



Exceeding 1% Cap Justification Form

The *Every Student Succeeds Act* (ESSA) places a 1% cap on alternate assessment (MI-Access) participation at the state level. Local educational agencies (LEAs) that contribute to the state exceeding its participation cap must submit information to their ISD justifying the need to exceed the 1% threshold. In addition, intermediate school districts (ISDs) that run programs (functioning as an LEA) must complete the form as an LEA.

Each ISD collects information from its LEAs to submit to the state.

Author: Michigan Department of Education

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District Information

Date

Local Educational Agency (LEA)

Phone

LEA Contact

Phone

Intermediate School District (ISD)

Baseline

Did more than 1% of students tested using state assessments in any content area take the alternate assessment (MI-Access)?

Yes

No

If you answer no, date stamp the form and keep it on file for future reference.

If you answer yes, complete the remainder of the form.

Justification

Do not submit any student identifiable information with this form.

Did your individualized education program (IEP) teams utilize the alternate assessment participation guidelines to make assessment participation decisions?

Yes No

Indicate how all members of the IEP teams have been informed or trained on the participation guidelines? *Check all that apply.*

Training Method	School Administration	Special Education Staff	Parents	Related Service Staff
Face-to-face training				
Online training				
Given copy of guidance documents				
No training provided				
Other, please explain below				

If you selected other in the above table, please explain.



Identify the factors that contributed to your LEA exceeding the 1% cap of students allowed to participate in MI-Access. *Select at least one and all that apply.*

The IEP teams lack the necessary knowledge to effectively use the participation guidelines when defining a student as having a significant cognitive disability.

A small LEA 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).

Provide clarification or explain the impact of this factor:

The LEA operates a center-based program serving other students within the ISD or region that results in an expected higher population of students with significant cognitive impairments.

If students from other LEAs are removed from this count, what is the adjusted participation rate?

(Be sure to keep students who are residents of the LEA in the count when calculating the percentage.)

Provide clarification or explain the impact of this factor:

Other (please explain)



Assurances

Please provide the following assurances. *Select all that apply.*

Our LEA will provide IEP team members with additional training on the state guidelines for participation in the alternate assessment.

Our LEA will continue to allow IEP team members to decide which students take an alternate assessment.

Resources and Technical Assistance

What resources or technical assistance does your LEA need from your ISD or the MDE to ensure that students are being assessed using the appropriate state summative assessment tool?

Submission Process

LEAs must send this completed form to their ISD director of special education no later than **February 15, 2018**.

The ISD director of special education will collect all LEA forms and submit to the state no later than **March 9, 2018**.

Questions?

If you have any questions regarding this form, please contact your ISD director of special education or contact John Jaquith at the MDE at JaquithJ@michigan.gov.