

Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:03 am  
Browser: Chrome 86.0.4240.80 / OS X  
IP Address: 96.4.134.119  
Unique ID: 684566326  
Location: 35.816799163818, -89.161201477051

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**District Name** Crockett County Schools

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**Name** Katie Metcalf

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**Contact email** katie.metcalf@crockettcavs.net

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**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:04 am               |
| Browser:         | Chrome 86.0.4240.75 / Windows          |
| IP Address:      | 96.4.137.4                             |
| Unique ID:       | 684566786                              |
| Location:        | 35.688400268555, -88.109802246094      |

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|----------------------|----------------|
| <b>District Name</b> | Decatur County |
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|             |              |
|-------------|--------------|
| <b>Name</b> | Tina Gardner |
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|                      |                                 |
|----------------------|---------------------------------|
| <b>Contact email</b> | tina.gardner@decaturschools.org |
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|                                 |                            |
|---------------------------------|----------------------------|
| <b>Role, Position, or Title</b> | Special Education Director |
|---------------------------------|----------------------------|

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| <b>Please Acknowledge:</b> | <p>Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.</p> |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:04 am  
Browser: Chrome 86.0.4240.111 / OS X  
IP Address: 96.4.24.12  
Unique ID: 684566850  
Location: 36.048099517822, -85.019798278809

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**District Name** Cumberland County

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**Name** Dorothy Holton

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**Contact email** mholton@ccschools.k12tn.net

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**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:05 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.21.65  
Unique ID: 684567099  
Location: 35.35120010376, -86.183799743652

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**District Name** Manchester City Schools

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**Name** Cari Pugh

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**Contact email** cpugh@k12mcs.net

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**Role, Position, or Title** Supervisor of Exceptional Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:05 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.205.105  
Unique ID: 684567238  
Location: 36.471298217773, -81.814399719238

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**District Name** Johnson County

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**Name** Paula Norton

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**Contact email** pnorton@jocoed.net

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:05 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.30.126  
Unique ID: 684567306  
Location: 35.866901397705, -87.308097839355

|                                 |  |
|---------------------------------|--|
| <b>District Name</b>            | Hickman County   |
| <b>Name</b>                     | Julia Thomasson  |
| <b>Contact email</b>            | julia.thomasson@hickmank12.org   |
| <b>Role, Position, or Title</b> | Director of Special Programs   |
| <b>Please Acknowledge:</b>      | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:08 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.180.166  
Unique ID: 684568390  
Location: 35.209400177002, -89.793197631836

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**District Name** Millington Municipal Schools

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**Name** Jill Church

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**Contact email** jchurch@millingtonschools.org

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**Role, Position, or Title** Supervisor of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:08 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.5.47.246  
Unique ID: 684568521  
Location: 36.439998626709, -87.883499145508

**District Name** Stewart County

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**Name** Robyn Crain

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**Contact email** robyncrain@stewartcountyschools.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:09 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.216.1  
Unique ID: 684568995  
Location: 35.650199890137, -83.978202819824

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**District Name** Maryville City Schools

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**Name** Melanie Davidson

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**Contact email** melanie.davidson@maryville-schools.org

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**Role, Position, or Title** Federal Programs Coordinator/Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:10 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 97.64.62.77  
Unique ID: 684569217  
Location: 35.227699279785, -80.843902587891

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**District Name** Johnson Clty Schools

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**Name** Ginger Woods

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**Contact email** woodsg@jcschools.org

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**Role, Position, or Title** Director of Special Education

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:10 am  
Browser: Chrome 86.0.4240.80 / OS X  
IP Address: 96.4.112.13  
Unique ID: 684569337  
Location: 35.513698577881, -84.349998474121

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**District Name** Monroe County

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**Name** Trey Ferguson

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**Contact email** fergusont@monroek12.org

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**Role, Position, or Title** Executive Director of Exceptional Education and Operations

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:10 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.5.27.228  
Unique ID: 684569460  
Location: 36.416198730469, -86.143402099609

**District Name** Trousdale County

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**Name** Melissa Loerch

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**Contact email** melissaloerch@tcschools.org

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**Role, Position, or Title** Supervisor of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:11 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.131.68                            |
| Unique ID:       | 684569779                              |
| Location:        | 35.980899810791, -88.447303771973      |

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| <b>District Name</b> | Huntingdon Special School District |
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|             |            |
|-------------|------------|
| <b>Name</b> | Angie Bunn |
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|                      |                             |
|----------------------|-----------------------------|
| <b>Contact email</b> | abunn@huntingdonschools.net |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
|---------------------------------|------------------------------|

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:11 am  
Browser: Mozilla rv:11.0 / Windows  
IP Address: 208.182.152.230  
Unique ID: 684570064  
Location: 36.167598724365, -86.78450012207

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**District Name** Tennessee School for the Blind

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**Name** Karen Blankenship

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**Contact email** karen.blankenship@tsbtigers.org

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**Role, Position, or Title** IDEA Coordinator

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:13 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.31.37  
Unique ID: 684570753  
Location: 36.36360168457, -87.579002380371

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**District Name** Houston County

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**Name** Robin Fairclough

---

**Contact email** rfairclough@houstonk12tn.net

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**Role, Position, or Title** Director of Special Programs

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:15 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.131.243  
Unique ID: 684571455  
Location: 35.712501525879, -88.702102661133

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**District Name** McKenzie Special School District

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**Name** Leighann Horne

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**Contact email** hornel@mckenzie-schools.org

---

**Role, Position, or Title** Supervisor of SPED

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:16 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 170.142.177.90  
Unique ID: 684572246  
Location: 36.067901611328, -86.719398498535

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**District Name** Department of Children Services

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**Name** Jennifer Crim

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**Contact email** Jennifer.Crim@tn.gov

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**Role, Position, or Title** Special Education Coordinator

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:17 am  
Browser: Safari 14.0 / OS X  
IP Address: 96.4.147.57  
Unique ID: 684572667  
Location: 35.612899780273, -89.288398742676

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**District Name** Haywood County Schools

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**Name** Chris Davis

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**Contact email** chris.davis@hcsk12.net

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**Role, Position, or Title** Executive Director of Special Services

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:18 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.152.83  
Unique ID: 684573067  
Location: 35.655498504639, -88.418800354004

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**District Name** Lexington City Schools

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**Name** Beth Deere

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**Contact email** deereb@caywood.org

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**Role, Position, or Title** Director of Special Education

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:18 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 104.225.171.210                        |
| Unique ID:       | 684573206                              |
| Location:        | 42.358200073242, -71.05069732666       |

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| <b>District Name</b> | Unicoi County |
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|             |              |
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| <b>Name</b> | Debbie Lamie |
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|                      |                          |
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| <b>Contact email</b> | lamied@unicoischools.com |
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| <b>Role, Position, or Title</b> | Supervisor of Special Education |
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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:20 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.86.132                            |
| Unique ID:       | 684573690                              |
| Location:        | 36.454601287842, -83.035499572754      |

