



Alabama State Department of Education
Justification for Exceeding the One Percent Cap Requirement for Participation on the
ACAP Alternate Assessment

The *Every Student Succeeds Act* (ESSA) requires states to ensure that the total number of students with significant cognitive disabilities assessed in each subject using an alternate assessment does not exceed one percent (1%) of the total number of students in the state assessed on state-wide assessments. ESSA requires districts exceeding the cap to submit a justification to the State to justify the need to exceed the One Percent Cap requirement.

DISTRICT: _____

DATE: _____

DISTRICT CONTACT FOR ONE PERCENT CAP REQUIREMENT: _____

JUSTIFICATION

Do not submit any student identifiable information with this form.

1. Identify the factors that contributed to the district exceeding the One Percent Cap requirement on students participating in the ACAP Alternate Assessment (check all that apply):

- The IEP teams lack the necessary knowledge to effectively use the information provided in the *Guidance for IEP Teams on Participation Decisions for the ACAP Alternate Assessment and Alternate Achievement Standards* document when making determinations that identify students as having significant cognitive disabilities.
- A small district enrollment size results in a greater impact on participation rates (for example, a district size of 180 students, with two students with significant cognitive disabilities, results in a higher than 1% participation rate.)
- The district's programmatic decisions result in a more concentrated population of students with the most significant cognitive disabilities housed in one school.
- The district includes school, community, and/or health programs that result in an increase of families with children with the most significant cognitive disabilities.
- Other, please explain: _____

2. Indicate the extent of specialized training of school staff who serve on IEP Teams (check all that apply):

Special Education Facilitator/Special Education Lead Teacher

- Fall ALACASE Conference
- Training provided by ALSDE
- Other, please specify: _____

Regular Education Teachers

- Training provided by ALSDE
- Back-to-School Inservice training
- Professional Development training workshop
- Other, please specify: _____

Special Education Teachers

- Annual IEP Team training
- Training provided by ALSDE
- Back-to-School Inservice training
- Professional Development training workshop
- Other, please specify: _____

IEP Team member(s) who interprets instructional implications of the evaluation results

- Training provided by ALSDE
- Professional Development/Workshop
- Other, please specify: _____

School Administrators

- Training provided by ALSDE
- Other, please specify: _____

3. By what means were parents/guardians informed of their child's participation in the ACAP Alternate Assessment and the implications that may apply (check all that apply):

- Annual IEP Team meeting
- Letter/email
- Training module or in-person trainings for parents/guardians
- Other, please specify: _____

SUPPORT AND TECHNICAL ASSISTANCE

What additional resources or technical assistance does your district need from ALSDE to ensure that students are being assessed using the appropriate state assessment (check all that apply).

- Training to understand and apply the *Guidance for IEP Teams on Participation Decisions for the ACAP Alternate Assessment and Alternate Achievement Standards* document for:
 - Special Education Teachers
 - IEP Team members
 - School leaders/others
- Training to understand and leverage allowable testing accommodations for:
 - Special Education Teachers
 - IEP Team members
 - School leaders/others
- Training to understand the One Percent Cap requirement on the *ACAP Alternate Assessment* participation for:
 - Special Education Teachers
 - IEP Team members
 - School leaders/others
- Other, please specify: _____

ASSURANCES

- This district utilizes the *Guidance for IEP Teams on Participation Decisions for the ACAP Alternate Assessment and Alternate Achievement Standards* document in the development of IEPs for students who will participate on the *ACAP Alternate Assessment*.
- I certify that the information provided is correct to the best of my knowledge.

Signature of Superintendent

Date

Signature of District One Percent Cap Requirement Contact

Date