Alternate Assessment Breakdown Report

Monitoring School Year: 2021 - 2022 | Assessment School Year: 2020 - 2021 | D0285 Cedar Vale | Status: Submission Approved by KSDE on 01/07/2022

Based on the data provided in KIAS, our district had student(s) in the following disability categories taking the DLM.

- [ ] Autism
- [ ] Blind/Visually Impaired
- [ ] Deaf-Blind
- [ ] Developmentally Delayed
- [ ] Emotionally Disturbed
- [ ] Hearing Impaired/Deafness
- [ ] Intellectual Disability
- [x] Multiple Disability
- [ ] Orthopedic Impairment
- [ ] Other Health Impaired
- [ ] Specific Learning Disability
- [ ] Speech and Language Impairment
- [ ] Traumatic Brain Injury

Based on the data provided in KIAS for disproportionality, our district needs to address disproportionality (A risk ratio greater than 3.0 needs to be addressed.)

- [ ] Yes
- [x] No

Percentage of students performing at target or advanced on the DLM for the school year.

ELA:	0%
Math:	0%
Science:	0%

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[X] **Please provide a narrative that includes the data types and processes that the IEP teams are utilizing to qualify students for the Alternate Assessments (DLM) in the box below and press Save.**

The student has a most significant cognitive disability.
The student has significant deficits in adaptive behavior.
The student is primarily being instructed (or taught) using the DLM Essential Elements as content standards.
The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in all grade-and age-appropriate curriculum.
The student meets the criteria to participate in the Kansas Alternate Assessment (DLM) for students with significant cognitive disabilities.
This decision is based on Evaluation Team Reports, Diagnostic assessments, Speech and Language assessments that determine expressive/receptive language communication status, IEP goal/objectives progress data, both formative academic and transition assessment data , adaptive skills checklists/inventories, progress on functional, and daily living and life skills standards.

[X] **What are the district's next steps to ensure that annually the appropriate test is administered to each student?**

Continue the current procedure of annually teaching all instructional staff the correct process outlined by KSDE for determining which students are eligible to participate in the DLM.

Based on the data for our district, our LEA needs additional training.

[ ] Yes [X] No

Our district anticipates testing over 1% of our students in one or more content areas during the school year.

[X] Yes [ ] No

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District DLM Assurances

If your district anticipates testing over 1% of its assessed students in a sbject using the DLM for the school year, please submit assurances for each of the following five items:

- [X] 1. Individualized Education Program (IEP) teams have correctly identified students with the Most Significant Cognitive Disability. http://www.ksde.org/Default.aspx?tabid=887
- [X] 2. The district has measured the achievement of, at least 95% of all students, including students with disabilities in tested grades.
- [X] 3. Students who will be participating in an alternate assessment receive instruction aligned to the alternate academic acievement standards, the Essential Elements. https://dynamiclearningmaps.org/erp_ie https://dynamiclearningmaps.org/sci_resources
- [X] 4. Parents are informed of their child's participation in an alternate assessment and implications of participating.
- [X] 5. Addresses any disproportionality in the percentage of students in any subgroup taking the alternate assessment.

- [X] I understand that the assurances submitted will be posted by KSDE in accordance with federal regulations. (34 CFR 200.6(c)(3)(iv))

By Submitting this form, the district verifies that all students participating in the DLM meet the KSDE participation criteria (http://www.ksde.org/Default.aspx?tabid=887) or will request technical assistance to meet the criteria (https://www.ksdetasn.org/).

Lance Rhodd	1/7/2022
Superintendent Name	**Date**
Ronald Sarnacki	1/7/2022
Special Education Director Name	**Date**