Office of Assessment & Accountability
401 FEDERAL STREET DOVER, DE 19901
302-857-3391

Alternate Assessment 1.0 Percent LEA Justification Form

The Every Student Succeeds Act (ESSA) requires states to ensure that the total number of students assessed in each subject on the DeSSA-Alternate Assessment does not exceed one percent (1%) of the total number of students the state assess with Delaware statewide assessments.

States that anticipate exceeding 1.0 percent in the alternate assessment participation must submit a waiver request to the US Department of Education ninety (90) days prior to the beginning of the State's alternate assessment testing window. Furthermore, ESSA requires that each LEA complete and submit a justification when it anticipates exceeding 1.0 percent of students assessed.

In Delaware, each LEA must complete this form even if the LEA has no students participating in the alternate assessment. Completed justification forms must be sent to **Michelle Jackson** at the Delaware Department of Education via the DOE Help Desk by **October 17, 2025.**

LEA: _____ Contact Person/Role: _____

Email Address: _____

Part A: Assurances

Directions: Select yes if fully completed, no if not fully completed)

- ☐ Yes ☐ No The LEA will ensure that the IEP team adheres to the DeSSA-Alternate Assessment Decision-Making Tool (Appendix B-3) when making decisions for students to participate in alternate assessments.
- ☐ Yes ☐ No The LEA will ensure that special educators are trained in advance to administer the DeSSA-Alternate Assessment following associated guidelines.
- ☐ Yes ☐ No The LEA will ensure that IEP team leaders yearly attend the statewide PD: **Alternate Assessment Participation Decision-Making Tool Workshop**.
- ☐ Yes ☐ No The LEA will ensure that special educators and IEP team leaders attend the statewide webinar: **State Guidelines and Participation Criteria** to keep up to date on changes in the Decision-Making Tool.
- ☐ Yes ☐ No The LEA will address any participating student subgroup disproportionality for students participating in the alternate assessment.

Part B: Calculations

Alternate Assessment Participation Rates	2025 Admin			2026 Admin Projected		
	ELA	Math	Science	ELA	Math	Science
1. Total number of DeSSA-Alt assessment students. (Grades 3-8, 11 for ELA/Math and Grades 5, 8, 10 for Science. Include residential students).	_____	_____	_____	_____	_____	_____
2. Total number of special education and general education students who participated in a state assessment. (DeSSA ELA/Math, DeSSA-Alt, SAT)	_____	_____	_____	_____	_____	_____
3. Divide the line 1 number by the line 2 number and list the resulting number.	_____	_____	_____	_____	_____	_____
4. Multiply the line 3 number by 100. This is the alternate assessment participation rate for each content area.	_____	_____	_____	_____	_____	_____

Delaware
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Part C: Identify your level of Tiered Support

Directions: Select the tier most appropriate for your LEA based on Parts A and B above

- ❑ **Tier 1:** LEAs at 1.0 or below; LEAs with <300 total testing population; LEAs with Special Schools.

- ❑ **Tier 2:** LEAs over 1.0 percent in any content area with circumstances other than the one above. The LEA will conduct a self-evaluation and create a corrective action plan to be submitted to DOE via the DOE Help Desk.

  Comment: _____

- ❑ **Tier 3:** LEAs over 1.0 percent for **3 years** who have completed all the requirements for Tier 2 and have not demonstrated any significant change. DDOE will provide monitoring.

  Comment: _____

Part D: Feedback

- In 2024-2025, did 100% of your staff complete trainings around the alternate assessment standards and the Decision-Making Tool. If not, will your staff complete trainings for the 2025-2026 school year? Please provide information below on number of completers etc.

- Has your LEA moved students off the alternate assessment using the Decision-Making Tool. If so, provide information such as how many, including example student IDs and any other feedback.

By submitting this justification form, the LEA verifies that all the information provided is valid and accurate and can provide any requested documentation with evidence if requested to do so.

_____

Signature of Special Education Administrator

_____

Signature of Superintendent or Charter School Lead