

**DISTRICT PROJECTION FOR 1.0 PERCENT "PARTICIPATION" THRESHOLD ON
 NSCAS ALTERNATE ASSESSMENT FOR THE _____ SCHOOL YEAR**

1.

District Name	County
Name of District Superintendent	Telephone (Include Area Code)
E-Mail	Fax (Include Area Code)

2. The number of students at the state level reported as "participating" on the NSCAS Alternate Assessments may not exceed 1.0 percent of all students assessed in grades 3-8 and high school (third year cohort) per subject area. Does your district anticipate that the students participating on the NSCAS Alternate Assessments will exceed the 1.0 percent in grades 3 – 8 and high school (third year cohort) per subject area?

- YES – complete all sections, sign, and return form.
- YES – have students participating but not over the 1%, complete process box on chart, sign and return form.
- NO – no students participating on the alternate assessment, complete section 4, sign and return form.

3. Provide information that contributes to a higher enrollment of students with significant cognitive disabilities that would result in a participation rate that exceeds the 1% threshold ((D)(i)(II)).

Respond to the applicable guiding questions and provide the required evidence. (Attach additional pages if necessary.)

GUIDING QUESTIONS	SUPPORTING EVIDENCE
<p align="center"><u>Size of Student Population</u></p> <p>Does your LEA have a small overall student population that increases the likelihood of exceeding the 1% threshold? Provide supporting evidence.</p>	
<p align="center"><u>Programs and Services in LEA and Community</u></p> <p>Does the LEA include school, community, or health programs that draw large numbers of students with the most significant cognitive disabilities? Provide supporting evidence.</p>	
<p align="center"><u>Other Factors That May Affect Your Percentage</u></p> <p>1. Students in restrictive settings. 2. Students newly identified. 3. Contracted-in students. 4. Other circumstances that may affect participation. 5. Provide supporting evidence.</p>	
<p>Science assessment is the only area over the 1%. Provide supporting evidence.</p>	

Include the process that is followed to determine which students are administered the Alternate Assessment.	
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4. **The district ensures that it is fully and effectively addressing the requirements of 34 CFR § 200.6. Please initial each box that pertains to your district.**

The district uses appropriate guidelines when IEP teams determine that the student's most significant cognitive disability justifies taking NSCAS alternate assessments. These guidelines are consistent with the Nebraska Department of Education's *IEP Team Decision Making Flow Chart: Nebraska Statewide Alternate Assessment for Students with the Most Significant Cognitive Disabilities, Alternate Assessment Criteria and IEP Team Decision Making Guidelines for NSCAS Assessments*, etc. posted on the Department's website. <http://www.education.ne.gov/sped/assessment.html>

The student's IEP meets the requirements in **Rule 51 007.07A3, 007.07A7, 007.07.A7a and 007.07A7b.**

Students with most significant cognitive disabilities (taking NSCAS Alternate Assessments) are included in the general education curriculum to the maximum extent possible. Curriculum and instruction is aligned to the extended indicators for grade level content.

The district ensures the use of appropriate accommodations throughout the district.

- IEP teams select accommodations based on the individual student's needs.
- General education and special education teachers collaborate to determine appropriate accommodations that ensure access to the general education curriculum at grade level.
- Accommodations are disseminated to all appropriate staff to ensure accommodations are provided as outlined in the IEP.

The district takes steps to ensure that parents participate in the IEP team meeting. Through the IEP process, parents are knowledgeable about their child's curriculum is based on extended indicators. Parents understand the NSCAS system and their child's participation in the alternate assessments may delay or affect their child from completing requirements for graduation.

Date of Submission

Signature of District Superintendent

Any district submitting a justification may be subject to further review by the NDE to obtain additional clarification on the submitted information.

All completed documents due to NDE by _____.

If your district is over 1% on the alternate assessment for participation NDE would like to know what your plan is to reduce that percentage. (If you are a small district with only one or two students, please contact NDE at _____ for guidance on how to complete this section).