



APPENDIX A

ALTERNATE ASSESSMENT ELIGIBILITY CRITERIA WORKSHEET

Last Reviewed: June 2025

Appendix A: Participation Form

Alternate Assessment Eligibility Criteria Worksheet

The Montana Office of Public Instruction (OPI) offers Alternate Assessments based on alternate achievement standards in compliance with the U.S. Department of Education's federal regulations and guidance. A student must have an Individualized Education Program (IEP) to be considered for participation in an Alternate Assessment. All students, including students with disabilities, are required by state and federal law to take part in the OPI's statewide assessments with or without accommodations. All students are expected to take part in statewide assessments in one of three ways:

1. Participate in the general education assessments **without** accommodations.
2. Participate in the general education assessments **with** accommodations.
3. Participate in **Alternate Assessments** when the participation criteria are met.

IEP teams should consider the [state published testing cycles](#) that will occur during the student's IEP year and include suitable instructional time before test windows. **The OPI's policies for accessibility recommend instructional use of accommodations at least 3 months before participation in statewide assessments.** These accommodations must be familiar to the student and must match those supports that are provided for in classroom instruction and local assessments throughout the school year. Parents/guardians must be knowledgeable about the planned accommodations for their child including awareness of the conditions under which the child will participate in the statewide assessment.

This form is intended to assist IEP teams in determining whether the student should participate in the general or Alternate Assessments **and** to address documentation requirements under the Individuals with Disabilities Education Act (IDEA).

Note: IEP teams should consult the OPI's [EDUCATE \(IC\) Collection Schedule](#) to reference important test registration information that supports students with participation in Alternate Assessments. Alternate Assessment decisions must be determined by the **[Special Education Child Count Date]** for the OPI's annual determination of the percentage of Montana students that are eligible to participate in Alternate Assessments 90 days prior to the OPI's [published test windows](#) (see [34 CFR 200.6\(c\)\(3\)](#)).

OPI Alternate Assessment Systems

☒	Test Name	Grades
☐	Dynamic Learning Maps (DLM) Math & ELA Mathematics and ELA assessments administered to Students with Significant Cognitive Disabilities (SwSCD) in Grades 3 through 8 and 11.	Grades 3–8 and 11
☐	Dynamic Learning Maps (DLM) Science Science assessment administered to Students with Significant Cognitive Disabilities (SwSCD) in Grades 5, 8, and 11.	Grades 5, 8, 11
☐	Alternate ACCESS for ELLs (Alt ACCESS) Alt ACCESS is the alternate English Language Proficiency assessment for academic achievement reporting in Grades 1–12 for English Learners (EL) with significant cognitive disabilities (SwSCD).	Grades 1–12

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District Name:					Grade:	
Student Name:					DOB:	
Case Manager:					SSID:	
Content Area						
Grade	None	English Language Arts	Math	Science	ELP	
K					*	
1					☒	
2					☒	
3		☒	☒		☒	
4		☒	☒		☒	
5		☒	☒		☒	
6		☒	☒		☒	
7		☒	☒		☒	
8		☒	☒		☒	
9					☒	
10					☒	
11		☒	☒		☒	
12					☒	

Note: The gray cells indicate untested grades. All cells that are white are tested in the state of Montana. The IEP team must complete the parent/guardian notification of Alternate Assessment participation on Pages 6–7 of this form.

Check this box if Alternate Assessments are not administered at the student's grade level for this academic school year.

☐ I affirm the student is not enrolled in any tested grade.
Continue to complete relevant sections in Pages 3–7.

Confidential: This completed form contains personally identifiable information (PII) and per FERPA and OPI policy, must follow the strict rules for sensitive student educational records as published in the [OPI's Student Records Confidentiality Policy](#). Ensure that student data privacy is always maintained.

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To meet criteria for Alternate Assessments, the student must meet all four participation criteria.

Participation Criterion 1		Participation Criterion 2	
Does the student have a significant cognitive disability?		Does the student have an active IEP and receive services under the IDEA?	
☐	Yes	☐	No
Participation Criterion 1 Descriptor Review of student records indicates a disability[ies] that significantly impact intellectual functioning and adaptive behavior. Note: Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.		Participation Criterion 2 Descriptor Test registration information within EDUCATE (IC) must be as accurate and complete as possible for the appropriate identification of students eligible for the Alternate Assessments.	
Sources of Evidence for Criterion 1 (Check boxes if used.)		Note: Districts must complete the Special Education Child Count and Assessment Registration Collections to be rostered by the OPI into the test delivery systems. IEP teams will ensure EDUCATE (IC) is synced to ensure the Alternate Assessment checkbox is marked under the Statewide Assessments Editor for students who meet these participation criteria.	
☐	Results of Individual Cognitive Ability Test		
☐	Results of Adaptive Behavior Skills Assessment		
☐	Results of Individual and Group Administered Achievement Tests		
☐	Results of Informal Assessment		
☐	Results of Individual Reading Assessments		
☐	Results of District-wide Alternate Assessments		
☐	Results of Language Assessments, including EL Language Assessments (if applicable).		
Describe the sources of evidence that were used for Criterion 1 and how that evidence supports eligibility.			
Source			
Description			

