

## ATTACHMENT II—EXPLANATION AND ASSURANCES

### TEXAS' WAIVER REQUEST REGARDING STAAR ALTERNATE 2

#### Identification Information

Name of District/Charter School:	
CDC#:	
Name of Contact Person:	
Title:	
Email:	
Phone Number:	

#### EXPLANATION

Describe the training opportunities your district provides to ARD committees making assessment decisions for students with the most significant cognitive disabilities. *Explanation:*

Explain the reasons your district/charter schools' participation rates for STAAR Alternate 2 exceed the 1.0 percent threshold for the number of participants in an alternate assessment for students with the most significant cognitive disabilities. Do not provide personally identifiable information about an individual student. *Explanation:*

#### ASSURANCES

Please respond to each assurance statement by marking the box to indicate agreement with each statement.

- ☐ Your district/charter school implements clear and appropriate guidelines, consistent with the Texas Education Agency Student Assessment Division's participation requirements to use to determine when a student's significant cognitive disability justifies the alternate assessment based on alternate achievement standards, i.e., STAAR Alternate 2. See [Participation Requirements](#).
- ☐ Parents are informed that their student will be assessed based on alternate achievement standards, including information about the implications of participation in the alternate assessment.
- ☐ Students with the most significant cognitive disabilities are included, to the extent possible, in the general curriculum and assessments aligned with that curriculum.
- ☐ Your district/charter school disseminates information and promotes the use of appropriate accommodations to increase the number of students with the most significant cognitive disabilities who are tested against grade-level academic achievement standards.
- ☐ General and special education teachers and other appropriate staff are knowledgeable about the administration of assessments, including making appropriate use of accommodations for students with the most significant cognitive disability.

#### Superintendent of School District or Chief Administrative Officer of Charter School

Print Name:

Signature:

Date: