1% Threshold Assurance and Justification Form

Schools that exceed the 1% threshold on participation in the HSA-Alt are required to complete and submit this form to Susan.Forbes@k12.hi.us or FAX to 808-733-4483, by January 17, 2020.

School name: Maili Elementary  Contact: Shaun Nakasone
Email address: shaun.nakasone@k12.hi.us  Phone #: 808-305-4684

CALCULATIONS

Calculate your school's 2018-19 S.Y. summative test participation rate for students with disability in each content area and your school’s 2019-20 S.Y. HSA-Alt student identification rate.

2018-19 S.Y. Participation Rate for Students with Disabilities in ELA, Math, and Science

1. Enter the total number of students at your school who were identified as students with disabilities who participated in each summative test- ELA, Math, and Science during the 2018-19 S.Y.

   ELA ___________  Math ___________  Science ___________
   62  62  13

2. Enter the total number of students at your school who were identified as students with disabilities who were eligible to participate in each summative test- ELA, Math, and Science during the 2018-19 S.Y.

   ELA ___________  Math ___________  Science ___________
   438  438  76

3. Divide line 1 by line 2 for each content area, multiply by 100, and round to the hundredths.

   ELA ___________%  Math ___________%  Science ___________%
   14  14  17

2019-20 S.Y. HSA-Alt Student Identification Rate

1. Enter the total number of students at your school who are currently identified for the HSA-Alt assessment in grades 3-8, and 11. ___________
   14

2. Enter the total number of students at your school who are currently eligible to take a summative assessment- Smarter Balanced, KAEO, or the HSA-Alt in grades 3-8, and 11. ___________
   4/23

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). ___________%
   3.3

ASSURANCE

Please provide the following assurances for your school. Check all that apply.

☐ We encourage students with disabilities to take the summative assessments, including the HSA Science/Biology EOC/HSA-Alt if they are in the testing grades (3, 8, and 11) or enrolled in Biology.

☐ All IEP teams use the HSA-Alt Participation Guidelines to determine eligibility for participation in the alternate assessment.

☐ All students participating in the HSA-Alt meet the four criteria defined in the HSA-Alt Participation Guidelines.
JUSTIFICATION

Choose the justification statement that best reflects your school’s situation. Be sure to provide additional information as requested.

☐ There is a school, community, and/or health program in the area that draws large numbers of students with significant cognitive impairments. Provide program description and the number of students from the program taking the HSA-Alt.

☐ The school’s child count of students with disabilities is above the state average of 10%. Percentage of students with disabilities:

☐ IEP teams lack the requisite knowledge to apply the HSA-Alt Participation Guidelines.

☐ Other. Please provide clarification or explanation. IEP scheduled after 1/17/20

SUPPORT AND TECHNICAL ASSISTANCE

What support or technical assistance does your school require to ensure that students are being assessed using the appropriate statewide summative assessment? Check all that apply.

☐ Training to understand and apply HSA-Alt participation criteria for:
  ☐ SPED teachers ☐ IEP team members ☐ school leaders/others

☐ Training to understand and leverage allowable testing accommodations for:
  ☐ SPED teachers ☐ IEP team members ☐ school leaders/others

☐ Training to understand the 1% threshold on HSA-Alt participation for:
  ☐ SPED teachers ☐ IEP team members ☐ school leaders/others

☐ Other:

SIGNATURES

Suzie Lee
Principal printed name

Kathy Mitchell
SSC printed name

12/09/2019
Date

Scan and email this completed form to Susan.Forbes@k12.hi.us or FAX to 808-733-4483, by January 17, 2020. If you have any questions regarding this form, please contact Susan Forbes, Assessment Section Test Development Specialist, at Susan.Forbes@k12.hi.us or 808-307-3636.