**IEP Team Eligibility for Alternate Assessment Documentation Form**

**Directions:** This form should be completed, signed, and attached to the IEP at the time of the student’s annual IEP review along with completed copies of the Intellectual Functioning Rubric, Adaptive Functioning Rubric, and the Previous Test Participation and Performance Documentation sheet. Copies of this form, the rubrics, and the test participation documentation sheet should be provided to the family with their copy of the IEP.

Student Name: DOB:

State-Assigned Student ID (SASID): 1000- IEP Meeting Date:

What is the disability that is impacting the student’s cognitive functioning?

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| **Participation Criteria** | | |
| **CRITERIA 1:** Student meets the definition of having a significant cognitive disability. | | |
| In **Tool A: Intellectual Functioning Rubric,** is the student’s overall verbal and nonverbal intellectual functioning score 2.5 or more standard deviations below the mean (63 or lower)? | **YES** | **NO\*** |
| In **Tool A: Intellectual Functioning Rubric** is the majority of the evidence in column 4*?* | **YES** | **NO\*** |
| **CRITERIA 2:** Formative and summative evaluations and data show that the Essential Elements will be challenging for the student. | | |
| In **Tool A: Intellectual Functioning Rubric,** *Learning* section, is the majority of evidence in column 3 and 4? | **YES** | **NO\*** |
| Does the **Previous Test Participation and Performance Documentation Form**, show that the student is making progress toward the Essential Elements and/or that the Essential Elements are (or will be) challenging to the student? | **YES** | **NO\*** |
| **CRITERIA 3:** The student is unable to generalize daily living and community skills consistently in home, school, and community settings without intensive, frequent, and individualized instruction and supports. | | |
| In **Tool B: Adaptive Functioning Rubric,** is the student’s adaptive behavior scale score 2.5 or more standard deviations below the mean (63 or lower)? | **YES** | **NO\*** |
| In **Tool B: Adaptive Functioning Rubric**, is the majority of evidence in columns 3 and 4? | **YES** | **NO\*** |
| In **Tool B:** **Adaptive Functioning Rubric,** *Daily Living Skills* and *Community Skills* sections, is the majority of evidence in column 3 and 4? | **YES** | **NO\*** |
| \*If “no” is circled above, this means the student is not eligible for the alternate assessment. This means three things must happen:   1. The student must participate in the state assessments for their current grade level with appropriate accommodations as determined by the IEP team. 2. The student’s instruction must be aligned to the Rhode Island Core Standards and the Next Generation Science Standards via the general education curriculum. Without access to the general education curriculum, students will not be able to be able to learn the academic skills and knowledge for their grade level which will be assessed by the state assessments. 3. The decision must be recorded on this form *Participation Criteria for Alternate Assessments Form*, attached to the IEP and placed in the student’s file. | | |
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**IEP Team Assurance:** The IEP team has thoroughly discussed the evidence gathered to determine eligibility, completed the Intellectual Functioning Rubric, Adaptive Functioning Rubric, and the Previous Test Participation and Performance Documentation sheet and affirms that they followed the processes and procedures outlined in the *Revised IEP Team Guidance on Determining Eligibility for Alternate Assessment* (copies can be found at www.ride.ri.gov/dlm).

The IEP team has informed the parent(s) of the implications of their child’s participation in the alternate assessments, namely that:

* Their child’s academic progress towards achievement of the content standards in English language arts, mathematics, and science will be measured using the Essential Elements.
* They understand the graduation options, including district graduation requirements, for their child.
* They have been informed of any other implications, including any effects of local policies on the student’s education, resulting from taking an alternate assessment.
* Copies of this form, the rubrics, and the test participation documentation sheet have been provided to the family with their copy of the IEP.
* The IEP team *does / does not (circle one)* find this student eligible to participate in the alternate assessments.

Name of LEA Representative (print): Date:

Signature of LEA Representative: