

LEAP Alternate Assessment, Level 1 (LAA 1)
Participation Criteria Grades 6–11
Additional Documentation for using Criterion 1.c.

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

Eligibility Criteria	Eligibility Criteria Descriptors	Sources of Evidence (A minimum of one source must be used for each criterion.)
1. The student has completed the fifth grade. YES NO	Review of student records indicate the student is in the sixth grade or a higher grade to be eligible for Criterion 1.c.	<input type="checkbox"/> Grade listed on IEP <input type="checkbox"/> Grade listed on Report Card
2. The student has a disability that significantly impacts cognitive functioning and/or adaptive behavior. YES NO	Review of student records indicate the student is functioning between 2.0 and 2.29 or more standard deviations below the mean in cognitive functioning and/or adaptive behavior.* *Adaptive behavior is defined as behavior and skills essential for one to live independently and function safely in daily life.	<input type="checkbox"/> Results of Individual Cognitive Ability Test <input type="checkbox"/> Results of Adaptive Behavior Skills Assessment <input type="checkbox"/> Results of individual and group administered achievement tests <input type="checkbox"/> Results of informal assessments <input type="checkbox"/> Results of individual reading assessments <input type="checkbox"/> Results of district-wide alternate assessments <input type="checkbox"/> Results of language assessments including English language learner (ELL) language assessments if applicable
3. Student instruction is aligned to the Louisiana Extended Standards (LES). YES NO	Goals and objectives for this student’s current IEP are linked to the enrolled grade-level of the LES and instruction addresses knowledge and skills that are appropriate and challenging for this student.	<input type="checkbox"/> Examples of curriculum, instructional objectives and materials including work samples <input type="checkbox"/> Present levels of academic and functional performance, goals and objectives from the IEP <input type="checkbox"/> Data from scientific research-based interventions <input type="checkbox"/> Progress monitoring data
4. The student requires extensive direct individualized instruction and substantial supports to achieve measureable gains in the grade-and age-appropriate curriculum. YES NO	The student (a) requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature; and (b) uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, and demonstrate and transfer skills across academic content.	<input type="checkbox"/> Examples of curriculum, instructional objectives, and materials including work samples from both school and community based instruction <input type="checkbox"/> Teacher collected data and checklists <input type="checkbox"/> Present levels of academic and functional performance, goals, and objectives, and post school outcomes from the IEP and the Transition Plan for students age 16 and older.

The student is eligible to participate in the LAA 1 if all responses above are marked YES.

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
2. excessive or extended absences
3. disruptive behavior
4. English language proficiency
5. student’s reading level
6. student’s disability according to Bulletin 1508
7. social, cultural, and/or economic differences
8. anticipated impact on school performance scores
9. administrative decision
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