LEA Letter Head

(Must be submitted with each box in the table completed, on letterhead, and signed by Special Education Director and District Superintendent or Charter Director)

Date

LEA Name

Contact Information

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| --- | --- |
| **Justification Letter Requirement Area** | **District or Charter School Response** |
| 1. The percentage of students in the LEA who participated in the alternate assessments in the 2022-2023 school year by subject.   (This data was in your Notification Letter) | **Percent of students participating in Alternate Assessment in previous Spring 2023 testing:** |
| 1. Total number of **all students** in the LEA expected to participate in statewide spring assessments in grades 3-10 during the current 2023-2024 school year, by subject. | **Number of all students for Grades 3-10 expected to participate in current testing:** |
| 1. Total number and percentage of students in the LEA expected to participate in the alternate assessments during the current 2023- 2024 school year, by subject.   *The calculation to determine the expected alternate assessment test rate for the 2023-2024 school year is:*  *expected alternate assessment students test total for each subject /*  *expected all students test total for each subject* | **Number and percent of students for Grades 3-10 expected to participate in the current Alternate Assessment Spring 2024 testing:** |
| 1. Provide a description of how the LEA is assuring that Individualized Education Program (IEP) teams are adhering to state alternate assessment guidelines and special education classification definitions to ensure that students meet the criteria for a significant cognitive disability and qualify to participate in the alternate assessments. | **Assurances Description:** |
| 1. Based on a root cause analysis, provide a brief description of the reason the LEA exceeded the 1% Threshold in the previous Spring 2023 testing. Possible root causes may include, but are not limited to:   Option 1: LEA and/or school program(s) draw large numbers of families of students with the most significant cognitive disabilities to enroll in the LEA.  Option 2: The LEA has a small overall student population and thus it takes only a very few students participating in the alternate assessment to exceed 1%. | **Root Cause Analysis Reason(s) LEA exceeded the 1% Threshold:** |
| 1. If the LEA anticipates exceeding the 1% Participation Threshold for the spring 2024 testing, provide a brief description of the reason(s) why the LEA anticipates they will exceed the 1% Threshold. Based on a root cause analysis, possible root causes may include, but are not limited to:   Option 1: LEA and/or school program(s) draw large numbers of families of students with the most significant cognitive disabilities to enroll in the LEA.  Option 2: The LEA has a small overall student population and thus it takes only a very few students participating in the alternate assessment to exceed 1% Threshold. | **Reason(s) LEA may exceed the 1% Threshold this year or reason(s) LEA may not exceed the 1% Threshold this year:** |
| 1. Provide any additional justification of variables not covered in the previous item that may contribute to higher numbers of students identified with significant cognitive disabilities being determined eligible for participation in the alternate assessments that would result in an alternate assessment participation rate to exceed 1%. | **Additional justification variables:** |

Special Education Director *Signature*

District Superintendent or Charter Director *Signature*