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: Honokaa Elementary  Contact: Robin Matsumura
Email address: rory.souza@k12.hi.us  Phone #: 808 775-8820
robin.matsumura @k12.hi.us

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 25  Math 25  Science 8

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 25  Math 25  Science 8

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

ELA 100%  Math 100%  Science 100%

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.

4

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

214

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

1.87%

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: 44 SPED 291 enrollment 11.2%

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

☐ Other. Please provide clarification or explanation.

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

[Signatures]

Date 01-14-2020
Principal printed name

Date
Principal signature

Date
SSO signature

Date
Judy Hinojosa
SSO printed name

[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.]
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@h12.hi.us or FAX to 808-733-4463, by January 17, 2020.

School name: Aina Haina School  Contact: Julie Mikanal
Email address: Julie.Mikanal@h12.hi.us  Phone #: 808-377-3419

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 30  Math 30  Science 8

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 30  Math 30  Science 8

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

   ELA 100%.  Math 100%.  Science 100%

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. 3

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. 277

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 13.2

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 EO(1) 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. See attached.

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

Brenda Burns  L'Ann M.B. Shigemi
Principal signature  SSC signature

Brendan P. Burns  L'Ann M.B. Shigemi
Principal printed name  SSC printed name

12/12/19  12/12/19
Date  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.
ONE PERCENT 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 12/31/2020.

School name: Wanda Wright
Contact: Cyndi Manuel
Email address: Wmanual@scd.k12.hi.us Phone #: 808-647-9400

CALCULATIONS

Please calculate your school's summative test participation rate for students with disabilities in the contents area of ELA, math, and science and your school's HSA-Alt student identification rate.

Participation Rate for Students with Disabilities In ELA, Math, and Science

1. Enter the total number of students at your school who are identified as students with disabilities who participated in each summative assessment- ELA, Math, and Science.
   ELA: 32  Math: 26  Science: 14

2. Enter the total number of students at your school who were eligible to participate in each summative assessment- ELA, Math, and Science.
   ELA: 50  Math: 50  Science: 50

3. Divide line 1 by line 2 for each content area, multiply by 100, and round to the hundredths.
   ELA: 64%  Math: 52%  Science: 28%

HSA-Alt Identification Rate

1. Enter the total number of students at your school who are identified for the HSA-Alt assessment in grades 3-8, 9, and 11. 5

2. Enter the total number of students at your school who are eligible to take a summative assessment (Smarter Balanced/ HSA Science/ Biology EOC, KAEQ, and HSA-Alt). 10

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 50%

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.

Page 1 of 2
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: \( \frac{235}{1741} \times 100\% \)

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

☐ Other. Please provide clarification or explanation.

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

[Signatures]

[Printed names and signatures]

[Dates]

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 808-307-3696.
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.hia.us or FAX to 808-733-4483, by January 17, 2020.

School name: Keonepoko Elementary  Contact: Lorraine Jonsdottir
Email address: lorraine.jonsdottir@k12.hia.us  Phone #: 808-315-4581

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 5          Math          Science 1

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 6          Math          Science 1

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

   ELA 83%          Math          Science 100%

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 3-6, and 11.

   4

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

   56

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

   71.4%

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 EOCh/HSAl 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: School is at 17% of students with disabilities, 99 sped/682 total enrollment.

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

☐ Other. Please provide clarification or explanation.

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/other(s)

☐ Training to understand and leverage allowable testing accommodations for:
  - SPED teachers
  - IEP team members
  - School leaders/other(s)

☐ Training to understand the 1% threshold on HSA-Alt participation for:
  - SPED teachers
  - IEP team members
  - School leaders/other(s)

☐ Other:

SIGNATURES

[Signatures]

[Principe signature]

[Printed signed name]

[Date]

[SSC signature]

[SSC printed name]

[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.
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 62  Math 62  Science 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 438  Math 438  Science 76

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

   ELA 14%.  Math 14%.  Science 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. ≠ 19

2. Enter the total number of students at your school who are currently eligible to take a summative assessment- Smarter Balanced, KAES; or the HSA-Alt in grades 3-8, and 11. ≠ 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 signature

Kathy Mitchell
SSO signature

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.
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.Foxes@k12.hi.us or FAX to 808-733-4483, by January 17, 2020.