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| <b>District Name</b> | Hawkins County School System |
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|             |                |
|-------------|----------------|
| <b>Name</b> | Angela Jackson |
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|                      |                          |
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| <b>Contact email</b> | angela.jackson@hck12.net |
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|                                 |                              |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
|---------------------------------|------------------------------|

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:21 am  
Browser: Chrome 85.0.4183.121 / Windows 7  
IP Address: 96.4.114.9  
Unique ID: 684574087  
Location: 35.584701538086, -84.438400268555

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**District Name** Sweetwater City School System

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**Name** Nancy Crabtree

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**Contact email** nancy.crabtree@scstn.net

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:21 am  
Browser: Chrome 85.0.4183.121 / Windows  
IP Address: 96.4.132.131  
Unique ID: 684574117  
Location: 36.027198791504, -88.620498657227

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**District Name** West Carroll Special School District

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**Name** Crystal Polinski

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**Contact email** crystal.polinski@wcssd.org

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**Role, Position, or Title** Supervisor of Special Programs

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:21 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.166.1                             |
| Unique ID:       | 684574269                              |
| Location:        | 35.925098419189, -88.785797119141      |

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| <b>District Name</b> | Weakley County |
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|             |                 |
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| <b>Name</b> | Deborah Perkins |
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| <b>Contact email</b> | deborah2.perkins@wcsk12tn.net |
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| <b>Role, Position, or Title</b> | Director of Special Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:21 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.27.7  
Unique ID: 684574318  
Location: 35.191101074219, -86.161499023438

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**District Name** Franklin County

---

**Name** Toby Guinn

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**Contact email** toby.guinn@fcstn.net

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:22 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 12.96.155.43  
Unique ID: 684574774  
Location: 37.750999450684, -97.821998596191

**District Name** Lincoln County

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**Name** Margaret Campbell

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**Contact email** mcampbell@lcdoe.org

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**Role, Position, or Title** Federal Programs Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:23 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.79.23                             |
| Unique ID:       | 684575161                              |
| Location:        | 36.245098114014, -83.52619934082       |

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| <b>District Name</b> | Grainger County Schools |
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|             |                |
|-------------|----------------|
| <b>Name</b> | Ginny McElhane |
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|                      |                |
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| <b>Contact email</b> | gam@gcs123.net |
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| <b>Role, Position, or Title</b> | Director of Special Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:33 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.239.3  
Unique ID: 684579355  
Location: 35.500301361084, -85.00309753418

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**District Name** Dayton City School

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**Name** Bethany Hughes

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**Contact email** hughesbe@daytoncity.net

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**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:33 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.226.254  
Unique ID: 684579529  
Location: 35.227001190186, -84.880401611328

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**District Name** Bradley County Schools

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**Name** Ruth Ann White

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**Contact email** rwhite@bradleyschools.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:35 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.17.6  
Unique ID: 684580069  
Location: 36.361598968506, -85.633903503418

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**District Name** Jackson County Schools

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**Name** Jill McAllister

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**Contact email** jmcallister@jacksoncoschools.com

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:35 am  
Browser: Firefox 81.0 / Windows  
IP Address: 96.4.145.161  
Unique ID: 684580227  
Location: 36.422401428223, -89.472801208496

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|---------------------------------|--|
| <b>District Name</b>            | Lake   |
| <b>Name</b>                     | Nikki Springer   |
| <b>Contact email</b>            | nikki@lcfalcons.net  |
| <b>Role, Position, or Title</b> | Supervisor   |
| <b>Please Acknowledge:</b>      | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
| <b>Please Acknowledge:</b>      | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.   |

Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:36 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.144.160  
Unique ID: 684580731  
Location: 35.819301605225, -88.952201843262

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**District Name** Trenton Special School District

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**Name** Amy Allen

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**Contact email** amy.allen@trentonssd.org

---

**Role, Position, or Title** Supervisor of Special Populations and Services

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:39 am               |
| Browser:         | Chrome 86.0.4240.80 / OS X             |
| IP Address:      | 96.4.136.130                           |
| Unique ID:       | 684581967                              |
| Location:        | 35.688400268555, -88.109802246094      |

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| <b>District Name</b> | Bells City School District |
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|             |                 |
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| <b>Name</b> | Benjamin Duffey |
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|                      |                                    |
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| <b>Contact email</b> | benjaminduffey@bellscityschool.org |
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| <b>Role, Position, or Title</b> | SPED/Pre-K Director |
|---------------------------------|---------------------|

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| <b>Please Acknowledge:</b> | <p>Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.</p> |
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| <b>Please Acknowledge:</b> | <p>The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.</p> |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:41 am  
Browser: Chrome 86.0.4240.80 / OS X  
IP Address: 96.4.66.1  
Unique ID: 684582708  
Location: 36.103298187256, -84.206199645996

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**District Name** Clinton City Schools

---

**Name** Suzanne Oliver

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**Contact email** olivers@clintonschools.org

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**Role, Position, or Title** Supervisor of Special Education and Human Resources

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:43 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.89.227  
Unique ID: 684583641  
Location: 36.101501464844, -83.452201843262

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**District Name** Jefferson County Schools

---

**Name** Jessi Underwood

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**Contact email** junderwood@jcboe.net

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:44 am  
Browser: Chrome 85.0.4183.121 / Windows  
IP Address: 69.167.206.134  
Unique ID: 684584064  
Location: 35.575199127197, -88.858596801758

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**District Name** Jackson-Madison County

---

**Name** Bernice Thompson

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**Contact email** btthompson@jmcass.org

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**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:48 am  
Browser: Chrome 86.0.4240.80 / OS X  
IP Address: 96.4.142.240  
Unique ID: 684585678  
Location: 35.219898223877, -89.499603271484

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**District Name** Fayette County Public Schools

---

**Name** Kathy Woods

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**Contact email** kathy.woods@fcsk12.net

---

**Role, Position, or Title** Director of Special Education Services

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:50 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.5.10.137                            |
| Unique ID:       | 684586811                              |
| Location:        | 36.064300537109, -87.430198669434      |

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| <b>District Name</b> | Dickson County |
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|             |                |
|-------------|----------------|
| <b>Name</b> | William Burton |
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|                      |                   |
|----------------------|-------------------|
| <b>Contact email</b> | wburton@dcstn.org |
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|                                 |               |
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| <b>Role, Position, or Title</b> | SPED Director |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:54 am  
Browser: Chrome 85.0.4183.121 / Windows  
IP Address: 96.4.153.1  
Unique ID: 684588680  
Location: 36.308101654053, -88.382499694824

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**District Name** Paris Special School District

---

**Name** Sherry Wagner

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**Contact email** sherry.wagner@parisssd.org

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 9:58 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.17.129  
Unique ID: 684590456  
Location: 36.486198425293, -85.221801757812

