



## 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 intermediate school district (ISD) justifying the need to exceed the 1% threshold. In addition, 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

**Last updated:** 11/7/18

---

### District Information

---

Date: \_\_\_\_\_

---

Local Educational Agency (LEA)

---

Phone

---

LEA Contact (person completing this form)

---

Email

---

LEA 1% Cap Contact (if different than above)

---

Email

---

Intermediate School District (ISD)

LEA Type:                      Local district or public school academy

   Intermediate school district

Other: \_\_\_\_\_

---

**Data**

---

**Please indicate your 1% participation rate data.**

<b>Content Area</b>	<b>2017 Participation Rate</b>	<b>2018 Participation Rate</b>	<b>Change (indicate with + or -)</b>
<b>English language arts</b>			
<b>Mathematics</b>			
<b>Science</b>		<b>N/A</b>	<b>N/A</b>
<b>Social Studies</b>			

**In 2018, did more than 1% of students tested using state assessments in any content area take the alternate assessment (MI-Access)?**

Yes      No

If you answered no, date stamp this form and keep in on file for future reference. If you answered yes, complete the remainder of this form.

---

## Professional Development Provided

---

Do not submit any student identifiable information with this form.

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

Yes      No

**Indicate how all members of the IEP teams have been informed or trained on the participation guidelines in the past 12 months? *Check all that apply.***

<b>Training Method</b>	<b>School Administration</b>	<b>Special Education Staff</b>	<b>Parents</b>	<b>Related Service Staff</b>
Face-to-face training				
Given copy of guidance documents				
MDE online assessment selection training module (individual or as a group)				
MDE online interactive IEP decision tool				
Other; please explain below				

If you selected "Other" in the above table, please explain.

---

## Contributing Factors

---

**Identify the factors that contributed to your LEA exceeding the 1% cap of students allowed to participate in MI-Access. *Select only those 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.

Our district tested fewer than 500 students total using statewide assessments in 2018.

Fewer than 10 students took MI-Access

10 or more students took MI-Access

Our LEA's data includes students from outside the LEA who were served in a center-based program (serving students from in and outside of the district within a region or ISD). Do not include "school of choice" numbers in this calculation unless students were in a center-based program.

**Total number of students tested overall**

**Total number of students tested with MI-Access**

**Students in center-based programs from outside LEA**

**Adjusted Total** (students tested overall minus students from center-based programs from outside LEA)

**Adjusted Participation Number** (total students taking MI-Access minus students from center-based programs from outside LEA)

**Adjusted Rate** (Adjusted Participation Number divided by Adjusted Total)

---

---

---

---

---

---

---

---

## **Local Plan**

---

After reviewing our LEA's data on participation rates on the alternate assessment (MI-Access), below is a summary of our plan to provide professional development. This may include but is not limited to training on assessment selection, alternate assessment, alternate content standards, planning for specialized instruction.

---

## **Disproportionality**

---

**My district was flagged for disproportionality on statewide assessments.**

Yes      No

**If yes, indicate area of disproportionality.**

**If yes, indicate LEA plan to address indicated issues of disproportionality.**

---

## **Assurances**

---

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

Our LEA will ensure IEP team members follow 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.

Our LEA will address any issues of disproportionality in statewide assessment (if it currently exists or exists in the future).

---

## **Resources and Technical Assistance**

---

What resources or technical assistance does your LEA need from your ISD or the MDE to ensure students are being assessed using the appropriate state summative assessment tool? Add additional pages if necessary.

---

## **Submission Process**

---

LEAs must send this completed form to their ISD director of special education or designee no later than **January 15, 2019**.

The ISD director of special education or designee will collect all LEA forms and submit to the state no later than **February 8, 2019**.

---

## **Questions?**

---

If you have questions regarding this form, please contact your ISD director of special education or contact John Jaquith at the MDE at [JaquithJ@michigan.gov](mailto:JaquithJ@michigan.gov).