

2017-18 Alternate Assessment Justification

The following must be completed by districts contributing to the state exceeding the 1% cap for students participating in the alternate assessment. Please return the completed form to Leslie.M.Hoffman@tn.gov by Monday, Feb.11, 2019, by 5 p.m. C.T.

District Name: Etowah City Schools

	% of Alternative Assessments: 2016-2017 Administration	Current % of Alternate Assessments: 2017-2018 Administration	Projected % of Alternate Assessments: 2018-2019 Administration
MSAA ELA	1.19%	1.68%	0.41%
MSAA Math	1.19%	1.62%	0.41%

1. **Percentage Goal:** What is your goal in addressing decision making for identifying the right students for the alternate assessment?

Our goal is to reduce the number of students who participate in the alternate assessment to the 1 percent allowable cap. However, all decisions will be determined on an individual basis.

2. **Process:** Describe the process, training, and steps the district will use to meet the percentage goal reduction proposed above.

The Special Education Department will ensure that special education personnel understands the requirements for the alternate assessment participation by completing a training at the beginning of the school year, when there are personnel changes, and any time there is a question concerning a student's eligibility to participate in the alternate assessment.

3. **Disproportionality:** Explain how the school district is addressing any disproportionality identified in areas that include, but are not limited to: student's IEP disability, number of students with disability, grade bands (elementary, middle, high school).

N/A Currently, no disproportionalities have been identified.

4. **Parent Participation:** How do parents participate in, or how are they notified of, the IEP decision for their student to participate in the alternate assessment(s)?

To determine the need for alternate assessment participation, parents participate during the IEP meeting. This decision is not made without the parents in attendance.

5. **Support Requested:** Please detail any support needed from the department. (All feasible requests for supports will be considered.)