

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

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:	<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 86.0.4240.75 / Windows
IP Address: 96.4.137.4
Unique ID: 684566786
Location: 35.688400268555, -88.109802246094

District Name Decatur County

Name Tina Gardner

Contact email tina.gardner@decaturschools.org

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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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

District Name Cumberland County

Name Dorothy Holton

Contact email mholton@ccschools.k12tn.net

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: 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

District Name Manchester City Schools

Name Cari Pugh

Contact email cpugh@k12mcs.net

Role, Position, or Title Supervisor of Exceptional 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 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

District Name Johnson County

Name Paula Norton

Contact email pnorton@jocoed.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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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

District Name Hickman County

Name Julia Thomasson

Contact email julia.thomasson@hickmank12.org

Role, Position, or Title Director of Special Programs

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: 96.4.180.166
Unique ID: 684568390
Location: 35.209400177002, -89.793197631836

District Name Millington Municipal Schools

Name Jill Church

Contact email jchurch@millingtonschools.org

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 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

Name Robyn Crain

Contact email robyncrain@stewartcountyschools.org

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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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

District Name Maryville City Schools

Name Melanie Davidson

Contact email melanie.davidson@maryville-schools.org

Role, Position, or Title Federal Programs Coordinator/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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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

District Name Johnson Clty Schools

Name Ginger Woods

Contact email woodsg@jcschools.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: 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

District Name Monroe County

Name Trey Ferguson

Contact email fergusont@monroek12.org

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

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

Name Melissa Loerch

Contact email melissaloerch@tcschools.org

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 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

District Name	Huntingdon Special School District
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Name	Angie Bunn
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Contact email	abunn@huntingdonschools.net
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Role, Position, or Title	Special Education Supervisor
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Please Acknowledge:	<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 9:11 am
Browser:	Mozilla rv:11.0 / Windows
IP Address:	208.182.152.230
Unique ID:	684570064
Location:	36.167598724365, -86.78450012207

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

District Name	Houston County
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Name	Robin Fairclough
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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

District Name McKenzie Special School District

Name Leighann Horne

Contact email hornel@mckenzie-schools.org

Role, Position, or Title Supervisor of SPED

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

District Name Department of Children Services

Name Jennifer Crim

Contact email Jennifer.Crim@tn.gov

Role, Position, or Title Special Education Coordinator

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

District Name Haywood County Schools

Name Chris Davis

Contact email chris.davis@hcsk12.net

Role, Position, or Title Executive Director of Special 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 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

District Name Lexington City Schools

Name Beth Deere

Contact email deereb@caywood.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:	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

District Name	Unicoi County
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Name	Debbie Lamie
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Contact email	lamied@unicoischools.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: 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

District Name Hawkins County School System

Name Angela Jackson

Contact email angela.jackson@hck12.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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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

District Name Sweetwater City School System

Name Nancy Crabtree

Contact email nancy.crabtree@scstn.net

Role, Position, or Title 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
IP Address: 96.4.132.131
Unique ID: 684574117
Location: 36.027198791504, -88.620498657227

District Name West Carroll Special School District

Name Crystal Polinski

Contact email crystal.polinski@wcssd.org

Role, Position, or Title Supervisor of Special Programs

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 86.0.4240.111 / Windows
IP Address: 96.4.166.1
Unique ID: 684574269
Location: 35.925098419189, -88.785797119141

District Name Weakley County

Name Deborah Perkins

Contact email deborah2.perkins@wcsk12tn.net

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: 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

District Name Franklin County

Name Toby Guinn

Contact email toby.guinn@fcstn.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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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

Name Margaret Campbell

Contact email mcampbell@lcdoe.org

Role, Position, or Title Federal Programs Supervisor

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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

District Name Grainger County Schools

Name Ginny McElhane

Contact email gam@gcs123.net

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: 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

District Name Dayton City School

Name Bethany Hughes

Contact email hughesbe@daytoncity.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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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

District Name Bradley County Schools

Name Ruth Ann White

Contact email rwhite@bradleyschools.org

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.

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%.

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

District Name Jackson County Schools

Name Jill McAllister

Contact email jmcallister@jacksoncoschools.com

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.

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%.

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

District Name	Lake
Name	Nikki Springer
Contact email	nikki@lcfalcons.net
Role, Position, or Title	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.
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%.

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

District Name Trenton Special School District

Name Amy Allen

Contact email amy.allen@trentonssd.org

Role, Position, or Title Supervisor of Special Populations and 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.

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%.

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

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

District Name Clinton City Schools

Name Suzanne Oliver

Contact email olivers@clintonschools.org

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

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.

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%.

