Alternate Assessment Breakdown Report

Monitoring School Year: 2023 - 2024 | Assessment School Year: 2022 - 2023 | D0260 Derby | Status: Submission Approved by KSDE on 12/12/2023

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.)

[X] Yes [ ] No

If yes, please explain how you will address the disproportionality.

Disproportionality in the area of English Language Learners will be addressed through DLM participation rubric remedial training with LEA representatives, teachers, and school psychs. We will also look at our procedures for team discussions during IEP meetings for all students who participate in the alternate educational standards.

[redacted]. We are working with our ELL department to ensure that all students who have both services are identified and reported to the state.

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

ELA:	7%
Math:	0%
Science:	0%

[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.**

Verbal Intelligence
Non-verbal Intelligence
Thinking/Reasoning/Problem Solving
Executive Functioning/Attention/Memory
Adaptive Behavior (conceptual, practical, and social)
Level of support
PLAAFPs

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

Each year, we review the DLM qualifications and rubrics with all of our teaching staff, LEA representatives, and school psychologists. This year we have also initiated that all school psychs need to review the DLM rubrics either during or following an IEP meeting to ensure accuracy of the data and ensure recommendations are appropriate.

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/).

Heather Bohaty	12/11/2023
Superintendent Name	**Date**
Dr. Dawn Gresham	12/11/2023
Special Education Director Name	**Date**