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**District Name** Pickett County

---

**Name** Darlene Capps

---

**Contact email** darlene.capps@pickettk12.net

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**Role, Position, or Title** IDEA Coordinator

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 9:59 am               |
| Browser:         | Mobile Safari 13.1.2 / iOS             |
| IP Address:      | 174.196.8.160                          |
| Unique ID:       | 684590936                              |
| Location:        | 37.750999450684, -97.821998596191      |

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| <b>District Name</b> | Marion County |
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|             |               |
|-------------|---------------|
| <b>Name</b> | Becky Bigelow |
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|                      |                    |
|----------------------|--------------------|
| <b>Contact email</b> | bbigelow@mctns.net |
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|                                 |                                   |
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| <b>Role, Position, or Title</b> | Director of Exceptional Education |
|---------------------------------|-----------------------------------|

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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:01 am  
Browser: Chrome 85.0.4183.83 / OS X  
IP Address: 96.5.29.13  
Unique ID: 684591534  
Location: 35.652500152588, -85.728401184082

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**District Name** Warren County Schools

---

**Name** Candice Willmore

---

**Contact email** willmorec@warrenschools.com

---

**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:03 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.76.1  
Unique ID: 684592509  
Location: 35.949600219727, -83.186599731445

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**District Name** Cocks County

---

**Name** Patricia Ellison

---

**Contact email** ellisonp@cocke.k12.tn.us

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:03 am  
Browser: Chrome 85.0.4183.121 / OS X  
IP Address: 96.4.199.65  
Unique ID: 684592776  
Location: 36.526798248291, -82.375999450684

**District Name** Sullivan

---

**Name** Angela Buckles

---

**Contact email** angela.buckles@sullivank12.net

---

**Role, Position, or Title** Assistant Director of School, Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:10 am  
Browser: Chrome 78.0.3904.97 / OS X  
IP Address: 96.4.181.8  
Unique ID: 684595859  
Location: 35.209400177002, -89.793197631836

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**District Name** Bartlett City Schools

---

**Name** Michelle Haney

---

**Contact email** mhaney@bartlettschools.org

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 10:10 am              |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.145.33                            |
| Unique ID:       | 684595877                              |
| Location:        | 36.422401428223, -89.472801208496      |

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| <b>District Name</b> | Bradford Special School District |
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| <b>Name</b> | Amy Dunn |
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|                      |                           |
|----------------------|---------------------------|
| <b>Contact email</b> | adunn@bradfordspecial.com |
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| <b>Role, Position, or Title</b> | Special Education Director |
|---------------------------------|----------------------------|

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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:11 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.146.235  
Unique ID: 684595999  
Location: 35.104598999023, -88.921096801758

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**District Name** Hardeman County Schools

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**Name** Dianne Whitaker

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**Contact email** dwhitaker@hcsedu.org

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**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:21 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.208.124  
Unique ID: 684600379  
Location: 36.302200317383, -82.482498168945

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**District Name** Washington County

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**Name** Mindy Myers

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**Contact email** myersm@wcde.org

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**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:23 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.67.77  
Unique ID: 684601584  
Location: 36.103298187256, -84.206199645996

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**District Name** Oak Ridge Schools

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**Name** Myles Hebrard

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**Contact email** mjhebrard@ortn.edu

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**Role, Position, or Title** Supervisor of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:27 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.173.22  
Unique ID: 684603016  
Location: 35.113300323486, -89.902099609375

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**District Name** Shelby County Schools

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**Name** Allison Bennett

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**Contact email** bennettab@scsk12.org

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**Role, Position, or Title** Alternate Assessment Consulting Teacher (District Alt. Assessment Testing Coordinator)

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:46 am  
Browser: Chrome 86.0.4240.111 / OS X  
IP Address: 96.5.4.25  
Unique ID: 684611764  
Location: 35.971801757812, -85.999603271484

**District Name** DeKalb County

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**Name** Shea Hennessee

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**Contact email** sheahennessee@dekalbschools.net

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:47 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.128.241  
Unique ID: 684611833  
Location: 36.059799194336, -88.105796813965

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**District Name** Benton County Schools

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**Name** Sharon Latendresse

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**Contact email** sharon.latendresse@bcos.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:50 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.6.232  
Unique ID: 684613708  
Location: 36.283298492432, -87.012100219727

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**District Name** Cheatham County School District

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**Name** Sarah Green

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**Contact email** Sarah.green@ccstn.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 10:54 am              |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.126.50                            |
| Unique ID:       | 684615645                              |
| Location:        | 35.868099212646, -83.561798095703      |

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| <b>District Name</b> | Tennessee School for the Deaf |
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|             |              |
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| <b>Name</b> | Lisa Collins |
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|                      |                      |
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| <b>Contact email</b> | l.collins@tsdeaf.org |
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| <b>Role, Position, or Title</b> | Director of Instruction |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:57 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.240.20  
Unique ID: 684617183  
Location: 35.424999237061, -85.383003234863

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**District Name** Sequatchie County

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**Name** Kristy Albright

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**Contact email** kalbright@sequatchie.k12.tn.us

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 10:59 am  
Browser: Chrome 86.0.4240.111 / Windows 7  
IP Address: 96.4.93.129  
Unique ID: 684618163  
Location: 35.423900604248, -84.668098449707

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**District Name** Etowah City

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**Name** Cheryle Cooper

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**Contact email** cooperc@etowahcityschool.com

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 11:00 am  
Browser: Chrome 86.0.4240.80 / OS X  
IP Address: 96.4.69.70  
Unique ID: 684618821  
Location: 35.650199890137, -83.978202819824

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**District Name** Blount County Schools

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**Name** April Herron

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**Contact email** april.herron@blountk12.org

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**Role, Position, or Title** SPED Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 11:45 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.101.113  
Unique ID: 684642704  
Location: 35.918201446533, -84.003402709961

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**District Name** Knox County

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**Name** Karen Loy

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**Contact email** Karen.loy@knoxschools.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 12:02 pm              |
| Browser:         | Chrome 86.0.4240.111 / Windows 7       |
| IP Address:      | 96.4.16.1                              |
| Unique ID:       | 684654891                              |
| Location:        | 36.888900756836, -85.703598022461      |

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| <b>District Name</b> | Clay County |
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|-------------|----------------|
| <b>Name</b> | Joann McLerran |
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|                      |                        |
|----------------------|------------------------|
| <b>Contact email</b> | jmcclerran@clayedu.com |
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|                                 |                              |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 12:03 pm  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.82.29  
Unique ID: 684655385  
Location: 36.246700286865, -83.180702209473

**District Name** Hamblen County

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**Name** Denise Johnson

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**Contact email** johnsond@hcboe.net

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**Role, Position, or Title** Special Services Coordinator

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 12:06 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.150.161  
Unique ID: 684657028  
Location: 35.655498504639, -88.418800354004

