

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: Waialua High & Intermediate Contact: Brittney Driggs
Email address: brittney.driggs@k12.hi.us Phone #: 808-307-2400

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 23 Math 24 Science 7

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 28 Math 28 Science 8

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

ELA 82 % Math 86 % Science 88 %

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

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. 35

3. Divide line 1 by line 2 and multiply by 100 (round to the hundredths). 5.71 %

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:
Total school enrollment = 634 / Sped Pop = 67 / 10.57%

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

Christine Alexander
Principal signature

Christine Alexander
Principal printed name

1-16-2020
Date

Cynthia K. Shell
SSC signature

Cynthia K. Shell
SSC printed name

1/16/2020
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.