

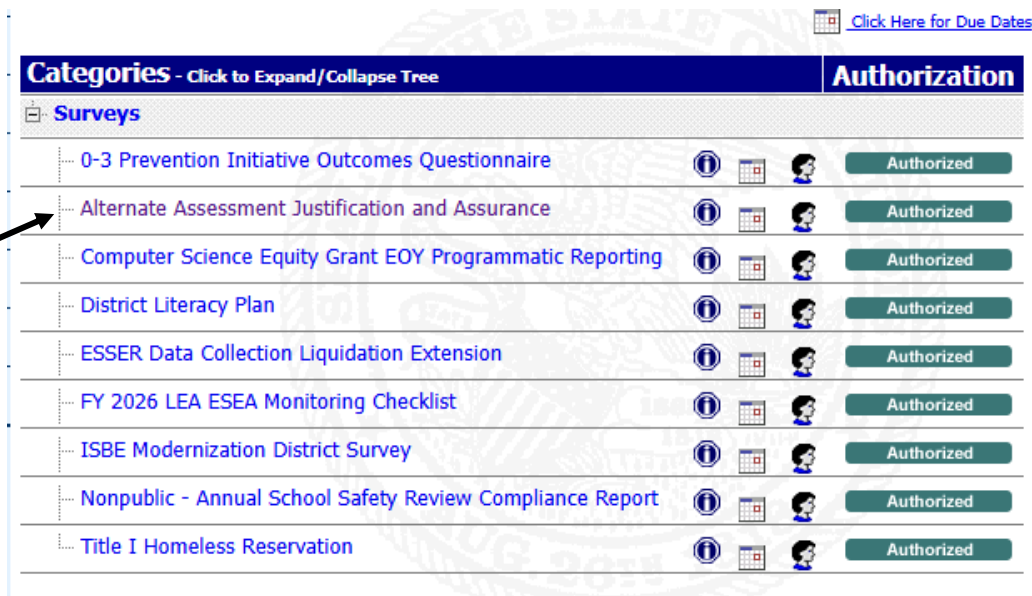
Alternate Assessment Justifications and Assurances

Submissions Guide

February 2026

As part of the [1% Alternate Assessment Threshold Reduction Plan](#), all LEAs are required to complete the Alternate Assessment Justifications and Assurances Survey. To access and complete the Alternate Assessment Justifications and Assurances Survey, please see the direction below.

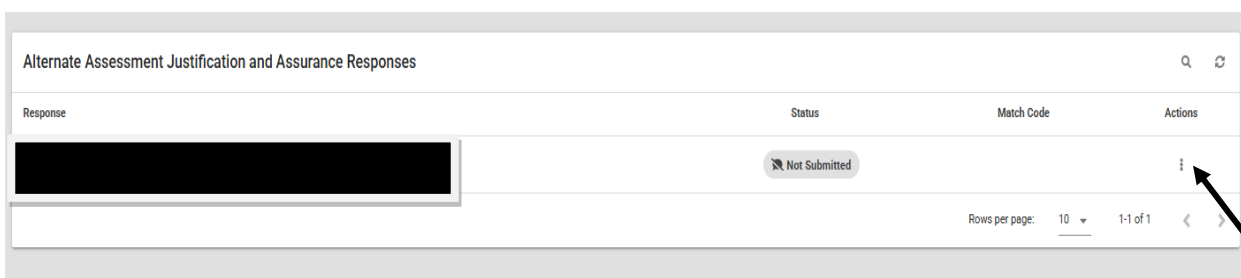
1. After logging into your IWAS Account. Select System Listing on the left-hand side of the screen. Go to the Surveys section in the Listings. If the section is not open, click the plus sign to open the drop down. In the list **click Alternate Assessment Justifications and Assurances**.



[Click Here for Due Dates](#)

Categories - Click to Expand/Collapse Tree				Authorization
Surveys				
0-3 Prevention Initiative Outcomes Questionnaire				Authorized
Alternate Assessment Justification and Assurance				Authorized
Computer Science Equity Grant EOY Programmatic Reporting				Authorized
District Literacy Plan				Authorized
ESSER Data Collection Liquidation Extension				Authorized
FY 2026 LEA ESEA Monitoring Checklist				Authorized
ISBE Modernization District Survey				Authorized
Nonpublic - Annual School Safety Review Compliance Report				Authorized
Title I Homeless Reservation				Authorized