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

District Name	Jefferson County Schools
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Name	Jessi Underwood
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Contact email	junderwood@jcboe.net
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Role, Position, or Title	Special Education Supervisor
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Please Acknowledge:	<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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Please Acknowledge:	<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 9:44 am
Browser: Chrome 85.0.4183.121 / Windows
IP Address: 69.167.206.134
Unique ID: 684584064
Location: 35.575199127197, -88.858596801758

District Name Jackson-Madison County

Name Bernice Thompson

Contact email btthompson@jmcass.org

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.

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%.

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

District Name	Fayette County Public Schools
Name	Kathy Woods
Contact email	kathy.woods@fcsk12.net
Role, Position, or Title	Director of Special Education 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.
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%.

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

District Name	Dickson County
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Name	William Burton
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Contact email	wburton@dcstn.org
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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: 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

District Name Paris Special School District

Name Sherry Wagner

Contact email sherry.wagner@parisssd.org

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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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

District Name	Pickett County
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Name	Darlene Capps
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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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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 9:59 am
Browser: Mobile Safari 13.1.2 / iOS
IP Address: 174.196.8.160
Unique ID: 684590936
Location: 37.750999450684, -97.821998596191

District Name Marion County

Name Becky Bigelow

Contact email bbigelow@mctns.net

Role, Position, or Title Director of Exceptional 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.

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%.

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

District Name	Warren County Schools
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Name	Candice Willmore
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Contact email	willmorec@warrenschoools.com
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Role, Position, or Title	Director of Special Education
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Please Acknowledge:	<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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Please Acknowledge:	<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 10:03 am
Browser:	Chrome 86.0.4240.75 / Windows
IP Address:	96.4.76.1
Unique ID:	684592509
Location:	35.949600219727, -83.186599731445

District Name	Cocke County
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Name	Patricia Ellison
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Contact email	ellisonp@cocke.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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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

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 78.0.3904.97 / OS X
IP Address:	96.4.181.8
Unique ID:	684595859
Location:	35.209400177002, -89.793197631836

District Name	Bartlett City Schools
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Name	Michelle Haney
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Contact email	mhaney@bartlettschools.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 10:10 am
Browser: Chrome 86.0.4240.111 / Windows
IP Address: 96.4.145.33
Unique ID: 684595877
Location: 36.422401428223, -89.472801208496

District Name Bradford Special School District

Name Amy Dunn

Contact email adunn@bradfordspecial.com

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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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

District Name Hardeman County Schools

Name Dianne Whitaker

Contact email dwhitaker@hcsedu.org

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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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

District Name Washington County

Name Mindy Myers

Contact email myersm@wcde.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:	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

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

District Name	Shelby County Schools
Name	Allison Bennett
Contact email	bennettab@scsk12.org
Role, Position, or Title	Alternate Assessment Consulting Teacher (District Alt. Assessment Testing Coordinator)
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.
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%.

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

Name Shea Hennessee

Contact email sheahennessee@dekalbschools.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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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

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:	<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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Please Acknowledge:	<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 10:50 am
Browser:	Chrome 86.0.4240.111 / Windows
IP Address:	96.4.6.232
Unique ID:	684613708
Location:	36.283298492432, -87.012100219727

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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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 10:54 am
Browser:	Chrome 86.0.4240.111 / Windows
IP Address:	96.4.126.50
Unique ID:	684615645
Location:	35.868099212646, -83.561798095703

District Name	Tennessee School for the Deaf
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Name	Lisa Collins
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Contact email	l.collins@tsdeaf.org
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Role, Position, or Title	Director of Instruction
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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 10:57 am
Browser: Chrome 86.0.4240.75 / Windows
IP Address: 96.4.240.20
Unique ID: 684617183
Location: 35.424999237061, -85.383003234863

District Name Sequatchie County

Name Kristy Albright

Contact email kalbright@sequatchie.k12.tn.us

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.

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%.

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

District Name Etowah City

Name Cheryle Cooper

Contact email cooperc@etowahcityschool.com

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.

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%.

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

District Name Blount County Schools

Name April Herron

Contact email april.herron@blountk12.org

Role, Position, or Title SPED 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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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

District Name Knox County

Name Karen Loy

Contact email Karen.loy@knoxschools.org

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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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

District Name	Clay County
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Name	Joann McLerran
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Contact email	jmcclerran@clayedu.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 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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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 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

Contact email barker.melissa@hcschoolstn.org

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

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

Name Joyce Keohane

Contact email jkeohane@colliervilleschools.org

Role, Position, or Title Chief of SPED

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

District Name Alcoa City Schools

Name Mary Beth Warwick

Contact email mwarwick@alcoaschools.net

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: 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

District Name Oneida Special School District

Name Kim Burress

Contact email kburress@oneidaschools.org

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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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

Name Whitney Moore

Contact email whitney.moore@lcss.us

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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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

