



Wisconsin Department of Public Instruction  
**DISTRICT VERIFICATION FOR ONE PERCENT CAP  
 ALTERNATE ASSESSMENT  
 STUDENTS WITH THE MOST SIGNIFICANT  
 COGNITIVE DISABILITIES**  
 PI-9580-AA (Rev. 11-17)

**INSTRUCTIONS:** Complete and return to:  
**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
 ATTN: Heike Saynisch  
 DIVISION FOR LEARNING SUPPORT  
 SPECIAL EDUCATION TEAM  
 PO BOX 7841  
 MADISON, WI 53707-7841**

Collection of this information is a requirement of Every Student Succeeds Act (ESSA)—34 CFR 200(c)(2).

This verification is required by federal law to be submitted to the Department of Public Instruction when a district has exceeded the one percent cap that limits the number of participants in an alternate assessment for students with the most significant cognitive disabilities.

**Explanation for Verification Form**

34 CFR 200.13(c)(i) requires an LEA to submit information justifying the need to assess more than 1.0 percent of its assessed students in any subject using an alternate assessment. This information is required to be made publicly available provided it does not reveal any identifiable information. The term, "the most significant cognitive disability" is not limited to the Wisconsin impairment category, "Intellectual Disabilities" but rather refers to the state guidance, outlined below.

- typically characterized as functioning at least two and a half to three standard deviations below the mean in both adaptive behavior and cognitive functioning; **and**
- performs substantially below grade level expectations on the academic content standards for the grade in which they are enrolled, even with the use of adaptations and accommodations; **and**
- requires extensive, direct individualized instruction and substantial supports to achieve measurable gains, across all content areas and settings.

I. GENERAL INFORMATION		
School District	Mailing Address Street, City, State, Zip	
District Administrator <i>First and Last Name</i>	E-Mail Address	Telephone Area/No.

II. ASSURANCES		
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The LEA must submit assurances for each of the following five items:

- 1. Individualized Education Program (IEP) teams have correctly identified students with the most significant cognitive disabilities in accordance with Wisconsin state guidelines (<https://dpi.wi.gov/sites/default/files/imce/sped/pdf/mscd-guide-to-determining-students-with-mscd.pdf>).
- 2. The district has measured the achievement of at least 95 percent of all students, including students with disabilities in tested grades.
- 3. Students who will be participating in an alternate assessment are included in alternate curriculum aligned to the [alternate academic achievement standards](#), the Wisconsin Essential Elements
- 4. Parents are informed of their child's participation in an alternate assessment and implications of participating. ([CCEE parent brochure](#))
- 5. The district will address any disproportionality in the percentage of students in any subgroup taking the alternate assessment.

III. SIGNATURE		
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I CERTIFY that the information provided is true and correct to the best of my knowledge.

Signature of School District Administrator	Date Signed <i>Mo./Day/Yr.</i>
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IV. NARRATIVE		
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*Briefly explain the LEA circumstances and how your district provides professional development for IEP teams making participation decisions.*

Our district incidence rate of students with the most significant cognitive disabilities exceeds one percent of all students in the grades assessed due to the reason(s) below. *Explanation:*

FOR DPI USE		
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- Reviewed by DPI.
- Additional information necessary to complete review.

Signature of Designated DPI Representative	Date Signed <i>Mo./Day/Yr.</i>
➤	