2024–2025 Justification and Assurances Form STAAR Alternate 2

The Every Student Succeeds Act (ESSA) requires states to provide information to the U.S. Department of Education if the state anticipates exceeding 1.0 percent of the number of students statewide who participate in an alternate assessment. Furthermore, ESSA requires the state to gather information from each local educational agency (LEA) that has assessed more than 1.0 percent of its students with the State of Texas Assessments of Academic Readiness (STAAR[®]) Alternate 2 regarding:

- a justification for the need to assess more than 1.0 percent of its students with an alternate assessment, and
- assurances that ESSA regulations have been met.

The LEA's district testing coordinator or special education director should complete this Justification and Assurances Form. Only one form per LEA should be submitted.

Please submit the completed form to the Texas Education Agency (TEA) by **11:59 p.m. (CT) November 25**, **2024**.

For assistance with this form, contact TEA at <u>assessmentwaiver@tea.texas.gov</u> or by using the Student Assessment <u>Help Desk</u>.

General Information

Please complete each item below.

- Select your Education Service Center Region and LEA from the list below. (Dropdown menu)
- 2. Enter the name of the person completing this form. (Enter here)
- **3.** Enter the email address of the person completing this form. (Enter here)
- Enter the job title of the person completing this form. (Enter here)
- 5. Enter the name of the LEA's superintendent or chief administrative officer. (Enter here)
- **6.** Enter the email address of the LEA's superintendent or chief administrative officer. (Enter here)

Special Education Disability Codes

- 7. Enter the number of students who were assessed (score code of "S" or "O") in spring 2024 with STAAR Alternate 2 and have the following Primary Disability Codes. Each student should be counted only once based on his or her Primary Disability Code. Confirm the information through the Public Education Information Management System (PEIMS) data prior to submitting. For assistance with the PEIMS Data Standards, contact PEIMS Customer Support by creating a <u>TIMS Ticket</u> or via email at <u>TSDSCustomerSupport@tea.texas.gov</u>.
 - (a) Orthopedic Impairment (Enter number of students here)
 - (b) Other Health Impairment (Enter number of students here)
 - (c) Auditory Impairment (Enter number of students here)

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- (d) Visual Impairment (Enter number of students here)
- (e) Deaf-Blindness (Enter number of students here)
- (f) Intellectual Disability (Enter number of students here)
- (g) Emotional Disturbance (Enter number of students here)
- (h) Specific Learning Disability (Enter number of students here)
- (i) Speech Impairment (Enter number of students here)
- (j) Autism (Enter number of students here)
- (k) Traumatic Brain Injury (Enter number of students here)

Justification

Please select only one primary justification explaining why your LEA has more than 1.0 percent of its students participating in STAAR Alternate 2.

- 8. Select your LEAs primary justification.
 - (a) The small size (less than 1,300 students) of the LEA results in a greater impact on participation rates (for example, an LEA of 100 students with 2 students identified with the most significant cognitive disabilities results in a higher than 1.0 percent participation rate).
 - (b) The LEA provides a targeted campus that draws large numbers of students with the most significant cognitive disabilities.
 - (c) The admission, review, and dismissal (ARD) committee lacks the necessary knowledge or training to effectively use the participation requirements when identifying students with the most significant cognitive disabilities.
 - (d) None of the situations above apply.
- **9.** Provide an explanation for the selection marked above.
 - (a) If you selected (a), provide the most recent enrollment (total enrollment for kindergarten through grade 12) of your LEA.
 (Enter total enrollment here)
 - (b) If you selected (b), provide the nine digit county-district-campus (CDC) number of the specific targeted campus (e.g., 123456789).
 (Enter nine-digit CDC number here)
 - (c) If you selected (c), would you like to be contacted regarding additional training resources or technical assistance?
 - □ Yes
 - 🗆 No
 - (d) If you selected (d), please elaborate in detail on why your LEA is above the 1.0 percent participation rate.

(Enter explanation here)

Disproportionality

ESSA requires LEAs to address disproportionality in the percentage of students in any subgroup taking STAAR Alternate 2. To address disproportionality in the percentage of students assessed with STAAR Alternate 2, LEAs should use the <u>STAAR Alternate 2 Disproportionality Calculation</u> guidance document to determine whether there is disproportionality found in the STAAR Alternate 2 participation data provided by TEA.

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- **10.** Was disproportionality found in the percentage of students in any focal group taking STAAR Alternate 2 in your LEA?
 - □ Yes
 - 🗆 No
- **11.** If you marked "Yes" to the question above, which focal groups in your LEA exceed the risk ratio value of 2.0? Select all that apply. If you marked "No," select "N/A."
 - □ African American
 - □ American Indian
 - □ Asian
 - □ Hispanic
 - Pacific Islander
 - □ Two or more races
 - □ White
 - Economically Disadvantaged
 - □ English Learner (EL)
 - □ Female
 - □ Male
 - □ N/A
- What actions will your LEA take to address the identified disproportionality? If you marked "No" to Question 10, enter "N/A".

(Enter here)

STAAR Alternate 2 Participation Requirements

- **13.** Does your LEA have any students participating in STAAR Alternate 2 with the disability category of SLD or SI as the only disability designation?
 - 🛛 Yes
 - 🛛 No
- 14. If you marked "Yes" to the question above, describe how and when ARD committees will re-evaluate STAAR Alternate 2 participation decisions. If you marked "No," enter "N/A" in the text box below. (Enter here)

Assurances

- **15.** Initial each of the following statements assuring that your LEA has or will have the stated conditions in place for the 2024–2025 school year.
 - (a) The LEA implements clear and appropriate guidelines, consistent with the STAAR Alternate 2 Participation Requirements, for ARD committees to apply in determining on a case-by-case basis which students with the most significant cognitive disabilities will be assessed with the alternate assessment.
 - (b) The LEA ensures that the determination of a student's participation in STAAR Alternate 2 is not based *solely* on the student's particular disability, English proficiency level, previous low academic achievement, or previous need for accommodations to participate in assessments.

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- (c) The LEA ensures ARD committees are provided with a clear explanation of the differences between the general and alternate assessments including the effect participation in alternate assessments may have on completing the requirements for a regular high school diploma.
- (d) Parents and guardians in the LEA are informed that their child's achievement will be measured based on alternate academic achievement standards and how participation in such assessments may affect the student in completing the requirements for a regular high school diploma.
- (e) The LEA ensures students with the most significant cognitive disabilities are not precluded from attempting to complete the requirements for a regular high school diploma.
- (f) The LEA ensures students with the most significant cognitive disabilities are included, to the extent possible, in the general education curriculum based on the academic content standards for the grades in which the students are enrolled.
- (g) The LEA disseminates information on and promotes the use of appropriate accommodations to ensure that students with significant cognitive disabilities who do not meet the participation requirements for STAAR Alternate 2 participate in grade level academic instruction and assessments.
- (h) The LEA will address any disproportionality in the percentage of students in any focal group taking STAAR Alternate 2.

Confirmation of Responses

Please ensure that all the information provided is correct before submitting this form. You may click the *Back* button to review the information provided and edit it as needed. Upon clicking on the *Submit* button below, a submission receipt page will appear. You may wish to save or print a copy of this page with the information you submitted for your records.

16. Mark the box below if all responses are correct and ready for submission.

□ I affirm that the superintendent or chief administrative officer of the LEA is aware of the information I am submitting on this form.