District Name Giles County School System

Name Mitzi Jones

Contact email mdjones@gcboe.us

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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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

District Name	Metro Nashville Public Schools
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Name	Debbie McAdams
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Contact email	debra.mcadams@mnps.org
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Role, Position, or Title	Executive Director; Department 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 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

District Name Tullahoma City Schools

Name Wendy Wilkerson

Contact email wendy.wilkerson@tcsedu.net

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:	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

District Name	Germantown Municipal School District
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Name	Sarah Huffman
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Contact email	sarah.huffman@gmsdk12.org
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Role, Position, or Title	Assistant Superintendent Exceptional Student 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 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

District Name Hamilton

Name Mitzi Delker

Contact email delker_m@hcde.org

Role, Position, or Title Interim Exceptional 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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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
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Role, Position, or Title	Special Education Supervisor
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Please Acknowledge:	<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 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

District Name Smith County

Name Eric Swann

Contact email eswann@smithcoedu.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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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

District Name Hancock County

Name Misty Rasnic

Contact email Misty.Rasnic@hcsk12.com

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: 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

District Name Gibson County SSD

Name Renee Childs

Contact email childsr@gcssd.org

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

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 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

District Name Fayetteville City Schools

Name Christine Tuten

Contact email tutenc@fcsboe.org

Role, Position, or Title Federal Programs 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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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

Contact email larry.thompson@whitecoschools.net

Role, Position, or Title SPED 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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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

District Name	Carter County Schools
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Name	Diana Bowers
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Contact email	dianabowers@carterk12.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 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

District Name	Moore County Schools
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Name	Jacqueline Cates
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Contact email	jacqueline.cates@moorecountyschools.net
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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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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

District Name Perry County

Name Kathy Whitt

Contact email kwhitt@perrycountyschools.us

Role, Position, or Title Special Education Diector

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 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

District Name Alvin C. York Institute

Name Karen Flowers

Contact email kflowers@york.k12.tn.us

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.

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%.

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

District Name	Grundy County Schools
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Name	Lisa Magouirk
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Contact email	lmagouirk@grundyk12.com
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Role, Position, or Title	Special Ed. 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 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

District Name	Anderson County
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Name	Kim Towe
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Contact email	ktowe@acs.ac
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Role, Position, or Title	Director Special Education
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Please Acknowledge:	<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 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

District Name Greene County

Name Melinda Pruitt

Contact email melinda.pruitt@gcstn.org

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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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

Role, Position, or Title Director of Special Populations

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.

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%.

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

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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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

Name Patti Rogers

Contact email progers@mcmminnschools.com

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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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

District Name Elizabethton City Schools

Name Josh Boatman

Contact email josh.boatman@ecschoools.net

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:	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

District Name	Robertson
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Name	Jennifer Darden
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Contact email	jennifer.darden@rcstn.net
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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 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

District Name Murfreesboro City Schools

Name Melissa Snyder

Contact email melissa.snyder@cityschools.net

Role, Position, or Title Compliance and Data Liaison

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 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

District Name Bristol Tennessee City Schools

Name Jennifer Rouse

Contact email Rousej@btcs.org

Role, Position, or Title Supervisor of Student 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 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

District Name Williamson County Schools

Name Maria Griego

Contact email maria.griego@wcs.edu

Role, Position, or Title Executive Director, Student Support 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 10:29 am
Browser: Chrome 86.0.4240.111 / Windows
IP Address: 96.5.17.51
Unique ID: 686855275
Location: 36.347900390625, -86.60050201416

District Name Sumner County Schools

Name Norma Dam

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

District Name Morgan County Schools

Name Suzanne Poole

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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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

District Name Kingsport City Schools

Name Jacki Wolfe

Contact email jawolfe@k12k.com

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:	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

District Name	Maury County Public Schools
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Name	Lisa Ventura
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Contact email	lventura@mauryk12.org
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Role, Position, or Title	Director of Special Populations
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Please Acknowledge:	<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 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

District Name	Cannon County Schools
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Name	Julie Vincent
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Contact email	julie.vincent@ccstn.net
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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 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

Contact email haynesj@bedfordk12tn.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 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

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

District Name Claiborne County

Name Sherry Rowe

Contact email sherry.rowe@claibornecsd.org

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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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

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

District Name Greenville City

Name Jeff Townsley

Contact email townsleyj@gcschools.net

Role, Position, or Title Chief Student Services Officer

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

District Name	South Carroll
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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:	<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 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

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:	<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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Please Acknowledge:	<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 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

District Name	Rhea County
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Name	Dwayne Price
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Contact email	priced@rheacounty.org
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Role, Position, or Title	Sped
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Please Acknowledge:	<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 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

District Name	Hardin County
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Name	Jennifer Copeland
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Contact email	jennifer.copeland@hctnschools.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 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

District Name Obion County Schools

Name Greg Barclay

Contact email gbarclay@ocboe.com

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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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

District Name Van Buren County

Name Virginia Baker

Contact email BakerV1@vanburenschools.org

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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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

District Name Athens City Schools

Name Molly McLean

Contact email mmmclean@athensk8.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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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

District Name Lebanon Special School District

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

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

District Name Macon County

Name Cathy Stafford

Contact email cstafford@maconcountyschools.org

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.