**District Name** Henderson County

---

**Name** Melissa Barker

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**Contact email** barker.melissa@hcschoolstn.org

---

**Role, Position, or Title** barker.melissa@hcschoolstn.org

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 12:45 pm  
Browser: Safari 13.1.2 / OS X  
IP Address: 96.4.180.84  
Unique ID: 684674896  
Location: 35.209400177002, -89.793197631836

**District Name** Collierville Schools

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**Name** Joyce Keohane

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**Contact email** jkeohane@colliervilleschools.org

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**Role, Position, or Title** Chief of SPED

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 12:48 pm              |
| Browser:         | Chrome 80.0.3987.162 / OS X            |
| IP Address:      | 96.4.78.30                             |
| Unique ID:       | 684676527                              |
| Location:        | 35.801200866699, -83.985298156738      |

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| <b>District Name</b> | Alcoa City Schools |
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|             |                   |
|-------------|-------------------|
| <b>Name</b> | Mary Beth Warwick |
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|                      |                           |
|----------------------|---------------------------|
| <b>Contact email</b> | mwarwick@alcoaschools.net |
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| <b>Role, Position, or Title</b> | Director of Special Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 12:59 pm  
Browser: Chrome 86.0.4240.80 / Windows  
IP Address: 96.4.115.2  
Unique ID: 684681619  
Location: 36.510101318359, -84.469299316406

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**District Name** Oneida Special School District

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**Name** Kim Burress

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**Contact email** kburress@oneidaschools.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 1:07 pm  
Browser: Safari 13.1.1 / OS X  
IP Address: 12.180.95.167  
Unique ID: 684694924  
Location: 35.277198791504, -87.412696838379

**District Name** Lawrence

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**Name** Whitney Moore

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**Contact email** whitney.moore@lcss.us

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 2:59 pm  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.5.6.249  
Unique ID: 684772025  
Location: 35.377101898193, -87.046997070312

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**District Name** Giles County School System

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**Name** Mitzi Jones

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**Contact email** mdjones@gcboe.us

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 23, 2020 4:39 pm               |
| Browser:         | Chrome 70.0.3538.102 / Windows         |
| IP Address:      | 96.4.9.101                             |
| Unique ID:       | 684811204                              |
| Location:        | 36.178398132324, -86.644599914551      |

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| <b>District Name</b> | Metro Nashville Public Schools |
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|             |                |
|-------------|----------------|
| <b>Name</b> | Debbie McAdams |
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|                      |                        |
|----------------------|------------------------|
| <b>Contact email</b> | debra.mcadams@mnps.org |
|----------------------|------------------------|

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|                                 |   |
|---------------------------------|---|
| <b>Role, Position, or Title</b> | Executive Director; Department of Exceptional Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 23, 2020 5:49 pm  
Browser: Chrome 81.0.4044.138 / OS X  
IP Address: 96.4.22.167  
Unique ID: 684834144  
Location: 35.35120010376, -86.183799743652

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**District Name** Tullahoma City Schools

---

**Name** Wendy Wilkerson

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**Contact email** wendy.wilkerson@tcsedu.net

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**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 25, 2020 6:47 pm               |
| Browser:         | Chrome 85.0.4183.121 / OS X            |
| IP Address:      | 69.246.120.180                         |
| Unique ID:       | 685313572                              |
| Location:        | 35.0910987854, -89.651000976562        |

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| <b>District Name</b> | Germantown Municipal School District |
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|             |               |
|-------------|---------------|
| <b>Name</b> | Sarah Huffman |
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|                      |                           |
|----------------------|---------------------------|
| <b>Contact email</b> | sarah.huffman@gmsdk12.org |
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| <b>Role, Position, or Title</b> | Assistant Superintendent Exceptional Student Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 26, 2020 7:19 am               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.231.1                             |
| Unique ID:       | 685607342                              |
| Location:        | 35.170501708984, -85.209503173828      |

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| <b>District Name</b> | Hamilton |
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| <b>Name</b> | Mitzi Delker |
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|                      |                   |
|----------------------|-------------------|
| <b>Contact email</b> | delker_m@hcde.org |
|----------------------|-------------------|

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|                                 |  |
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| <b>Role, Position, or Title</b> | Interim Exceptional Education Director |
|---------------------------------|--|

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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 8:01 am  
Browser: Safari 14.0 / OS X  
IP Address: 96.4.237.241  
Unique ID: 685635874  
Location: 35.168899536133, -84.611099243164

**District Name** Polk County

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**Name** Frances Bramblett

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**Contact email** fbramblett@polkcountyschools.com

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 9:09 am  
Browser: Chrome 86.0.4240.75 / Windows  
IP Address: 96.4.47.118  
Unique ID: 685667889  
Location: 36.101100921631, -85.851699829102

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**District Name** Smith County

---

**Name** Eric Swann

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**Contact email** eswann@smithcoedu.net

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 26, 2020 9:11 am               |
| Browser:         | Chrome 86.0.4240.80 / Windows 8.1      |
| IP Address:      | 96.4.84.166                            |
| Unique ID:       | 685668755                              |
| Location:        | 36.454601287842, -83.035499572754      |

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| <b>District Name</b> | Hancock County |
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|             |              |
|-------------|--------------|
| <b>Name</b> | Misty Rasnic |
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|                      |                         |
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| <b>Contact email</b> | Misty.Rasnic@hcsk12.com |
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| <b>Role, Position, or Title</b> | Director of Special Education |
|---------------------------------|-------------------------------|

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| <b>Please Acknowledge:</b> | <p>Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.</p> |
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| <b>Please Acknowledge:</b> | <p>The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.</p> |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 9:14 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.141.178  
Unique ID: 685670168  
Location: 36.13809967041, -88.94539642334

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**District Name** Gibson County SSD

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**Name** Renee Childs

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**Contact email** childsr@gcssd.org

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**Role, Position, or Title** Supervisor of Special Education and ESL Programs

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 9:19 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.36.18  
Unique ID: 685672673  
Location: 35.15470123291, -86.608200073242

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**District Name** Fayetteville City Schools

---

**Name** Christine Tuten

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**Contact email** tutenc@fcsboe.org

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**Role, Position, or Title** Federal Programs Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 9:30 am  
Browser: Chrome 85.0.4183.133 / Chrome OS  
IP Address: 96.5.42.53  
Unique ID: 685677762  
Location: 35.925300598145, -85.455596923828

**District Name** White

---

**Name** Larry Thompson

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**Contact email** larry.thompson@whitecoschools.net

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**Role, Position, or Title** SPED Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 26, 2020 10:13 am              |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.193.81                            |
| Unique ID:       | 685698911                              |
| Location:        | 36.419898986816, -82.113899230957      |

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| <b>District Name</b> | Carter County Schools |
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|             |              |
|-------------|--------------|
| <b>Name</b> | Diana Bowers |
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|                      |                           |
|----------------------|---------------------------|
| <b>Contact email</b> | dianabowers@carterk12.net |
|----------------------|---------------------------|

