

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: Kalaniana'ole Elem. & Inter Contact: Shirlene Fukumori, SSC
Email address: shirlene.fukumori@k12.hi.us Phone #: 808-964-9700

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 63

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). 199

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: 18.3190 54 sped / 295 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


Principal signature

David Dinkel
Principal printed name

1/7/2020
Date


SSC signature

Shirlene Fukumori
SSC printed name

1-7-2020
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.