District Justification for AASCD Participation Rate Exceeding the 1.0 Percent Participation Threshold for School Year 2018-2019

Justifications must be submitted no later than Dec. 10, 2018. The Department will notify districts via Cherwell of successful submission. Please direct any questions on completing the justification to AApartmenticipation@education.ohio.gov. Any district submitting a justification may be subject to further review by the Department to obtain additional clarification on the submitted information.

Form Starts Here

The Every Student Succeeds Act (ESSA) requires Ohio to ensure that the total number of students assessed using the Alternate Assessment for students with Significant Cognitive Disabilities (AASCD) does not exceed 1.0 percent of the total number of all students in the state who took Ohio’s State Tests. States that anticipate that they will exceed 1.0 percent in alternate assessment participation must submit a waiver request to the U.S. Department of Education 90 days before the beginning of the alternate assessment testing window. The Ohio Department of Education (the Department) will post the state waiver for public comment in October 2018. Furthermore, ESSA requires each district or community school to complete and submit a justification when it anticipates exceeding 1.0 percent of students assessed in a subject with the alternate assessment.

In Ohio, approximately two-thirds of all districts and community schools are presently over 1.0 percent participation in the AASCD and our state participation rate is approximately 1.9 percent. The Department will review and make publicly available justifications submitted by district and community schools as required by ESSA.

Note: Do Not submit any student names, identification numbers, assessment data or other personally identifiable student information.
Section 1: Reviewing Participation Data

A. AASCD Participation: Actual and Projections

Using the following guidelines, complete the table with actual and projected district participation data for AASCD in reading and mathematics.

Guidelines:
- When calculating participation in reading use participation data from Ohio’s State Tests in grades 3-8 and end-of-course exams for ELA I and ELA II, plus any grade-level AASCD in Reading.
- When calculating participation in mathematics use participation data from Ohio’s State Tests in grades 3-8 and all high school end-of-course exams (Algebra 1, Geometry, Math I and Math II), plus any grade level AASCD in mathematics.
- Include ALL students counted within the district.

<table>
<thead>
<tr>
<th>School Year</th>
<th>Reading</th>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count of students taking Reading AASCD</td>
<td>Count of all students tested in reading</td>
</tr>
<tr>
<td>Actual 2016-2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual 2017-2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projected 2018-2019</td>
<td>(insert formula)</td>
<td></td>
</tr>
</tbody>
</table>
B. Projected Disability Categories of AASCD Participants

1. Provide the projected count of students identified in each of the following disability categories that will be participating in AASCD for reading for the 2018-2019 school year.

<table>
<thead>
<tr>
<th>Disability as Identified in IDEA</th>
<th>Do you have students with this disability assigned to take the AASCD in reading? Y/N</th>
<th>2018-19 Projected AASCD Reading Participation Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple Disabilities</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Deaf-Blindness</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Deafness (Hearing Impairment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Speech and Language Impairment</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Orthopedic Impairment</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Emotional Disturbance</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Specific Learning Disability</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Autism</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Other Health Impaired-Major</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Other Health Impaired-Minor</td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>

2. From the table above, if the district is identifying students participating in the AASCD that would not traditionally participate (i.e. Speech and Language Impairment, Specific Learning Disability, etc.), please explain how the district determined these students meet the criteria for participation in the AASCD.

Response required if there is a “Yes” in categories that are not traditionally seen as identification of students with significant cognitive disabilities (i.e. Speech and Language Impairment, Specific Learning Disability, etc.).
3. Provide a description that accounts for any students without a current and valid Individualized Education Program (IEP) who are assigned to the alternate assessment.

Response required or mark not applicable

Section 2: Analyzing Contributing Factors

A. Does your district provide a targeted program that may contribute to a higher enrollment of students with significant cognitive disabilities? Y/N

If yes, provide a description that explains how the targeted program contributes to a participation rate above the 1.0 percent threshold. Supporting evidence may be required at a later date.

Required if yes above or mark not applicable

B. Does your district have a small overall student population that increases the likelihood of exceeding the 1.0 percent threshold? Y/N

If yes, provide a brief description of how student population may contribute to a higher percentage of students eligible for participation in the AASCD. Supporting evidence may be required at a later date.

Required if yes above or mark not applicable

C. Did your district exceed the 1.0 percent participation threshold last school year? Y/N

If yes, provide a brief description of how the district has worked to improve alternate assessment and IEP practices to ensure only students with significant cognitive impairments are participating in the AASCD.

Required if yes above or mark not applicable
Section 4: Assurances

Please provide the following assurances. Select all that apply.

☐ Our district will provide IEP team members with training on the AASCD participation Decision-Making Framework and the Companion Document.

☐ Our district will continue to allow IEP teams to decide which students qualify for an alternate assessment using the guidance provided by the Department.

☐ Our district will require that IEP teams complete and sign the Participation Guidelines for Ohio’s Alternate Assessment embedded within the IEP electronic form.

☐ All alternate assessment test administrators have the required training for administering the alternate assessment.

☐ Our district ensures that the decision for a student to participate in the Ohio AASCD is NOT based solely on the following criteria:

1. A disability category or label
2. Poor attendance or extended absences
3. Native language, or social, cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic and other services the student receives
6. Educational environment or instructional setting
7. Percent of time receiving special education services
8. English Learner (EL) status
9. Low reading or achievement level
10. Anticipated disruptive behavior
11. Impact of student scores on the accountability system
12. Administration decision
13. Anticipated emotional duress
14. Need for accommodations (e.g., assistive technology; augmentative and alternative communication (AAC) to participate in the assessment process)
Section 4: Resources and Technical Assistance

What resources or technical assistance does your district need from your State Support Team or the Ohio Department of Education to ensure that students are being assessed using the appropriate state achievement test?

Section 5: Confirmation

Justifications must be submitted by Dec. 10, 2018. The Department will notify districts via Cherwell of successful submission. The Department may request supporting documentation or clarification regarding content included in the justification. Please direct any questions on completing the justification to AAparticipation@education.ohio.gov.

☐ I understand that once the survey is submitted, the submitted content and data represent the district’s justification for exceeding 1.0 percent participation in the AASCD for the 2018-2019 school year. I understand that the justification submitted will be posted on the Ohio Department of Education website by the Ohio Department of Education in accordance with federal regulations.

☐ My district superintendent and special education director have read and approved the justification content provided.

Justification reviewed by:

Please enter the names and email addresses of the district superintendent and special education director who have reviewed the content provided and understand that the content will be publicly posted as per federal regulations.

“I certify that all the information given in this document is true, complete and accurate.”

(Required boxes for 1 name and email addresses)

“I certify that all the information given in this document is true, complete and accurate.”

(Required boxes for 1 name and email addresses)

Primary Point of contact for AASCD:

(Required boxes for 1 name and email addresses)

Justification submitted by:

(Required boxes for 1 name and email addresses)