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| <b>Role, Position, or Title</b> | Director of Special Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 10:24 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 47.13.2.42  
Unique ID: 685704657  
Location: 39.623699188232, -104.87380218506

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**District Name** Moore County Schools

---

**Name** Jacqueline Cates

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**Contact email** jacqueline.cates@moorecountyschools.net

---

**Role, Position, or Title** Supervisor of Special Programs

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 10:30 am  
Browser: Firefox 78.0 / Windows 7  
IP Address: 96.5.38.1  
Unique ID: 685707775  
Location: 35.925300598145, -85.455596923828

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**District Name** Perry County

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**Name** Kathy Whitt

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**Contact email** kwhitt@perrycountyschools.us

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**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 11:07 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.56.209  
Unique ID: 685727292  
Location: 40.679698944092, -85.458801269531

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**District Name** Alvin C. York Institute

---

**Name** Karen Flowers

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**Contact email** kflowers@york.k12.tn.us

---

**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 11:20 am  
Browser: Chrome 85.0.4183.121 / Windows  
IP Address: 96.4.28.99  
Unique ID: 685734131  
Location: 35.429401397705, -85.78929901123

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**District Name** Grundy County Schools

---

**Name** Lisa Magouirk

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**Contact email** lmagouirk@grundyk12.com

---

**Role, Position, or Title** Special Ed. Supervisor

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 11:40 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.65.99  
Unique ID: 685745063  
Location: 36.103298187256, -84.206199645996

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**District Name** Anderson County

---

**Name** Kim Towe

---

**Contact email** ktowe@acs.ac

---

**Role, Position, or Title** Director Special Education

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 26, 2020 2:14 pm               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.197.226                           |
| Unique ID:       | 685826275                              |
| Location:        | 36.265201568604, -82.833999633789      |

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| <b>District Name</b> | Greene County |
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|             |                |
|-------------|----------------|
| <b>Name</b> | Melinda Pruitt |
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|                      |                          |
|----------------------|--------------------------|
| <b>Contact email</b> | melinda.pruitt@gcstn.org |
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|                                 |                              |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | <p>Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.</p> |
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| <b>Please Acknowledge:</b> | <p>The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.</p> |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 2:59 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.154.10  
Unique ID: 685848094  
Location: 36.308101654053, -88.382499694824

**District Name** Henry County School System

---

**Name** Jammie Adkisson

---

**Contact email** adkissonj@henryk12.net

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**Role, Position, or Title** Director of Special Populations

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 3:07 pm  
Browser: Chrome 85.0.4183.121 / Windows  
IP Address: 96.5.40.1  
Unique ID: 685852298  
Location: 35.178398132324, -87.783798217773

---

**District Name** Wayne County

---

**Name** Kristy Prince

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**Contact email** kristy.prince@waynetn.net

---

**Role, Position, or Title** Special Education Supervisor

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 3:13 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.95.129  
Unique ID: 685854812  
Location: 35.423900604248, -84.668098449707

**District Name** McMinn County

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**Name** Patti Rogers

---

**Contact email** progers@mcmminnschools.com

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 4:33 pm  
Browser: Firefox 81.0 / Windows  
IP Address: 96.4.195.129  
Unique ID: 685890994  
Location: 36.419898986816, -82.113899230957

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**District Name** Elizabethton City Schools

---

**Name** Josh Boatman

---

**Contact email** josh.boatman@ecschoools.net

---

**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 26, 2020 4:45 pm               |
| Browser:         | Chrome 86.0.4240.75 / Windows          |
| IP Address:      | 96.5.44.240                            |
| Unique ID:       | 685896261                              |
| Location:        | 36.508598327637, -86.856300354004      |

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| <b>District Name</b> | Robertson |
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|             |                 |
|-------------|-----------------|
| <b>Name</b> | Jennifer Darden |
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|                      |                           |
|----------------------|---------------------------|
| <b>Contact email</b> | jennifer.darden@rcstn.net |
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| <b>Role, Position, or Title</b> | Supervisor of Special Education |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 5:02 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.5.12.237  
Unique ID: 685903301  
Location: 35.798198699951, -86.435600280762

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**District Name** Murfreesboro City Schools

---

**Name** Melissa Snyder

---

**Contact email** melissa.snyder@cityschools.net

---

**Role, Position, or Title** Compliance and Data Liaison

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 8:06 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 216.41.251.108  
Unique ID: 685961304  
Location: 36.45539855957, -82.208801269531

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**District Name** Bristol Tennessee City Schools

---

**Name** Jennifer Rouse

---

**Contact email** Rousej@btcs.org

---

**Role, Position, or Title** Supervisor of Student Services

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 26, 2020 9:52 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 68.52.32.41  
Unique ID: 685985386  
Location: 35.998500823975, -86.780601501465

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**District Name** Williamson County Schools

---

**Name** Maria Griego

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**Contact email** maria.griego@wcs.edu

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**Role, Position, or Title** Executive Director, Student Support Services

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 27, 2020 10:29 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.5.17.51  
Unique ID: 686855275  
Location: 36.347900390625, -86.60050201416

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**District Name** Sumner County Schools

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**Name** Norma Dam

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**Contact email** norma.dam@sumnerschools.org

---

**Role, Position, or Title** Assistant Director of Schools for Pupil Services

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 27, 2020 11:23 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.119.199  
Unique ID: 687002585  
Location: 36.052200317383, -84.360801696777

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**District Name** Morgan County Schools

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**Name** Suzanne Poole

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**Contact email** pooles@mcsed.net

---

**Role, Position, or Title** Special Education Director

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 27, 2020 12:15 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.202.21  
Unique ID: 687197117  
Location: 36.490699768066, -82.620002746582

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**District Name** Kingsport City Schools

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**Name** Jacki Wolfe

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**Contact email** jawolfe@k12k.com

---

**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 27, 2020 12:29 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.42.132  
Unique ID: 687257278  
Location: 35.648899078369, -86.995796203613

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**District Name** Maury County Public Schools

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**Name** Lisa Ventura

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**Contact email** lventura@mauryk12.org

---

**Role, Position, or Title** Director of Special Populations

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 27, 2020 3:39 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.5.200  
Unique ID: 687607045  
Location: 35.694900512695, -86.110900878906

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**District Name** Cannon County Schools

---

**Name** Julie Vincent

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**Contact email** julie.vincent@ccstn.net

---

**Role, Position, or Title** Supervisor of Special Education

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 27, 2020 5:49 pm  
Browser: Chrome 86.0.4240.80 / Windows  
IP Address: 96.5.8.1  
Unique ID: 687660715  
Location: 35.461498260498, -86.489799499512

**District Name** Bedford County

---

**Name** Julie Haynes

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**Contact email** haynesj@bedfordk12tn.net

