

# Participation Guidelines for the KY Alternate Assessment

District Name: \_\_\_\_\_  
(Attachment to the Student's IEP and the ARC Conference Action Form)

Student's Full Name:	SSID:
Disability:	Grade:
Date of Birth:	Date of ARC:
Date ARC accepted Student Participation in Alternate Assessment:	
Date of Annual Participation Evaluation Review: <i>(Must occur within 12 months of 'Date ARC accepted Student Participation in Alternate Assessment' above.)</i>	
School:	

Indicate all available accommodations to be used as part of the student's daily learning strategies by checking the boxes below:

<input type="checkbox"/> Readers	<input type="checkbox"/> Scribe	<input type="checkbox"/> Paraphrasing	<input type="checkbox"/> Prompting/Cueing
<input type="checkbox"/> Positive Behavior Support	<input type="checkbox"/> Use of Technology	<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Braille
<input type="checkbox"/> Interpreters	<input type="checkbox"/> Extended Time		
<input type="checkbox"/> Other (Specify):			

The Admissions and Release Committee has determined and verified that the student meets all of the following criteria:

<input type="checkbox"/> Y <input type="checkbox"/> N	1.	Student's Individual Education Program is current
<input type="checkbox"/> Y <input type="checkbox"/> N	2.	Has the student's current level of communication been determined through observations and evaluations?
Performance Dimension A: <b>Attainment</b>	<input type="checkbox"/>	Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal.
	<input type="checkbox"/>	Student uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc. to clearly express a variety of intentions.
Performance Dimension B: <b>Progress</b>	<input type="checkbox"/>	Student communicates primarily through cries, facial expressions, change in muscle tone but no clear use of objects/textures, regularized gestures, pictures, signs, etc. to communicate.
	<input type="checkbox"/>	Student alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions. Or the student's response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell) is unclear.
<input type="checkbox"/> Y <input type="checkbox"/> N	3.	Current and longitudinal data across settings in all academic areas include progress in monitoring (IEP data and progress in general education curriculum) <b>AND</b> adaptive behavior(s) have been reviewed and documents the ARC decision.

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Indicate data sources and dates below:			
<input type="checkbox"/> Y <input type="checkbox"/> N	Current Data	School Year:	
<input type="checkbox"/> Y <input type="checkbox"/> N	Longitudinal Data (across time and settings)	School Year(s):	
LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)			
<input type="checkbox"/> Individual Education Program	<input type="checkbox"/> Due Process Folder	<input type="checkbox"/> Classroom Observation	<input type="checkbox"/> Diagnostic Assessment
<input type="checkbox"/> Informal Assessment	<input type="checkbox"/> Evidence of Interventions (academic and behavioral)	<input type="checkbox"/> Student Work Folder (general core curriculum)	
<input type="checkbox"/> Other (Specify):			
Comments (Optional):			
<input type="checkbox"/> Y <input type="checkbox"/> N	Demonstrates cognitive ability and adaptive behavior which prevent completion of the Program of Studies without modifications that exceed the accommodations allowed in the general assessments as described in the <i>Inclusions Document</i> and set forth in 703 KAR 5:070.		
LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)			
<input type="checkbox"/> Individual Education Program	<input type="checkbox"/> Due Process Folder	<input type="checkbox"/> Classroom Observation	<input type="checkbox"/> Diagnostic Assessment
<input type="checkbox"/> Informal Assessment	<input type="checkbox"/> Evidence of Interventions (academic and behavioral)	<input type="checkbox"/> Student Work Folder (general core curriculum)	
<input type="checkbox"/> Other (Specify):			
Comments (Optional):			
<input type="checkbox"/> Y <input type="checkbox"/> N	The student's inability to complete the Program of Studies is not the result of excessive or extended absences, or primarily the result of visual or auditory disabilities, emotional, behavioral disabilities, specific learning disabilities, communication disorder, or social, cultural, and economic differences and those identified as English Language Learners (ELL).		
LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)			
<input type="checkbox"/> Individual Education Program	<input type="checkbox"/> Due Process Folder	<input type="checkbox"/> Classroom Observation	<input type="checkbox"/> Diagnostic Assessment
<input type="checkbox"/> Informal Assessment	<input type="checkbox"/> Evidence of Interventions (academic and behavioral)	<input type="checkbox"/> Student Work Folder (general core curriculum)	
<input type="checkbox"/> Other (Specify):			
Comments (Optional):			



## Participation Guidelines for the KY Alternate Assessment

If the student meets Participation Guidelines for the Kentucky's Alternate Assessment, refer to the chart below to determine appropriate grade placement.

If by October 1 of the current school year the student is no older than:	The student grade assignment will be:
8-10 years old	3
9-11 years old	4
10-12 years old	5
11-13 years old	6
12-14 years old	7
13-15 years old	8
14-16 years old	9
15-17 years old	10
16-18 years old	11
17-19 years old	12
Alternate assessment students who completed grade 12 assessment	14

Indicate the appropriate grade level the student will be assigned to for this school year:      **Grade:** \_\_\_\_\_

ARC Member Signatures	DATE
<i>ARC Chairperson</i>	
<i>Special Education Teacher</i>	
<i>General Education Teacher</i>	
<i>Parent/Guardian</i>	
<i>Parent/Guardian</i>	
<i>Other</i>	

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ADDITIONAL COMMENTS HERE