

Alternate Assessment Criteria

Student Name: _____

If it is determined that there is sufficient information to support **ALL** of the criteria below and all of the IEP team agrees, the IEP team should document this decision on the student's current IEP. Students who do not meet all of the criteria will participate in the general statewide assessment with/without accommodations.

Participation Criteria	Criteria Descriptors	Agree (Yes) or Disagree (No)?												
1. The student has a most significant cognitive disability.	Review of student records indicates a disability or multiple disabilities that significantly impacts the intellectual functioning and adaptive behavior so that extensive modifications are required in order to access the general curriculum. <i>* Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.</i>	Yes / No												
2. The student's course of study is aligned to the Extended Indicators of the Nebraska College and Career Academic Standards.	Goals and instruction documented in the IEP for this student are aligned to the enrolled grade level Extended Indicators and address knowledge and skills that are appropriate and challenging for this student.	Yes / No												
3. The student requires extensive, direct individualized instruction and substantial supports to achieve measurable gains on the Nebraska College and Career Academic Standards for the grade they are enrolled.	The student (a)requires frequent and extensive, repeated instruction presented in individualized incremental steps (that is not of a temporary nature) in order to apply and transfer skills across settings and (b) uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across multiple settings, including school, workplace, community and home and (c)uses educational support systems such as: assistive technology, personal care issues, and/or health/medical services.	Yes / No												
4. The decision to participate in the Alternate Assessment is NOT BASED on:	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">1. Specific disability or label</td> <td style="width: 33%;">7. Low reading level</td> </tr> <tr> <td>2. Excessive or extended absence</td> <td>8. Disruptive behavior</td> </tr> <tr> <td>3. Native language/social/cultural or economic differences</td> <td>9. Administrator decision</td> </tr> <tr> <td>4. Educational environment or setting</td> <td>10. Impact of student scores for accountability system</td> </tr> <tr> <td>5. Percent of time receiving special education</td> <td>11. Expected poor performance on the general education assessment</td> </tr> <tr> <td>6. English Learner status</td> <td></td> </tr> </table>	1. Specific disability or label	7. Low reading level	2. Excessive or extended absence	8. Disruptive behavior	3. Native language/social/cultural or economic differences	9. Administrator decision	4. Educational environment or setting	10. Impact of student scores for accountability system	5. Percent of time receiving special education	11. Expected poor performance on the general education assessment	6. English Learner status		Yes / No
1. Specific disability or label	7. Low reading level													
2. Excessive or extended absence	8. Disruptive behavior													
3. Native language/social/cultural or economic differences	9. Administrator decision													
4. Educational environment or setting	10. Impact of student scores for accountability system													
5. Percent of time receiving special education	11. Expected poor performance on the general education assessment													
6. English Learner status														

IEP team members: My signature below indicates that I agree with the decision to participate in the alternate assessment, which is based on Nebraska's College and Career Ready Extended Indicators, because **ALL** four criteria listed have been met.

_____	_____
(Parent/guardian)	(Date)
_____	_____
(Student)	(Date)
_____	_____
(Administrator/designee)	(Date)
_____	_____
(Teacher)	(Date)
_____	_____
(Other – please specify name and position)	(Date)