

LEAP Alternate Assessment, Level 1 Participation Criteria Grades 3–11

Student _____ DOB _____ State I.D. # _____ Grade Enrolled _____
 School _____ District _____

Only students with **the most significant cognitive disabilities** are eligible to participate in LEAP Alternate Assessment, Level 1 (LAA 1).

Both Part One and Part Two of this form must be completed for a student to participate in LAA 1.

PART ONE—CIRCLE “AGREE” OR “DISAGREE” FOR EACH STATEMENT. Documentation supporting decisions on each statement in this section **must** be dated and maintained in the student’s IEP folder.

- | | | |
|--------------|-----------------|---|
| Agree | Disagree | The student’s impairments cause dependence on others for most, if not all, daily living needs, and the student is expected to require extensive ongoing support in adulthood. |
| Agree | Disagree | The student’s instructional program emphasizes life skills and functional applications of the general curriculum. |
| Agree | Disagree | The student requires extensive instruction on functional skills in multiple settings (e.g., school, work, home, community) to acquire, maintain, and generalize skills necessary for application in school, work, home, and community environments. |
| Agree | Disagree | Current longitudinal data (e.g., classroom observation, task analyses, progress on IEP objectives, evaluations, and parental information) indicate the student should participate in LAA 1. |

STUDENT SAFEGUARDS

- | | | |
|--------------|-----------------|---|
| Agree | Disagree | The decision for LAA 1 is not solely based on the student’s placement. |
| Agree | Disagree | The decision for LAA 1 is not solely based on the student’s disability according to Bulletin 1508. |
| Agree | Disagree | The decision for LAA 1 is not solely based on excessive or extended absences. |
| Agree | Disagree | The decision for LAA 1 is not solely based on social, cultural, and/or economic differences. |
| Agree | Disagree | The decision for LAA 1 is not based on its anticipated impact on School Performance Scores. |
| Agree | Disagree | The decision for LAA 1 is an IEP team decision based on the needs of the student; it is not an administrative decision. |

To be eligible to participate in LAA 1, the response to each of the ten statements above must have been “Agree.”

CONTINUE TO PART TWO ON PAGE 2

Student _____ DOB _____ State I.D. # _____ Grade Enrolled _____
School _____ District _____

PART TWO—COMPLETE EITHER A, B, OR C.

A. A student with one of the three exceptionalities below is considered to have a significant cognitive disability. If applicable, check the exceptionality as documented on the student's current multidisciplinary evaluation. Check only one.

Profound Mental Disability Severe Mental Disability Moderate Mental Disability

If you have checked one of the three exceptionalities above, advance to **Parental Understanding** near the bottom of this page. If you have **not** checked one of the three exceptionalities above, consider the next three exceptionalities.

B. A student with one of the three exceptionalities below **may function** like a student with a significant cognitive disability. If applicable, check the exceptionality as documented on the student's current multidisciplinary evaluation. Check only one.

Multiple Disabilities Traumatic Brain Injury Autism

If you have checked one of the three exceptionalities above, advance to **Parental Understanding** near the bottom of this page. If you have **not** checked one of the three exceptionalities above, consider the next possibility.

C. It is possible, though unlikely, that the LAA 1 may be the appropriate assessment for a student with some other exceptionality **who functions like a student with a significant cognitive disability**. If applicable, indicate the exceptionality as it appears on the student's multidisciplinary evaluation.

Exceptionality _____

If you have indicated an exceptionality on the line above, advance to **Parental Understanding** near the bottom of this page. If you have **not** indicated an exceptionality on the line above, advance to **IEP Team Decision** in the box at the bottom of this page and indicate that the student is **not eligible**.

Parental Understanding: If my child is eligible for and participates in LEAP Alternate Assessment, Level 1, my initials indicate I understand the statements below.

_____ Testing in LAA 1 means my child has an instructional program that emphasizes functional rather than academic skills.

_____ Testing in LAA 1 means my child is progressing toward a Certificate of Achievement. **If my child continues to participate in LAA 1, it is highly unlikely that he or she will earn a standard high school diploma.** I am aware that my child must pass all required components of the Graduation Exit Examination (GEE) and earn the required Carnegie Units in order to receive a standard high school diploma.

_____ My child is eligible to participate in the Pre-GED/Skills Option Program based on eligibility criteria.

IEP Team Decision: This form shall be attached to the student's current IEP. This form must be completed annually. The assessment decision must be documented on the student's IEP.

_____ is **eligible** for participation in LEAP Alternate Assessment, Level 1 and **will participate** in LAA 1.
(student's name)

_____ is **eligible** for participation in LEAP Alternate Assessment, Level 1 but **will not participate** in LAA 1.
(student's name)

_____ is **not eligible** for participation in LEAP Alternate Assessment, Level 1.
(student's name)