---

**Role, Position, or Title** Supervisor of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 28, 2020 10:00 am  
Browser: Chrome 86.0.4240.111 / OS X  
IP Address: 96.4.26.50  
Unique ID: 688479665  
Location: 35.902400970459, -86.959503173828

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**District Name** Franklin Special School District

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**Name** Cheryl Robey

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**Contact email** robeych@fssd.org

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**Role, Position, or Title** Special Populations Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 28, 2020 10:04 am              |
| Browser:         | Chrome 86.0.4240.111 / Windows 7       |
| IP Address:      | 96.4.74.11                             |
| Unique ID:       | 688490353                              |
| Location:        | 36.475898742676, -83.498397827148      |

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| <b>District Name</b> | Claiborne County |
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|             |             |
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| <b>Name</b> | Sherry Rowe |
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|                      |                              |
|----------------------|------------------------------|
| <b>Contact email</b> | sherry.rowe@claibornecsd.org |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 28, 2020 10:51 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.5.26.13  
Unique ID: 688618257  
Location: 36.416198730469, -86.143402099609

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**District Name** Lewis County

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**Name** Dana Davis

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**Contact email** ddavis@lewisk12.org

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 28, 2020 11:04 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.198.130  
Unique ID: 688633171  
Location: 36.082801818848, -82.850799560547

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**District Name** Greenville City

---

**Name** Jeff Townsley

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**Contact email** townsleyj@gcschools.net

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**Role, Position, or Title** Chief Student Services Officer

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 28, 2020 12:17 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.132.19  
Unique ID: 688755477  
Location: 36.027198791504, -88.620498657227

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**District Name** South Carroll

---

**Name** Angela Bartholomew

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**Contact email** angela.bartholomew@clarksburgschool.net

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**Role, Position, or Title** District Testing Coordinator

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 28, 2020 3:40 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.168.26  
Unique ID: 689514941  
Location: 35.550098419189, -89.638702392578

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**District Name** Tipton County

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**Name** Sharon Belew

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**Contact email** sbelew@tipton-county.com

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 28, 2020 4:20 pm               |
| Browser:         | Chrome 85.0.4183.102 / Windows 7       |
| IP Address:      | 96.4.238.168                           |
| Unique ID:       | 689636768                              |
| Location:        | 35.500301361084, -85.00309753418       |

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| <b>District Name</b> | Rhea County |
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|             |              |
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| <b>Name</b> | Dwayne Price |
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|                      |                       |
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| <b>Contact email</b> | priced@rheacounty.org |
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| <b>Role, Position, or Title</b> | Sped |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 29, 2020 3:13 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.148.19  
Unique ID: 690251335  
Location: 35.204601287842, -88.14990234375

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**District Name** Hardin County

---

**Name** Jennifer Copeland

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**Contact email** jennifer.copeland@hctnschools.com

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: October 29, 2020 3:45 pm  
Browser: Chrome 86.0.4240.80 / Windows  
IP Address: 96.4.160.1  
Unique ID: 690266533  
Location: 36.33869934082, -89.164001464844

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**District Name** Obion County Schools

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**Name** Greg Barclay

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**Contact email** gbarclay@ocboe.com

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | October 29, 2020 5:42 pm               |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.5.39.26                             |
| Unique ID:       | 690316302                              |
| Location:        | 35.925300598145, -85.455596923828      |

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| <b>District Name</b> | Van Buren County |
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|             |                |
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| <b>Name</b> | Virginia Baker |
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|                      |                             |
|----------------------|-----------------------------|
| <b>Contact email</b> | BakerV1@vanburenschools.org |
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|                                 |                              |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 2, 2020 10:20 am              |
| Browser:         | Chrome 86.0.4240.111 / Windows         |
| IP Address:      | 96.4.93.26                             |
| Unique ID:       | 691590913                              |
| Location:        | 35.423900604248, -84.668098449707      |

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| <b>District Name</b> | Athens City Schools |
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|             |              |
|-------------|--------------|
| <b>Name</b> | Molly McLean |
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|                      |                      |
|----------------------|----------------------|
| <b>Contact email</b> | mmclean@athensk8.net |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 2, 2020 12:03 pm  
Browser: Safari 14.0 / OS X  
IP Address: 96.5.31.25  
Unique ID: 691652798  
Location: 36.278800964355, -86.271202087402

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**District Name** Lebanon Special School District

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**Name** Lynn Cable

---

**Contact email** lynn.cable@lssd.org

---

**Role, Position, or Title** Director of Special Education

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 2, 2020 12:14 pm  
Browser: IE 11.0 / Windows 7  
IP Address: 96.5.25.65  
Unique ID: 691658804  
Location: 36.029800415039, -87.81950378418

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**District Name** Humphreys County

---

**Name** Mindy Winters

---

**Contact email** wintersm@hcss.org

---

**Role, Position, or Title** School Psychologist

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 3, 2020 5:09 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.39.226  
Unique ID: 692414770  
Location: 36.527801513672, -86.005798339844

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**District Name** Macon County

---

**Name** Cathy Stafford

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**Contact email** cstafford@maconcountyschools.org

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 4, 2020 8:58 am               |
| Browser:         | Chrome 86.0.4240.183 / Windows         |
| IP Address:      | 96.4.116.253                           |
| Unique ID:       | 693564345                              |
| Location:        | 36.294300079346, -84.42919921875       |

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| <b>District Name</b> | Scott County |
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|             |              |
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| <b>Name</b> | Debby Sexton |
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|                      |                              |
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| <b>Contact email</b> | debby.sexton@scottcounty.net |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 5, 2020 2:02 pm  
Browser: Chrome 86.0.4240.111 / OS X  
IP Address: 96.4.48.247  
Unique ID: 694967555  
Location: 36.244300842285, -85.542602539062

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**District Name** Putnam County

---

**Name** Sheri Roberson

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**Contact email** robersons2@pcsstn.com

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**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 6, 2020 2:56 pm  
Browser: Chrome 86.0.4240.111 / OS X  
IP Address: 96.4.92.117  
Unique ID: 695573611  
Location: 35.828800201416, -84.31770324707

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**District Name** Lenoir City Schools

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**Name** Trevor Collins

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**Contact email** JTCollins@lenoircityschools.net

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**Role, Position, or Title** SPED Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 9, 2020 11:56 am              |
| Browser:         | Chrome 86.0.4240.111 / Windows 7       |
| IP Address:      | 96.4.28.104                            |
| Unique ID:       | 697617277                              |
| Location:        | 35.429401397705, -85.78929901123       |

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| <b>District Name</b> | Grundy County |
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|             |                |
|-------------|----------------|
| <b>Name</b> | Meredith Maxey |
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|                      |                      |
|----------------------|----------------------|
| <b>Contact email</b> | mmaxey@grundyk12.com |
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|                                 |              |
|---------------------------------|--------------|
| <b>Role, Position, or Title</b> | Lead Teacher |
|---------------------------------|--------------|