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%.

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

District Name	Scott County
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Name	Debby Sexton
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Contact email	debby.sexton@scottcounty.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: 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

District Name Putnam County

Name Sheri Roberson

Contact email robersons2@pcsstn.com

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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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

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

District Name Grundy County

Name Meredith Maxey

Contact email mmaxey@grundyk12.com

Role, Position, or Title Lead Teacher

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 9, 2020 2:28 pm
Browser: Firefox 82.0 / Windows
IP Address: 98.239.63.172
Unique ID: 697755327
Location: 35.138500213623, -90.153198242188

District Name Achievement School District

Name Yvonne Smith

Contact email yvonne.smith@tnasd.org

Role, Position, or Title Special Education Specialist

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 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

District Name	Dyer County Schools
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Name	Rena McKnight
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Contact email	rmcknight@dyercs.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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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

Name Lynn Gonzales

Contact email gonzalesl@milanssd.org

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: 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

District Name Arlington Community Schools

Name Jamie Eldridge

Contact email jamie.eldridge@acsk-12.org

Role, Position, or Title SPED 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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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

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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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

District Name Humboldt City Schools

Name Beverly Cannon

Contact email beverly.cannon@hcsvikings.org

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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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

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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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

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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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

Contact email taylia.griffith@cmcss.net

Role, Position, or Title Director of Special Populations

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 5:25 pm
Browser: Firefox 82.0 / Windows
IP Address: 96.4.72.11
Unique ID: 704732207
Location: 36.403999328613, -84.07209777832

District Name Campbell County Schools

Name Donna Singley

Contact email donna.singley@ccpstn.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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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

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

District Name	Rutherford
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Name	Kate Kasuboski
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Contact email	kasuboskik@rcschools.net
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Role, Position, or Title	Coordinator 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 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

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

District Name Loudon County

Name Joshua Reese

Contact email reesej@loudoncounty.org

Role, Position, or Title SPED 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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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

District Name Sevier County School District

Name Sandy Enloe

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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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

District Name Newport City

Name Amy Burchette

Contact email amy.burchette@newportgrammar.org

Role, Position, or Title Federal Programs 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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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

District Name Dyersburg City Schools

Name Sandy Baker

Contact email sbaker@dyersburgcityschools.org

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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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

Name sandra prlce

Contact email prices@ucps.org

Role, Position, or Title 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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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
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Name	David Stone
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Contact email	dstone@clevelandschools.org
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Role, Position, or Title	Supervisor of Special Populations
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Please Acknowledge:	<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 8:49 am
Browser:	Chrome 86.0.4240.198 / Windows
IP Address:	96.4.235.1
Unique ID:	705679739
Location:	35.501899719238, -84.825897216797

District Name	Meigs County
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Name	G. David Brown
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Contact email	david@meigsboe.net
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Role, Position, or Title	Deputy Director/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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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

District Name	Bledsoe County
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Name	Carl Boynton
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Contact email	boyntonc@bledsoecountyschools.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: 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

District Name Lauderdale County School System

Name Daniel Mobley

Contact email dmobley@mail.lced.net

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 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

District Name	Roane County
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Name	Marti Sparks
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Contact email	mrsparks@roaneschools.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:	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

District Name	Fentress County
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Name	Sandy Conatser
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Contact email	sandy.conatser@fentressboe.com
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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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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

Name Lydia Flatt

Contact email lydiaflatt@oc-sd.com

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: 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

District Name Rogersville City School

Name Karen Davis-Beggs

Contact email beggsk@rcschool.net

Role, Position, or Title Federal Programs 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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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

District Name	Union City Schools
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Name	Laney Rogers
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Contact email	rogersl@ucboe.net
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Role, Position, or Title	Director of Special Education
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Please Acknowledge:	<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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Please Acknowledge:	<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 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

District Name Alamo City School

Name Miriam Pulliam

Contact email pulliamm@alamoschool.org

Role, Position, or Title SPED Coordinator

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

District Name Marshall County Schools

Name Julie Thomas

Contact email julie.thomas@mcstn.net

Role, Position, or Title Speical Education and Federal Programs 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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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

District Name McNairy County

Name Jennifer Hunt

Contact email huntj@mcnairy.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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