

Alternate Assessment

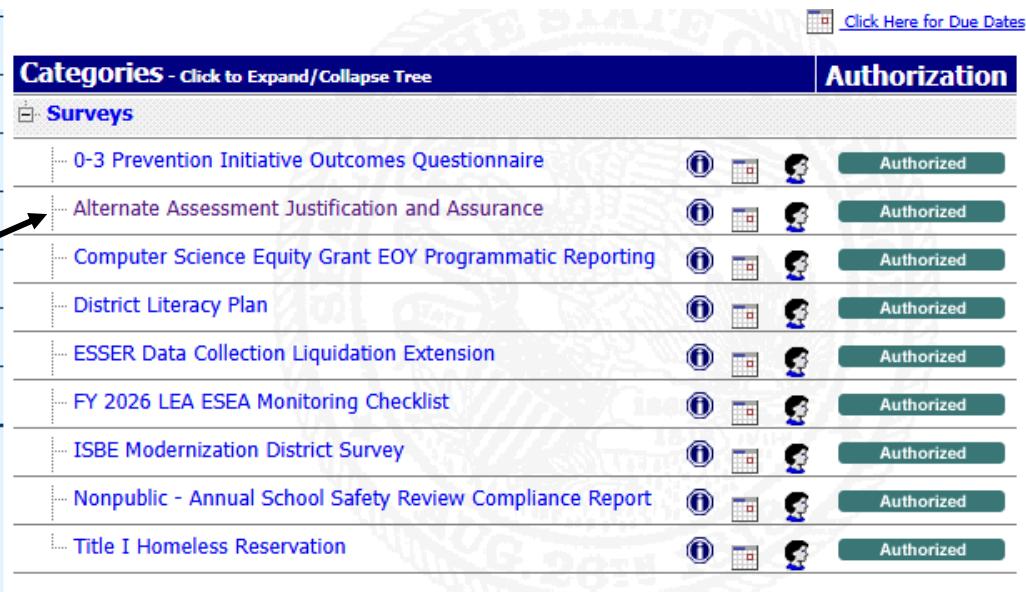
Justifications and Assurances

Submissions Guide

February 2026

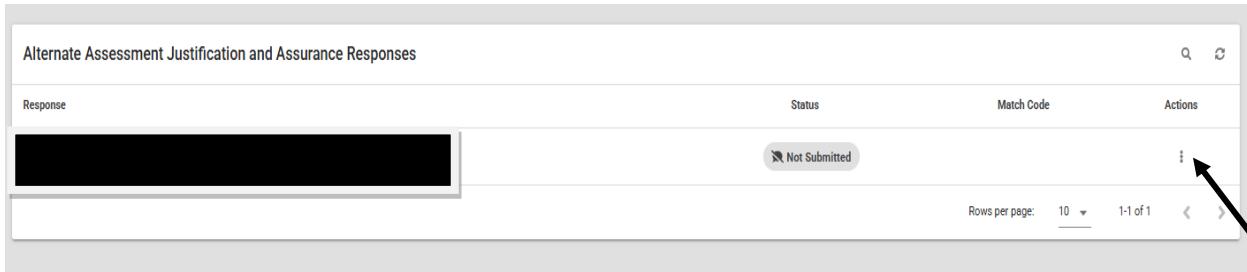
As part of the [1% Alternate Assessment Threshold Reduction Plan](#), all LEAs are required to complete the Alternate Assessment Justifications and Assurances Survey. To access and complete the Alternate Assessment Justifications and Assurances Survey, please see the direction below.

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**.



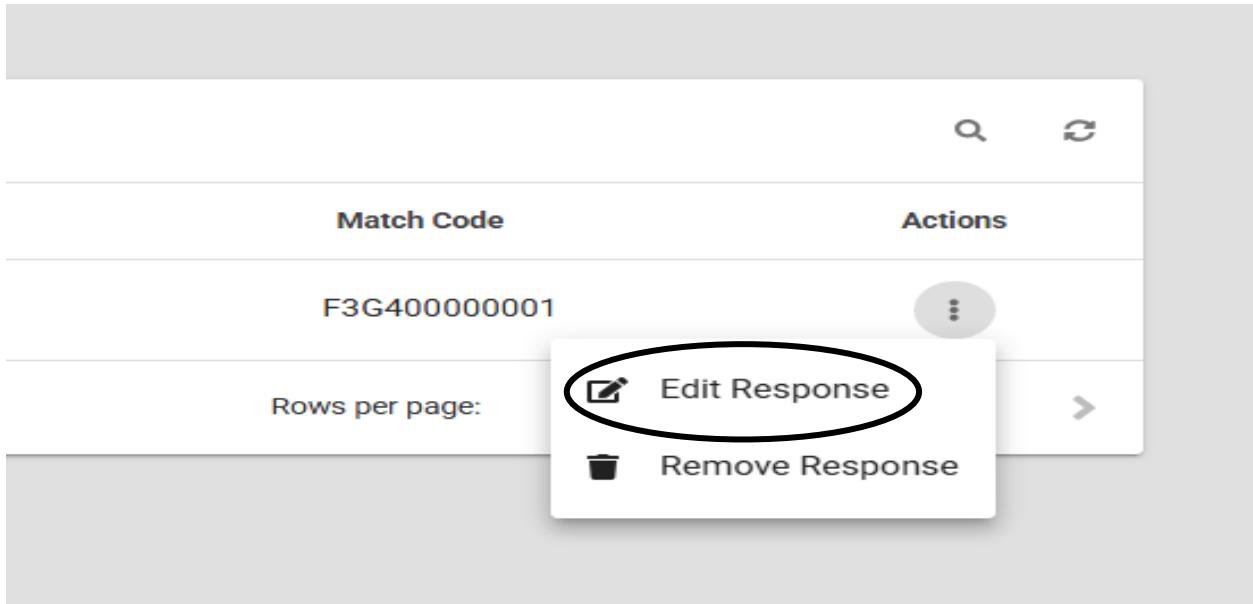
Categories - Click to Expand/Collapse Tree		Authorization
<input type="checkbox"/> Surveys		
<input type="checkbox"/>	0-3 Prevention Initiative Outcomes Questionnaire	   Authorized
<input type="checkbox"/>	Alternate Assessment Justification and Assurance	   Authorized
<input type="checkbox"/>	Computer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



