment, that all electronic signatures are the legal equivalent of my manual/handwritten signature. *

16. Signed Date *



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