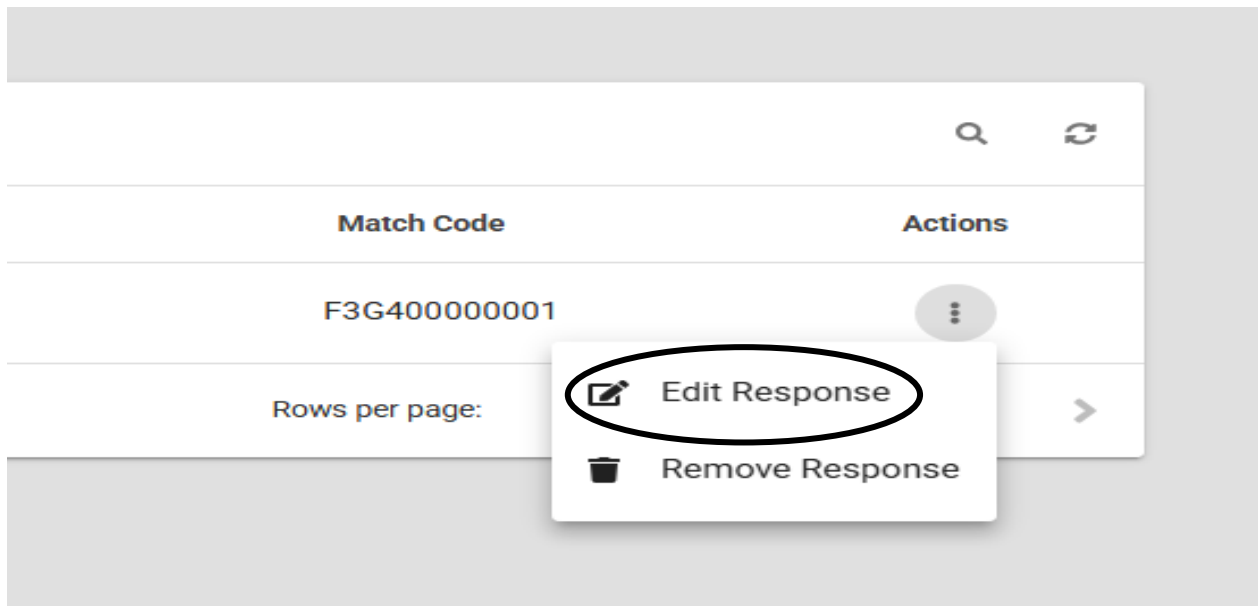
2. On the next screen you will find your district name. Click the **three dots** under the Actions section to begin the survey.



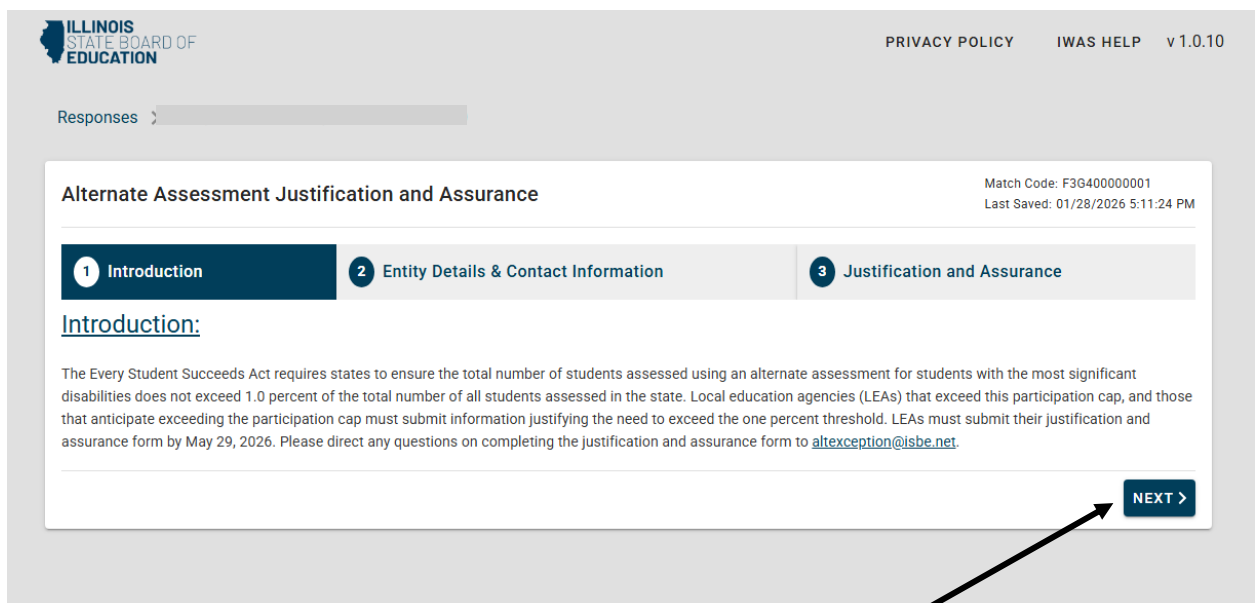
Alternate Assessment Justification and Assurance Responses			
Response	Status	Match Code	Actions
[Redacted]	Not Submitted		[Three dots]

Rows per page: 10 1-1 of 1


- Once you have clicked the three dots, a drop down will appear. Click **Edit Response** to begin the Justifications and Assurances Survey.