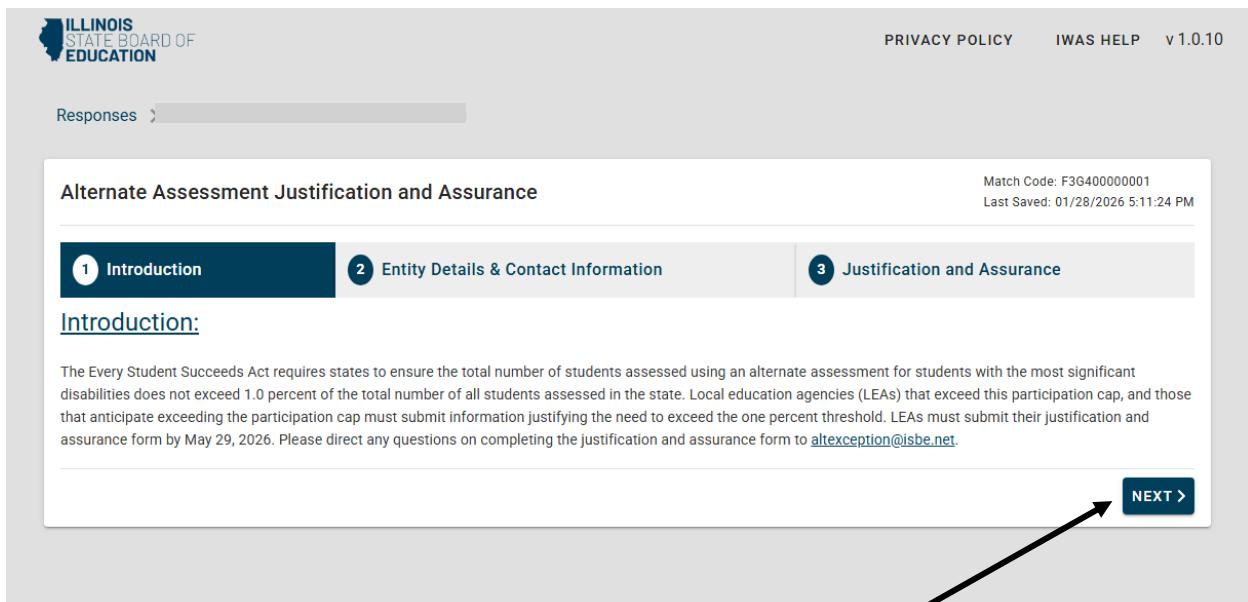
Alternate Assessment Justification and Assurance Responses			
Response	Status	Match Code	Actions
	 Not Submitted		
			Rows per page: 10 1-1 of 1

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



Match Code	Actions
F3G400000001	<ul style="list-style-type: none">...Edit ResponseRemove Response

4. 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.



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Responses >

PRIVACY POLICY IWAS HELP v 1.0.10

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

1 Introduction 2 Entity Details & Contact Information 3 Justification and Assurance

Introduction:

The Every Student Succeeds Act requires states to ensure the total number of students assessed using an alternate assessment for students with the most significant disabilities does not exceed 1.0 percent of the total number of all students assessed in the state. Local education agencies (LEAs) that exceed this participation cap, and those that anticipate exceeding the participation cap must submit information justifying the need to exceed the one percent threshold. LEAs must submit their justification and assurance form by May 29, 2026. Please direct any questions on completing the justification and assurance form to alexception@isbe.net.

NEXT >

5. 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.

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1 Introduction 2 Entity Details & Contact Information 3 Justification and Assurance

Alternate Assessment Justification and Assurance

School Year: SY
2026

RCDT
300733000260000

Entity Name
Du Quoin CUSD 300

Superintendent Details: (Required)

First Name
steve

Last Name
smith

Phone Number
(333)111-5555

Ext

E-Mail
abdc@123.org

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

State-Approved Director of Special Education (Required):

First Name
amy

Last Name
miller

Phone Number
(221)221-2211

Ext

E-Mail
123@abc.org

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

Meeting 1/28

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

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Match Code: F3G400000001
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Alternate Assessment Justification and Assurance

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
- Clear Selection

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

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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.

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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.

