

LEAP Alternate Assessment, Level 1 (LAA 1)

Participation Criteria Grades 3–11

Student _____ DOB _____ State I.D. # _____ Grade Enrolled _____
 School _____ LEA _____ Date _____

Check one

- Mental Disability – Mild Mental Disability – Moderate Mental Disability – Severe Multiple Disabilities
 Other _____ (specify exceptionality)

LEAP Alternate Assessment, Level 1 (LAA 1) was developed for students for whom there is evidence of a **disability or multiple disabilities that significantly impact cognitive functioning and/or adaptive behavior. To be eligible to participate in LAA 1, the response to each of the four criteria below must be “Agree.”**

SELECT “AGREE” OR “DISAGREE” FOR EACH STATEMENT. Evidence supporting Criteria 1 and 2 must be dated and maintained in the student’s IEP folder.

Criterion #1 – Evidence of a Significant Cognitive Disability or Multiple Disabilities (select a, b, or c)

The student’s cognitive and/or adaptive behavior has been assessed and the student is functioning:

- _____ a.) 3 or more standard deviations below the mean;
 _____ b.) between 2.3 and 2.9 standard deviations below the mean and has completed fifth grade; or
 _____ c.) between 2.0 and 2.29 standard deviations below the mean and has completed fifth grade-
 additional documentation required.

Agree Disagree The student has a disability that significantly impacts cognitive functioning and/or adaptive behavior.

Criterion #2 – Evidence of Curricular Alignment

Agree Disagree The IEP reflects current goals and objectives aligned with the Louisiana Extended Standards (LES).

Criteria #3- Evidence of Instructional Needs

Agree Disagree The student requires extensive modified instruction to acquire, maintain, generalize, demonstrate and transfer skills across academic areas. The IEP may also contain IEP goals and objectives relating to other needs of the student which result from his or her disability, such as functional skills or social skills development

Criterion #4 – Student Safeguards

Agree Disagree The decision to include the student in LAA 1 **is not solely based** on the following:

- | | |
|-----------------------------------|--|
| 1. the student’s placement | 6. student’s disability according to Bulletin 1508 |
| 2. excessive or extended absences | 7. social, cultural, and/or economic differences |
| 3. disruptive behavior | 8. anticipated impact on school performance scores |
| 4. English language proficiency | 9. administrative decision |
| 5. student’s reading level | 10. the expectation that the student will not perform well on other statewide assessments. |

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

- _____ Testing in LAA 1 means my child has an instructional program aligned with the Louisiana Extended Standards.
 _____ My child may be taught functional skills as needed, but these skills are not assessed on the LAA1.
 _____ The decision for my child to participate in the LAA 1 must be made annually.

IEP Team Decision: This form will be considered a page of the student’s current IEP. This form must be completed annually. The assessment decision must be documented on the student’s IEP. If 1.c. is selected on Criterion #1 above, the “Additional Documentation for using Criterion 1c.” form and the required supporting documentation must be attached to or included in the IEP. This form will also be considered a page of the student’s IEP.

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

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

_____ is **not eligible** for participation in the LAA 1.
 (student’s name)

*Parent Signature _____ *Officially Designated Representative of LEA Signature _____

*Special Education Teacher _____ *Regular Education Teacher, if participating in Regular Education _____

Other IEP Participants (optional)

Title/Signature _____

Title/Signature _____

Title/Signature _____

*Required Signatures