CRITERIA CHECKLIST FOR ASSESSING STUDENTS WITH DISABILITIES ON ALTERNATE ASSESSMENTS

LAST

STUDENT ID:___

BIRTHDATE:	GRADE:	AGE:	DATE:			
PARENT(S): MONTH/DAY			Mo	ONTH/DAY/Y	YEAR	
PHONE: (WORK)	(HOME)		(OTHER)			
HOME ADDRESS:		OTT A TITE	DISTRICT/AGENO	DISTRICT/AGENCY:ZIP		
	DRESS/P.O. BOX CTTY SITE CODE:					
The OAAP is intended for Due to the severity of the standards is required in day with the statewide general made on an annual basis	or a very small population cognitive disabilities of thi ily instruction as well as stall assessment are not approby the IEP team and studing do not meet the eligible.	of students with the spopulation of students attended assessment priate even with a cents must meet cents	ne most significant cognidents, alternate achieven t and the performance execommodations. Assessitain criteria to be eligib	nitive dis nent of th pectation nent deci le for an	abilities e content s aligned sions are alternate	
	PARTICIPATION CRI	TERIA CHECKI	LIST	YES	NO	
Does the student have si	gnificant intellectual disab	ilities?				
Does the student have si	gnificant adaptive behavio	r deficits?				
Does the student's IEP r	equire alternate achieveme	ent standards in AL	L content areas?			
	extensive family/communit s of modifications, accomn ent's program?					
1	intensive and extensive di alize and demonstrate know		multiple settings to			
disability and NOT on edifferences, OR adminis	e student on an alternate as xcessive absences, languag tration reasons such as the at, the student displays disp	ge, social, cultural, student is expected	or economic d to perform poorly			

If the answer to **ANY** of the questions above is "NO", the student must participate in the regular assessment with or without accommodations. If **ALL** of the answers to the questions above are "YES", the student is eligible to participate in an alternate assessment.

experiences emotional distress during testing.

NAME OF CHILD:

FIRST

MIDDLE