Kansas State Department of Education
District Dynamic Learning Maps (DLM) Assurances Form
2018-2019 DLM State Assessment Participation Data

Requirement 3 (§200.6(c)(4)(iii)): Provide assurances that the state has verified that each LEA that the state anticipates will assess more than 1.0 percent of its assessed students in a subject using the AA-AAAS (DLM) did the following: (A) followed the state's participation guidelines; and (B) will address any disproportionality in the students taking the AA-AAAS (DLM).

Note: This information will be available to the public. Do NOT include student personal identification information. (34 CFR 200.6(c)(3)(iv))

Section One: District Information

District Name: Yates Center

District USD#: 366

Person to Contact about this Form: Doug Tressler

Phone Number: 620-473-2257

Section Two: District Assurances

The LEA must submit assurances for each of the following five items:
Place an "X" in the box or boxes that apply to your district.

☒ 1. Individualized Education Program (IEP) teams have correctly identified students with the Most Significant Cognitive Disability.

☒ 2. The district has measured the achievement of, at least 95% of all students, including students with disabilities in tested grades.

☒ 3. Students who will be participating in an alternate assessment receive instruction aligned to the alternate academic achievement standards, the Essential Elements.

☒ 4. Parents are informed of their child's participation in an alternate assessment and implications of participating.

☒ 5. Addresses any disproportionality in the percentage of students in any subgroup taking the alternate assessment.

Section Three: District Acknowledgement

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 ( ) or will request technical assistance to meet the criteria ( ).

Signature of Superintendent: [signature]

Date: 7/15/2019

Signature of Special Education Director: [signature]

Date: 7/15/19