Alternate Assessment Breakdown Report

Monitoring School Year: 2021 - 2022 | Assessment School Year: 2020 - 2021 | D0501 Topeka Public Schools | Status: Submission Approved by KSDE on 01/03/2022

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

- [x] Autism
- [ ] Blind/Visually Impaired
- [ ] Deaf-Blind
- [x] Developmentally Delayed
- [ ] Emotionally Disturbed
- [ ] Hearing Impaired/Deafness
- [x] Intellectual Disability
- [x] Multiple Disability
- [x] Orthopedic Impairment
- [x] 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:	22%
Math:	8%
Science:	18%

[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.**

We utilize the KSDE DLM Participation Guidelines, Rubric for Determining Eligibility for the DLM, DLM flowchart along with student data, diagnostic assessments and assessments for receptive and expressive communication skills.

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

A refresher training with Consulting Teachers, Special Education Low Incidence teachers, school psychologist, and related service providers at the beginning of the year using the IEP Team Resources: Making Decisions about Participation in Alternate Assessment Guidelines. Review the data from the previous year to determine how students are performing. Review annually to determine if students continue to meet the eligibility criteria for the DLM. We need to continue to take into account the Least Dangerous Assumption perspective.

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

[X] Yes [ ] No

Areas for Needed Training:

- [X] Effectively using the DLM participation guidelines when identifying a student as having a significant cognitive disability
- [X] Least Dangerous Assumption
- [ ] Appropriate use of Accommodation for the general assessment
- [ ] Other (Please Specify)

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

[X] Yes [ ] No

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.

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[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/).

Dr. Tiffany Anderson	12/31/2021
Superintendent Name	**Date**
Dr. Jennifer Harrington	12/31/2021
Special Education Director Name	**Date**