School name: Nanakuli High & Intermediate Contact: Tony Jones
Email address: anthony.t.jones@k12.hi.us Phone #: 305-7608

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 92
   Math 92
   Science 39

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 93
   Math 93
   Science 39

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

   ELA 98.92 %. Math 98.92 %. Science 100 %.

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. 6

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. 531

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 1.13 %.

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-Ait.

☐ 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-Ait Participation Guidelines.

☐ Other. Please provide clarification or explanation. __________________________________________

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-Ait 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-Ait participation for:
  ☑ SPED teachers ☐ IEP team members ☑ school leaders/others

☐ Other: __________________________________________

SIGNATURES

[Signatures]

Darin Pilialoha

Principal signature

Anthony Jones

SSC signature

Principal printed name

SSC printed name

Date

Data

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.
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.Fontes@h12.hi.us or FAX to 808-733-4483, by January 17, 2020.

School name: Keaau High School Contact: Dean Cervantes
Email address: dean.cervantes@h12.hi.us Phone #: 516-23

CALCULATIONS

Calculate your school’s 2018-19 S.Y. summative test participation rate for students with disabilities 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 22 Math 22 Science

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 25 Math 25 Science

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

   ELA 88% Math 91% Science

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.

   4

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

   209

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 1.49%

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 EOCHSAA-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: 1040/1045

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

☐ Other, Please provide clarification or explanation.

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/other

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

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

☐ Other:

SIGNATURES

[Signatures]

Principal Signature: [Signature]
Principal printed name: [Name]
Date: 12/18/19

[Signature]
Staff Signature: [Signature]
Staff printed name: [Name]
Date: 12/10/19

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.
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: Koko Head Elementary Contact: Student Services Coordinator
Email address: jody.yamauchi-oku@k12.hi.us Phone #: 397-5811

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

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

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

ELA Math Science

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.

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

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

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. All 4 students taking the HSA-Alt met all 4 criteria for participation guidelines.

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:
  O SPED teachers    O IEP team members    O school leaders/others

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

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

☐ Other:

SIGNATURES

Jeffrey Shitaoka  Jody Yamauchi-Oku
Principal printed name  SSG printed name
12.10.19  12.10.19
Date  Date

Scan and email this completed form to Susan.Forbes@h12.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@h12.hi.us or 808-307-3636.
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: Kohala Elementary  Contact: Anne Tucker, 550
Email address: anne.tucker@k12.hi.us  Phone #: 808-884-7100 x 2146

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 151  
   Math 152  
   Science 44

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 3  
   Math 3  
   Science 2

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

   ELA 1.99  
   Math 1.92  
   Science 4.54

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.

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

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

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: 15.3%

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

☐ Other. Please provide clarification or explanation.

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/other

☑ Training to understand and leverage allowable testing accommodations for:
  ○ SPED teachers  ○ IEP team members  ○ school leaders/other

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

☐ Other:

SIGNATURES

[Signature]
Principal signature

[Signature]
Principal print name

12-10-19
Date

[Signature]
SRO signature

[Signature]
SRO printed name

12-9-2019
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 808-307-3639.
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.Fornes@k12.hi.us or FAX to 808-733-4483, by January 17, 2020.

School name: Kea'au Middle  Contact: Randi Saplan

Email address: randi.saplan@k12.hi.us  Phone #: 808-318-4815

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  83  Math  83  Science  24

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  88  Math  88  Science  28

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

   ELA  94.22 %  Math  94.32 %  Science  85.71 %

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.

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

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

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 EOCE/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-AIt.

☐ The school's child count of students with disabilities is above the state average of 10%. Percentage of students with disabilities: 12.49%

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

☐ Other. Please provide clarification or explanation.

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-AIt 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-AIt participation for:
  - SPED teachers
  - IEP team members
  - School leaders/others

☐ Other:

SIGNATURES

Principal signature

Elma M. Gomes
Principal printed name

12/19/19
Date

Debbie Fujimoto
SSC signature

1/19/19
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.
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: Kaliihi Kai School  Contact: Kimberly Saula
Email address: 10082376@k12.hi.us  Phone #: 305-4140

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 assessment- ELA, Math, and Science during the 2018-19 S.Y.

