California Alternate Assessment Participation Decision Worksheet

This worksheet may be used by an individualized education program (IEP) team in the determination of a student’s participation in the California Alternate Assessments (CAAs). The use of this worksheet is strictly voluntary.

To meet the criteria for the CAAs, the student must have an individualized education program and the IEP team should consider the following eligibility criteria descriptors.

<table>
<thead>
<tr>
<th>Participation Criteria</th>
<th>Participation Criteria Descriptors</th>
<th>Sources of Evidence (check if used)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student has a significant cognitive disability.</td>
<td>Review of student records indicates a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior.*</td>
<td>☐ Results of individual cognitive ability test&lt;br&gt;☐ Results of adaptive behavior skills assessment&lt;br&gt;☐ Results of individually and group-administered achievement tests&lt;br&gt;☐ Results of informal assessments&lt;br&gt;☐ Results of individual reading assessments&lt;br&gt;☐ Results of districtwide alternate assessments&lt;br&gt;☐ Results of language assessments, including English learner (EL) language assessments, if applicable</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td>*Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.</td>
<td></td>
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<tr>
<td>2. The student is learning content linked to (derived from) the Common Core State Standards (CCSS).</td>
<td>Goals and instruction listed in the IEP for this student are linked to the enrolled grade-level CCSS and address knowledge and skills that are appropriate and challenging for this student.</td>
<td>☐ Examples of curriculum, instructional objectives, and materials, including work samples&lt;br&gt;☐ Present levels of academic and functional performance, goals, and objectives from the IEP&lt;br&gt;☐ Data from scientific research-based interventions&lt;br&gt;☐ Progress monitoring data</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
<td></td>
</tr>
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<td>3. The student requires extensive, direct individualized instruction and substantial supports to achieve measureable gains in the grade and age-appropriate curriculum.</td>
<td>The student: (a) requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature; and (b) uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across academic content.</td>
<td>☐ Examples of curriculum, instructional objectives, and materials, including work samples from both school and community-based instruction&lt;br&gt;☐ Teacher-collected data and checklists&lt;br&gt;☐ Present levels of academic and functional performance, goals, objectives, and post-school outcomes from the IEP and the transition plan for students age twelve and older</td>
</tr>
<tr>
<td>YES ☐ NO ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the IEP team has made the determination that the student is to participate in the CAAs the student is eligible to participate in the CAAs.
**IEP Team Statement of Assurance:**

Our decision was based on multiple pieces of evidence that, when taken together, demonstrated that the California Alternate Assessment is the most appropriate assessment for this student; that his/her academic instruction will be based on the CCCs linked to the CCSS; that the “Considerations Not to Use in Reviewing Evidence” were not used to make this decision; and that any additional implications of this decision were discussed thoroughly.

Each of us agrees with the IEP team decision to use the CAAs:

Name: ___________________________  Position: ___________  Date: ___________

Name: ___________________________  Position: ___________  Date: ___________

Name: ___________________________  Position: ___________  Date: ___________

Name: ___________________________  Position: ___________  Date: ___________

Name: ___________________________  Position: ___________  Date: ___________

Name: ___________________________  Position: ___________  Date: ___________

Parent/Guardian: ___________________________  Date: ___________

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**Considerations Not to Use in Reviewing Evidence**

1. A disability category or label
2. Poor attendance or extended absences
3. Native language/social/cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic and other services received
6. Educational environment or instructional setting
7. Percent of time receiving special education
8. EL status
9. Low reading level and/or achievement level
10. Anticipated disruptive behavior
11. Impact of test scores on accountability system
12. Administrator decision
13. Anticipated emotional duress
14. Need for accommodations (e.g., assistive technology/augmentative and alternative communication (AAC) to participate in assessment process)

☐ Evidence shows that the decision for participating in the California Alternate Assessments was not based on the above list.