

## STAAR Alternate 2 Assurances and Justification

The Every Student Succeeds Act (ESSA) requires states to ensure that the total number of students assessed in ELA/Reading, Math, and Science using the STAAR Alternate 2 does not exceed 1.0 percent of the total number of all students in the state assessed on statewide assessments in those subjects. Furthermore, ESSA requires each local education agency (LEA) that has assessed more than 1.0 percent of its students with STAAR Alternate 2 to submit a justification and assurances that ESSA regulations have been met. Please complete and submit this form to the Texas Education Agency prior to 6:00PM (CST) October 29, 2021.

Click Next to Continue.

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Are you the District Testing Coordinator?

Yes

No

←

Next

Contact Information: Submitter - District Testing Coordinator

First Name:

John

Last Name:

Doe

Title:

DTC

Phone:

555-555-5555

Email:

abc.net

Contact Information: Superintendent / Chief Administrative Officer

First Name

John

Last Name

Doe

Title

Superintendent

Phone

555-555-5555

Email

123.net



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### Special Education Disability Codes

Please enter the number of students assessed with STAAR Alternate 2 for each Primary Disability Code. Each student should only be counted one time per their Primary Disability Code. Please confirm the information through the Public Education Information Management System (PEIMS) data prior to submitting.

For assistance with the PEIMS *Data Standards* contact the PEIMS office at [PeimsCustomerSupport@tea.state.tx.us](mailto:PeimsCustomerSupport@tea.state.tx.us)

<input type="text" value="0"/>	Auditory Impairment
<input type="text" value="4"/>	Autism
<input type="text" value="0"/>	Deaf-Blindness
<input type="text" value="0"/>	Emotional Disturbance
<input type="text" value="6"/>	Intellectual Disability
<input type="text" value="0"/>	Orthopedic Impairment
<input type="text" value="0"/>	Other Health Impairment
<input type="text" value="0"/>	Specific Learning Disability
<input type="text" value="0"/>	Speech Impairment
<input type="text" value="0"/>	Traumatic Brain Injury
<input type="text" value="0"/>	Visual Impairment



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### Justification

Please complete sections 1 & 2 below. Do not provide personally identifying information about individual students.

#### Section 1:

Indicate how each member of the Admission, Review and Dismissal (ARD) committee have been trained on the participation requirements for assessment decisions for students with the most significant cognitive disabilities.

Select all that apply.

	School Administration	Special Education Staff	Parents	Related Service Staff
Face-to-face training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided guidance documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No training provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 2:

Select the primary justification explaining why your district or charter school has more than 1.0 percent of its students participating in STAAR Alternate 2.

Select all that apply.

(a) The small district/charter school size results in a greater impact on participation rates (for example a district size of 180 students with 2 students with significant cognitive disabilities results in a higher than 1% participation rate).

(b) The district or charter school includes school, community, or health program(s) that draw large numbers of students with significant cognitive disabilities. Specify program(s) below.

(c) The ARD committee lacks the necessary knowledge to effectively use the participation requirements when defining a student as having a significant cognitive disability.

(d) None of the situations above apply.

Please confirm you have selected one of the above options before proceeding.



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Please provide the following assurances by initialing each box below.

Your district or charter school implements clear and appropriate guidelines, consistent with the STAAR Alternate 2 Participation Requirements, to use in determining when a student's significant cognitive disability justifies participation in this alternate assessment.

Your district or charter school will address any disproportionality in the percentage of students in any subgroup taking STAAR Alternate 2.

Parents are informed when their student will be assessed based on alternate achievement standards, including information about the implications of participation in STAAR Alternate 2.

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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 or 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 disabilities.



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Make certain that all information is correct before submitting this form. You may click the "Back" button to review the information provided and edit as needed. Upon clicking the "Submit" Button below, a receipt of submission page will appear. You may wish to print the Confirmation receipt for your records.

The submitter of this form and the superintendent or chief administrative officer will receive a confirmation email.

I affirm that the superintendent of the district or the chief administrative officer of the charter school is aware of the information I am submitting on this form.

**Submit**