



100 North First Street
Springfield, Illinois 62777

ALTERNATE ASSESSMENT 1% THRESHOLD – LEA ACTION PLAN FY 2026

SPECIAL EDUCATION DEPARTMENT

INSTRUCTIONS: The ISBE Special Education Department uses this monitoring tool to ensure that the total number of students assessed in English language arts, mathematics, and science does not exceed 1% of the total number of students who took the state's assessments. Districts that are identified as Tier 3 are required to complete a brief narrative about deliverable evidence that includes the progress, completion of each activity, and district's analysis of IEP content for students with significant disabilities who participate in the alternate assessment within the LEA Action Plan. The completed form must be submitted to AltException@isbe.net. Please include the name of your assigned principal consultant in the submission (Rhonda Marks rmarks@isbe.net or Michael Keeney mkeeney@isbe.net).

DISTRICT CONTACT INFORMATION		
SCHOOL DISTRICT NAME	SCHOOL YEAR	SUBMISSION DATE(S)
SCHOOL DISTRICT ADDRESS (Include City, Street, and ZIP Code)		ISBE PRINCIPAL CONSULTANT NAME
SUPERINTENDENT NAME	SUPERINTENDENT EMAIL	SUPERINTENDENT PHONE (Include Area Code)
DISTRICT CONTACT NAME	DISTRICT CONTACT EMAIL	DISTRICT CONTACT PHONE (Include Area Code)
STUDENT EDUCATIONAL ENVIRONMENT	STUDENT GRADE	STUDENT AGE

ACTION PLAN OVERVIEW

The LEA Action Plan has three sections. First, the district will conduct an analysis to formulate areas of needed improvement. This involves analyzing the district's data and the district's analysis of IEP content for students with significant disabilities who participate in the alternate assessment. In the second section, the district will determine improvement actions to address the challenges that inhibit their ability to meet the threshold. In the third section, the district will provide evidence of their efforts to address the plan.

SECTION I: Improvement Analysis

INSTRUCTIONS: Use this section to clearly (1) determine and define the areas of needed improvement and (2) list data sources.

The district has been identified as having _____ students who participated in the alternate assessment for the SY 2026 school year. This exceeded the 1% cap on the percentage of students who can take the alternate assessment in your district.

QUESTION	DEFINE	DATA SOURCE(S)
1A. What disability categories are identified among students who participated in the alternate assessment based on the justification form?		

QUESTION		DEFINE	DATA SOURCE(S)
1B.	Are there students in disability categories that do not typically include students with most significant cognitive disabilities?		
1C.	What demographic groups have been identified based on the justification form? Describe the students' race/ethnicity, limited English proficiency status, gender, socioeconomic status, or if the student is migratory.		
1D.	What were the demographic groups and disabilities identified in the district's analysis of IEPs for students participating in alternate assessment?		
1E.	Based on the district's analysis of IEPs for students participating in alternate assessment, describe any areas that need improvement.		
1F.	What district policies, procedures, or practices impact the district exceeding the 1% threshold?	POLICIES PROCEDURES PRACTICES	POLICIES LINK PROCEDURES LINK PRACTICES LINK

SECTION II: Defining the Activities for Improvement

INSTRUCTIONS: Based on the improvement analysis defined above, connect, and describe district activities for improvement.

- The activities should be specific. Each activity should progress logically toward the attainment of the goal.
- Designate a due date for completion of each activity for the FY 2026 cycle. **Activity timelines must start at the beginning (March) and end through the SY 2026 cycle (October).**
- One person should be designated as being responsible for ensuring activities are implemented and completed within the SY 2026 cycle.
- List the deliverables the district will submit as evidence of activity implementation and completion.

GOAL <i>Connected to improvement analysis</i>	ACTIVITY <i>Process for achieving goal</i>	TIMELINE FOR ACTIVITY COMPLETION <i>FY 2026 start/end date</i>	NAME AND TITLE OF PERSON RESPONSIBLE FOR IMPLEMENTATION	DELIVERABLES EVIDENCE OF ACTIVITY IMPLEMENTATION

SECTION III: Evidence

INSTRUCTIONS: Describe implementation and completion of goals and activities. Evidence could include training, guidance documents, and any other information used to ensure students' alternate assessment of eligibility has been evaluated. **Evidence must be submitted at the end of the SY 2026 cycle.**

GOAL CONNECTED TO ACTIVITY		EVIDENCE SUBMITTED	
GOAL	ACTIVITY	DELIVERABLE <i>Insert link when possible</i>	Date Completion <i>Based on Section II timelines</i>