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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 9, 2020 2:28 pm  
Browser: Firefox 82.0 / Windows  
IP Address: 98.239.63.172  
Unique ID: 697755327  
Location: 35.138500213623, -90.153198242188

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**District Name** Achievement School District

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**Name** Yvonne Smith

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**Contact email** yvonne.smith@tnasd.org

---

**Role, Position, or Title** Special Education Specialist

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 9, 2020 5:07 pm               |
| Browser:         | Chrome 85.0.4183.121 / OS X            |
| IP Address:      | 96.4.138.33                            |
| Unique ID:       | 697845362                              |
| Location:        | 36.110599517822, -89.273803710938      |

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| <b>District Name</b> | Dyer County Schools |
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|             |               |
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| <b>Name</b> | Rena McKnight |
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|                      |                      |
|----------------------|----------------------|
| <b>Contact email</b> | rmcknight@dyercs.net |
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|                                 |                            |
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| <b>Role, Position, or Title</b> | Special Education Director |
|---------------------------------|----------------------------|

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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 10, 2020 2:43 pm  
Browser: Chrome 85.0.4183.121 / OS X  
IP Address: 96.4.144.2  
Unique ID: 698335106  
Location: 35.925098419189, -88.785797119141

**District Name** Milan Special School District

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**Name** Lynn Gonzales

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**Contact email** gonzalesl@milanssd.org

---

**Role, Position, or Title** Supervisor of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 4:58 pm  
Browser: Safari 13.0.3 / OS X  
IP Address: 96.4.180.13  
Unique ID: 704653315  
Location: 35.209400177002, -89.793197631836

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**District Name** Arlington Community Schools

---

**Name** Jamie Eldridge

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**Contact email** jamie.eldridge@acsk-12.org

---

**Role, Position, or Title** SPED Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:03 pm  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.5.24.151  
Unique ID: 704669315  
Location: 35.640098571777, -86.19229888916

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**District Name** Coffee County Schools

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**Name** Kathryn McCormick

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**Contact email** mccormickk@k12coffee.net

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**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:04 pm  
Browser: Chrome 86.0.4240.198 / Windows  
IP Address: 74.115.138.60  
Unique ID: 704674639  
Location: 35.819301605225, -88.952201843262

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**District Name** Humboldt City Schools

---

**Name** Beverly Cannon

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**Contact email** beverly.cannon@hcsvikings.org

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**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:06 pm  
Browser: Chrome 86.0.4240.183 / Windows  
IP Address: 96.4.130.130  
Unique ID: 704678882  
Location: 35.867500305176, -88.077697753906

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**District Name** Hollow Rock-Bruceton SSD

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**Name** Scot Crocker

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**Contact email** crockers@hrbk12.org

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**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:14 pm  
Browser: Chrome 86.0.4240.193 / Windows  
IP Address: 66.4.78.3  
Unique ID: 704704882  
Location: 36.171798706055, -86.49040222168

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**District Name** Wilson County Schools

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**Name** Angela Barnes

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**Contact email** barneang100@wcschools.com

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**Role, Position, or Title** Exceptional Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:21 pm  
Browser: Chrome 86.0.4240.198 / Windows  
IP Address: 104.255.146.2  
Unique ID: 704721574  
Location: 36.464199066162, -87.379699707031

---

**District Name** Clarksville Montgomery County School System

---

**Name** Taylia Griffith

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**Contact email** taylia.griffith@cmcss.net

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**Role, Position, or Title** Director of Special Populations

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:25 pm  
Browser: Firefox 82.0 / Windows  
IP Address: 96.4.72.11  
Unique ID: 704732207  
Location: 36.403999328613, -84.07209777832

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**District Name** Campbell County Schools

---

**Name** Donna Singley

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**Contact email** donna.singley@ccpstn.net

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:32 pm  
Browser: Chrome 86.0.4240.198 / OS X  
IP Address: 96.4.180.133  
Unique ID: 704751443  
Location: 35.209400177002, -89.793197631836

---

**District Name** Lakeland School System

---

**Name** Lara O'Mara

---

**Contact email** lomara@lakelandk12.org

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 17, 2020 5:34 pm              |
| Browser:         | Chrome 86.0.4240.198 / Windows         |
| IP Address:      | 66.4.15.129                            |
| Unique ID:       | 704757864                              |
| Location:        | 35.798198699951, -86.435600280762      |

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| <b>District Name</b> | Rutherford |
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|             |                |
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| <b>Name</b> | Kate Kasuboski |
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|                      |                          |
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| <b>Contact email</b> | kasuboskik@rcschools.net |
|----------------------|--------------------------|

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|---------------------------------|----------------------------------|
| <b>Role, Position, or Title</b> | Coordinator of Special Education |
|---------------------------------|----------------------------------|

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| <b>Please Acknowledge:</b> | <p>Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.</p> |
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| <b>Please Acknowledge:</b> | <p>The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.</p> |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 5:36 pm  
Browser: Mobile Safari 14.0 / iOS  
IP Address: 47.226.52.129  
Unique ID: 704763930  
Location: 39.623699188232, -104.87380218506

---

**District Name** Chester County

---

**Name** Melinda Parker

---

**Contact email** melinda.parker@chestercountyschools.org

---

**Role, Position, or Title** Special Education Director

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 6:26 pm  
Browser: Mobile Safari 14.0.1 / iOS  
IP Address: 67.187.78.235  
Unique ID: 704813862  
Location: 35.857200622559, -84.017700195312

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**District Name** Loudon County

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**Name** Joshua Reese

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**Contact email** reesej@loudoncounty.org

---

**Role, Position, or Title** SPED Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 6:45 pm  
Browser: Safari 14.0 / OS X  
IP Address: 73.121.127.83  
Unique ID: 704822700  
Location: 35.868099212646, -83.561798095703

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**District Name** Sevier County School District

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**Name** Sandy Enloe

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**Contact email** sandyenloe@sevier.org

---

**Role, Position, or Title** Director of Special Education

---

**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 8:17 pm  
Browser: Mobile Safari 13.0.4 / iOS  
IP Address: 174.196.1.124  
Unique ID: 704869326  
Location: 35.423900604248, -84.668098449707

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**District Name** Newport City

---

**Name** Amy Burchette

---

**Contact email** amy.burchette@newportgrammar.org

---

**Role, Position, or Title** Federal Programs Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 9:47 pm  
Browser: Chrome 86.0.4240.183 / OS X  
IP Address: 96.18.243.34  
Unique ID: 704908055  
Location: 37.750999450684, -97.821998596191

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**District Name** Dyersburg City Schools

---

**Name** Sandy Baker

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**Contact email** sbaker@dyersburgcityschools.org

---

**Role, Position, or Title** Special Education Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 17, 2020 10:47 pm  
Browser: Silk 85.3.5 / Android  
IP Address: 73.121.197.159  
Unique ID: 704927092  
Location: 36.058200836182, -83.914703369141