- The next screen provides each LEA with an introduction to the Justifications and Assurances Survey. Here you will also find the purpose, rationale, and due date for the completion of this survey. You will need to click **next** to move to the next section of the survey.



- On this screen, the LEA will need to complete all the required entity details and contact information. If the Superintendent is not the individual completing the survey, please enter the name and contact information for the person completing the survey.



PRIVACY POLICYIWAS HELPv 1.0.10

1 Introduction2 Entity Details & Contact Information3 Justification and Assurance

Alternate Assessment Justification and Assurance

School Year:

RCDT: Entity Name:

Superintendent Details: (Required)

First Name: Last Name:

Phone Number: Ext: E-Mail:

(Please provide in the following format: (123)456-7890)

State-Approved Director of Special Education (Required):

First Name: Last Name:


Phone Number: Ext: E-Mail:

(Please provide in the following format: (123)456-7890)

w Meeting 1/28

Phone number
must be
entered using
this format.

6. Each LEA must answer questions 1 and 2. The percentages in question 1 must be rounded to the nearest hundredth.

ILLINOIS
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EDUCATION

PRIVACY POLICYIWAS HELPv 1.0.10

Alternate Assessment Justification and Assurance

Match Code: F3G400000001
Last Saved: 01/28/2026 5:11:24 PM

1 Introduction

2 Entity Details & Contact Information

3 Justification and Assurance

Justification:

1. Enter LEA 2025-2026 Alternate Assessment Rates for ELA, Math, and Science. Percentages should be rounded to two decimals.

• Percentage of students taking alternate assessment - ELA

% ELA
1.20

• Percentage of students taking alternate assessment - Math

% Math
0.03

• Percentage of students taking alternate assessment - Science

% Science
1.00

2. Does the LEA anticipate that more than 1.0% of students assessed in English Language Arts, math, or science (any subject) will participate in the alternate assessment?

☒ Yes – must answer sections 3 and 4 below

☐ No

If No is selected, skip to Confirmation of Assurance section. Your submission will assure that your LEA does not anticipate exceeding 1.0% student participation rate for the alternate assessment.

7. Only LEAs that select “**yes**” for question number 2, will be required to complete the items 3 and 4.

3a. If yes, Select one or more from the following - Optional

☒ ELA

☒ Math

☐ Science

3b. Describe how the LEA will ensure that Individualized Education Program (IEP) teams are adhering to the eligibility criteria as outlined in the Participation Guidelines when determining student eligibility?

The IEP teams are utilizing the participation guidelines companion document during IEP meetings to assist with decision making

126 / 500

4. Identify the factors that contributed or will contribute to the LEA exceeding the 1 percent threshold for participation in the alternate assessment in any content area. Select all that apply. - Optional

☐ • The LEA has a small student population resulting in a greater impact on participation rates.

☐ • LEA/District has a special LEA or community program that attracts students with specific disabilities.

☐ • The district has verified that all students taking the alternate assessment meet all three criteria outlined in ISBE's Alternate Assessment Participation Guidelines and the participation rate remains above the 1% Threshold.


☒ • The student(s) identified by the LEA to participate in the alternate assessment demonstrate significant cognitive disabilities with a significant impact on adaptive skills.

☐ • Other

– multiple choice but can choose more than 1

If Other, describe

8. Each LEA must complete the Assurances page by checking all of the boxes in items 1 and 2. Once the boxes are checked, you can click the **submit button** to submit your survey to ISBE.



PRIVACY POLICYI WAS HELPv 1.0.10

Assurance:

1. The LEA ensures that the decision for a student to participate in the alternate assessment is not based solely on the following criteria:

- A disability category or label
- 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 or instructional setting
- Percent of time receiving special education services
- 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 (e.g., assistive technology; augmentative and alternative communication to participate in the assessment process)

Yes - select check box otherwise cannot complete survey

☒ Yes

2. Review each statement and check each box.

- ☒ General and special education teachers and other appropriate staff are knowledgeable about the administration of assessments, including the appropriate use of testing accommodations,
- ☒ IEP team members regularly attend training on the participation guidelines and are able to determine whether students qualify to take the alternate assessment using these guidelines,
- ☒ Alternate assessment test administrators have completed the required training to administer 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.
- ☒ I understand the submitted justification and assurance will be available publicly in accordance with federal regulations.
- ☒ The district/LEA Superintendent and State-Approved Director of Special Education have read and approved the justification and assurance content.
- ☒ I certify that all the information given in the document is true, complete, and accurate.

[< PREV](#)

[SUBMIT](#)

9. Once the survey is submitted you will receive the following message which verifies that your survey has been submitted.

