Alternate Assessment Breakdown Report

Monitoring School Year: 2025 - 2026 | Assessment School Year: 2024 - 2025 | D0392 Osborne County | Status: Submission Approved by KSDE on 12/23/2025

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
- [x] 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.)

- [x] Yes
- [ ] No

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

Our team has a process established to follow the DLM participation guidelines and checklist when determining a student's eligibility for the DLM assessment. The participation guidelines and checklist is reviewed by the team during a students annual meeting.

Because we are disproportionate, the team will meet again to review the guidelines, data written within the eligibility checklist and re-evaluate the decision of whether or not the student is eligible for the DLM assessment.

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

ELA:	100%
Math:	100%
Science:	50%

☐ **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.**

Our team has a process established to follow the DLM participation guidelines and checklist when determining a student's eligibility for the DLM assessment. The participation guidelines and checklist is reviewed by the team during a students annual meeting.

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

We have a process in place to annually review the students who are taking the DLM in order to ensure the teachers are appropriately trained. The training is monitored by our DLM coordinator. SPED administration has a procedure in place in order to review timelines for implementing the DLM.

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

☐ Yes ☒ No

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

☒ Yes ☐ No

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District DLM Assurances

If your district anticipates testing over 1% of its assessed students in a subject 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/).

Superintendent Name	**Date**
Cher Greving	12/10/2025

Special Education Director Name	**Date**