**District Name** Union County

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**Name** sandra prlce

---

**Contact email** prices@ucps.org

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**Role, Position, or Title** Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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**Please Acknowledge:** The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 18, 2020 8:06 am  
Browser: Chrome 86.0.4240.193 / OS X  
IP Address: 96.4.228.23  
Unique ID: 705622517  
Location: 35.170501708984, -85.209503173828

---

**District Name** Cleveland City Schools

---

**Name** David Stone

---

**Contact email** dstone@clevelandschools.org

---

**Role, Position, or Title** Supervisor of Special Populations

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 18, 2020 8:49 am              |
| Browser:         | Chrome 86.0.4240.198 / Windows         |
| IP Address:      | 96.4.235.1                             |
| Unique ID:       | 705679739                              |
| Location:        | 35.501899719238, -84.825897216797      |

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| <b>District Name</b> | Meigs County |
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|             |                |
|-------------|----------------|
| <b>Name</b> | G. David Brown |
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|                      |                    |
|----------------------|--------------------|
| <b>Contact email</b> | david@meigsboe.net |
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|                                 |                               |
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| <b>Role, Position, or Title</b> | Deputy Director/SPED Director |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 18, 2020 8:57 am              |
| Browser:         | Chrome 85.0.4183.102 / OS X            |
| IP Address:      | 96.4.225.11                            |
| Unique ID:       | 705690310                              |
| Location:        | 35.500301361084, -85.00309753418       |

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| <b>District Name</b> | Bledsoe County |
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| <b>Name</b> | Carl Boynton |
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| <b>Contact email</b> | boyntonc@bledsoecountyschools.org |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| <b>Please Acknowledge:</b> | The district recognizes that the 1% threshold is a state-wide cap, not a district cap. If the state exceeds 1% participation, the department will require justification from each district contributing to the state exceeding 1%. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 18, 2020 9:14 am  
Browser: Firefox 82.0 / OS X  
IP Address: 96.4.156.37  
Unique ID: 705710015  
Location: 35.732799530029, -89.659301757812

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**District Name** Lauderdale County School System

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**Name** Daniel Mobley

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**Contact email** dmobley@mail.lced.net

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**Role, Position, or Title** Director of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 18, 2020 9:42 am              |
| Browser:         | Chrome 86.0.4240.198 / Windows         |
| IP Address:      | 96.4.121.180                           |
| Unique ID:       | 705738670                              |
| Location:        | 35.841400146484, -84.454299926758      |

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| <b>District Name</b> | Roane County |
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| <b>Name</b> | Marti Sparks |
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| <b>Contact email</b> | mrsparks@roaneschools.com |
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| <b>Role, Position, or Title</b> | Special Education Supervisor |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 18, 2020 9:43 am              |
| Browser:         | Chrome 86.0.4240.198 / Windows         |
| IP Address:      | 96.4.18.100                            |
| Unique ID:       | 705740283                              |
| Location:        | 36.392501831055, -84.907402038574      |

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| <b>District Name</b> | Fentress County |
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| <b>Name</b> | Sandy Conatser |
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|                      |                                |
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| <b>Contact email</b> | sandy.conatser@fentressboe.com |
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| <b>Role, Position, or Title</b> | SPED director |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 18, 2020 9:53 am  
Browser: Chrome 86.0.4240.111 / Windows  
IP Address: 96.4.19.1  
Unique ID: 705749162  
Location: 36.244300842285, -85.542602539062

**District Name** Overton

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**Name** Lydia Flatt

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**Contact email** lydiaflatt@oc-sd.com

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**Role, Position, or Title** Supervisor of Special Education

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 18, 2020 10:07 am             |
| Browser:         | Chrome 87.0.4280.66 / Windows          |
| IP Address:      | 96.4.85.143                            |
| Unique ID:       | 705761824                              |
| Location:        | 36.454601287842, -83.035499572754      |

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| <b>District Name</b> | Rogersville City School |
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|             |                   |
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| <b>Name</b> | Karen Davis-Beggs |
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|                      |                     |
|----------------------|---------------------|
| <b>Contact email</b> | beggsk@rcschool.net |
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| <b>Role, Position, or Title</b> | Federal Programs Director |
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| <b>Please Acknowledge:</b> | Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum. |
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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 18, 2020 10:35 am             |
| Browser:         | Chrome 86.0.4240.198 / Windows         |
| IP Address:      | 96.4.162.82                            |
| Unique ID:       | 705789381                              |
| Location:        | 36.414600372314, -89.139602661133      |

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| <b>District Name</b> | Union City Schools |
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|             |              |
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| <b>Name</b> | Laney Rogers |
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|                      |                   |
|----------------------|-------------------|
| <b>Contact email</b> | rogersl@ucboe.net |
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| <b>Role, Position, or Title</b> | Director of Special Education |
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| <b>Please Acknowledge:</b> | <p>Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.</p> |
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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 18, 2020 1:34 pm  
Browser: Chrome 86.0.4240.75 / OS X 10.10 Yosemite  
IP Address: 47.7.149.152  
Unique ID: 705947731  
Location: 39.623699188232, -104.87380218506

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**District Name** Alamo City School

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**Name** Miriam Pulliam

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**Contact email** pulliamm@alamoschool.org

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**Role, Position, or Title** SPED Coordinator

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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Form Name: 2020-21 Alternate Assessment Assurance  
Submission Time: November 19, 2020 9:25 am  
Browser: Chrome 86.0.4240.198 / Windows  
IP Address: 96.4.40.225  
Unique ID: 706451896  
Location: 35.472400665283, -86.752403259277

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**District Name** Marshall County Schools

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**Name** Julie Thomas

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**Contact email** julie.thomas@mcstn.net

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**Role, Position, or Title** Speical Education and Federal Programs Supervisor

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**Please Acknowledge:** Option1The district is committed to ensuring all students participate in the appropriate assessments. Students determined eligible for the alternate assessment will meet the three criteria: 1. The student has a significant cognitive disability. Only students with the most significant cognitive disability should be considered for the alternate assessment, 2. The student is learning content linked to (derived from) state content standards. 3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade- and age-appropriate curriculum.

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| Form Name:       | 2020-21 Alternate Assessment Assurance |
| Submission Time: | November 20, 2020 12:43 pm             |
| Browser:         | Chrome 86.0.4240.198 / Windows         |
| IP Address:      | 96.4.158.238                           |
| Unique ID:       | 707212160                              |
| Location:        | 35.159900665283, -88.603500366211      |

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| <b>District Name</b> | McNairy County |
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| <b>Name</b> | Jennifer Hunt |
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|                      |                   |
|----------------------|-------------------|
| <b>Contact email</b> | huntj@mcnairy.org |
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| <b>Role, Position, or Title</b> | Director of Special Education |
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