   ELA 5  Math 5  Science 1

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

   ELA 277  Math 277  Science 74

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

   ELA 1.8  Math 1.8  Science 1.4

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. 10

2. Enter the total number of students at your school who are currently eligible to take a summative assessment (Smarter Balanced/ HSA Science/ Biology EOC, KAP/EO, and HSA-Alt). 278

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 3.6

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. Kalili Kai School has 2 PSC classrooms that educate both medically fragile and moderate needs students.

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

Marcie Kawahara  
Principal signature  
12/20/2019  
Principal position:

Kimberly Saula  
SSC signature  
12/20/2019  
SSC printed name

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.
ONE PERCENT 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: Kalanianao Elel. Contact: Shirlene Fukumori, 5SC
Email address: shirlene.fukumori@k12.hi.us Phone #: 808-964-9100

CALCULATIONS

Please calculate your school's summative test participation rate for students with disability in the contents area of ELA, math, and science and your school's HSA-Alt student identification rate.

Participation Rate for Students with Disabilities in ELA, Math, and Science

1. Enter the total number of students at your school who are identified as students with disabilities who participated in each summative assessment- ELA, Math, and Science.

   ELA 37  Math 37  Science 12

2. Enter the total number of students at your school who were eligible to participate in each summative assessment- ELA, Math, and Science.

   ELA 199  Math 199  Science 69

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

   ELA 18.59%  Math 18.59%  Science 19.05%

HSA-Alt Identification Rate

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

   4

2. Enter the total number of students at your school who are eligible to take a summative assessment (Smarter Balanced/ HSA Science/ Biology EOC, KA'EO, and HSA- Alt).

   149

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

   2.01%

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: 18,319 out of 86,745 total enrollment

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

☐ Other. Please provide clarification or explanation:

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

[Signatures]

Principal signature: [Signature]

Principal printed name: [Name]

Date: [Date]

[Handwritten date: 17/1/2020]

SSC printed name: [Signature]

Date: [Date]

[Handwritten date: 1/7/2020]

Scan and email this completed form to susan.forbes@k12.hi.us, or FAX to 808-733-4485, 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 808-307-3056.
ONE PERCENT THRESHOLD ASSURANCE AND JUSTIFICATION FORM

School 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: Kaliihi Elementary  Contact: Robin Young
Email address: robin.young@k12.hi.us  Phone #: 808-305-2400

CALCULATIONS

Please calculate your school’s summative test participation rate for students with disability in the content area of ELA, math, and science and your school’s HSA-Alt student identification rate.

Participation Rate for Students with Disabilities in ELA, Math, and Science

1. Enter the total number of students at your school who are identified as students with disabilities who participated in each summative assessment- ELA, Math, and Science.

   ELA  16  Math  15  Science  7

2. Enter the total number of students at your school who were eligible to participate in each summative assessment- ELA, Math, and Science.

   ELA  123  Math  123  Science  24

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

   ELA  13.0 %  Math  12.2 %  Science  24.1 %

HSA-Alt Identification Rate

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

   2

2. Enter the total number of students at your school who are eligible to take a summative assessment (Smarter Balanced/ HSA Science/ Biology EOC, KAP, and HSA- Alt).

   123

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

   1.6 %

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. ________________________________

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

Principal signature: ____________________________  SSC signature: ____________________________
William Goddell
Principal printed name

Renee Morimoto
SSC printed name

Date: 1/14/2020  Date: 1/14/2020

Scan and email this completed form to susan.forbes@h.ls, or FAX to 808-733-1489, by January 17, 2020. If you have any questions regarding this form, please contact Susan Forbes, Assessment Section Test Development Specialist, at susan.forbes@h.ls or 808-307-3636.
ONE PERCENT 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: Waiakea Elementary Contact: Cindy Veloria

Email address: Cindy.Veloria@k12.hi.us Phone #: 901-724-7

CALCULATIONS

Please calculate your school’s summative test participation rate for students with disability in the content area of ELA, math, and science and your school’s HSA-Alt student identification rate.

Participation Rate for Students with Disabilities in ELA, Math, and Science

1. Enter the total number of students at your school who are identified as students with disabilities who participated in each summative assessment: ELA, Math, and Science.
   
   ELA 28  Math 26  Science 7

2. Enter the total number of students at your school who were eligible to participate in each summative assessment: ELA, Math, and Science.

   ELA 414  Math 415  Science 106

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

   ELA 6.703%  Math 6.747%  Science 6.484%

HSA-Alt Identification Rate

1. Enter the total number of students at your school who are identified for the HSA-Alt assessment in grades 3-8, and 11.
   5

2. Enter the total number of students at your school who are eligible to take a summative assessment (Smarter Balanced/ HSA Science/ Biology EOC, KAEQ, and HSA-Alt).
   442

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

   1.431%

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. ___________________________

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

Ken K. Watanabe
Principal signature

Cindy Velorio
SSC signature

Ken K. Watanabe
Principal printed name

Cindy Velorio
SSC printed name

01/15/2020
Date

1/14/2020
Date

Scan and email this completed form to susan.forbes@h12.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@h12.hi.us or 808-307-3636.
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 808-733-4488, by January 17, 2020.

School name: Henry J Kaiser High School Contact: Jaime Mitsuda-Wu
Email address: jaime.mitsuda-wu@k12.hi.us Phone #: (808) 394-1200 x 2333

CALCULATIONS

Calculate your school’s 2018-19 S.Y. summative test participation rate for students with disabilities 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 assessment: ELA, Math, and Science during the 2018-19 S.Y.
   ELA 14  Math 15  Science 19 (Total 48)

2. Enter the total number of students at your school who were eligible to participate in each summative assessment: ELA, Math, and Science during the 2018-19 S.Y.
   ELA 48  Math 48  Science 314

3. Divide line 1 by line 2 for each content area, multiply by 100, and round to the hundredths.
   ELA 2.94 %  Math 3.13 %  Science 6.0 %

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 8-11.

2. Enter the total number of students at your school who are currently eligible to take a summative assessment (Smarter Balanced/ HSA Science/ Biology EOC, KAVEO, and HSA-Alt).

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

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 impediments. 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. Our current 11th grade class has an unusually large enrollment of students in the Pell/non-diploma track.

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

[Signatures]

Principal signature: [Signature]

Principal printed name: Justin M. Mew

Date: 01/17/2020

SSO signature: [Signature]

SSO printed name: Talmo Mihalca Wy

Date: 01/17/2020

Scan and email this completed form to Susan.Forbes@k12.hi.us or FAX to 808-733-4463, 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 808-397-3636.
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: Aliamanu Middle School  Contact: Al HoBrich

Email address: alcbrch@svs.k12.hi.us  Phone #: 821-4106

**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 76  
   Math 76  
   Science 35

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 79  
   Math 77  
   Science 37

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

   ELA 96.2 %  
   Math 96.2 %  
   Science 94.5 %

**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.

   7

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

   780

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

   0.97 %

**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 EQ/HAHSA-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. ____________________________

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

Principal signature

Principal printed name

Date

SBC signature

SBC printed name

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.
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.Forbesc@kt12.hius or FAX to 808-733-4483, by January 17, 2020.

School name: Hina Intermediate Contact: Gayle Lee
Email address: Gayle.lee@kt12.hius Phone #: 681-9308

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.
   \[ \text{ELA} \quad 10 \quad \text{Math} \quad 10 \quad \text{Science} \quad 10 \]

2. Enter the total number of students at your school who were eligible to participate in each summative test- ELA, Math, and Science during the 2018-19 S.Y.
   \[ \text{ELA} \quad 70 \quad \text{Math} \quad 70 \quad \text{Science} \quad 70 \]

3. Divide line 1 by line 2 for each content area, multiply by 100, and round to the hundredths.
   \[ \text{ELA} \quad 100\% \quad \text{Math} \quad 100\% \quad \text{Science} \quad 100\% \]

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. 8

2. Enter the total number of students at your school who are currently eligible to take a summative assessment- Smarter Balanced, KACEO, or the HSA-Alt in grades 3-8, and 11. 886

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 9.1

ASSURANCE

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

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- 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.

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

Christopher Bonilla
Principal
Date: 4/28/20

Gayle Lee
SBC District
Date: 1/28/20

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 808-307-3836.