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Participation Criterion 3 Do the student's demonstrated cognitive abilities and adaptive behavior require substantial adjustments, or modifications, to the general curriculum? Note: The student is learning content <u>linked</u> to (derived from) the state content standards.		Participation Criterion 4 Does the student require direct and extensive instruction to acquire, maintain, generalize and transfer new skills? Note: The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade-and- age-appropriate curriculum.	
☐	Yes	☐	No
Participation Criterion 3 Descriptor Goals and instructions listed in the IEP for this student <u>are linked</u> to the enrolled grade-level state standards and address knowledge and skills that are appropriate and challenging for this student. Goals are written to allow for suitable instructional time prior to test administration. Note: reference the short-term objectives and guidance as published in the Montana Special Education Document (see Page 90).		Participation Criterion 4 Descriptor 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, demonstrate, and transfer skills across academic content.	
Sources of Evidence for Criterion 3 (check if used)		Sources of Evidence for Criterion 4 (check if used)	
☐	Examples of Curriculum, Instructional Objectives and Materials including Work Samples	☐	Examples of Curriculum, Instructional Objectives, and Materials including Work Samples from Both School and Community-based Instruction
☐	Present Levels of Academic and Functional Performance, Goals, and Short-Term Objectives from the IEP	☐	Teacher Collected Data and Checklists
☐	Data from Scientific Research-based Interventions	☐	Present Levels of Academic and Functional Performance, Goals, and Short-Term Objectives, and Post-School Outcomes from the IEP and the Transition Plan for Students Aged 16 and Older Unless State Policy or the IEP Team Determines a Younger Age is Appropriate.
☐	Progress Monitoring Data		
Describe the sources of evidence that were used for Criterion 3 and how that evidence supports eligibility.		Describe the sources of evidence that were used for Criterion 4 and how that evidence supports eligibility.	
Source		Source	
Description		Description	

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Note: If you answered “**NO**” to **any** of the above questions, the student must participate in the general assessment with or without accommodations based on individual student needs consistent with all state and federal laws and regulations ([ARM 10.56.104](#)). If all answers were “**YES**”, then the student is eligible to participate in Alternate Assessment[s] and is considered to be a student with a significant cognitive disability. Students cannot be exempted from statewide testing through an IEP, 504 Plan, and/or an EL designation. For more information on special education in Montana, read the [Montana Special Education Guidance Document](#).

The following should NOT be considered in the eligibility determination process:

1. A disability category or label
2. Poor attendance or extended absences
3. Native language/social/cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic achievement and other services received
6. Educational environment or instructional setting
7. Percent of time receiving special education services
8. EL status
9. Low reading level/achievement level
10. Anticipated disruptive behavior
11. Impact of test scores on accountability system
12. Administrator decision
13. Anticipated emotional duress
14. Need for accommodations (e.g., assistive technology/augmentative communication to participate in assessment process)

Check this box to affirm the Alternate Assessment[s] participation decision was not based on any of the above non-examples shown.

☐ **I affirm the evidence shows that the decision for participating in Alternate Assessments was not based on the above list.**

Continue to complete relevant sections in Pages 6–7.

IEP Team Statement of Assurance:

Our decision was based on multiple pieces of evidence that, when taken together, demonstrated that the Alternate Assessment is the most appropriate assessment for this student; that his/her academic instruction will be based on the Alternate Academic Achievement-Standards [AAA-S] [linked](#) to state content standards; that there is suitable instructional time prior to test administration; that the additional considerations listed above were not used to make this decision; and that any additional implications of this decision were discussed thoroughly with the student’s IEP Team and parents/family.

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Parent Notification Alternate Assessment Participation

Following the IEP Team's review of participation guidelines, the student is eligible for and will participate in the following assessments:

☐	Yes	School Year _____[enter]. The DLM ELA/math is the alternate math and reading/language arts assessment for academic achievement reporting in Grades 3–8 and 11 for students with significant cognitive disabilities (SwSCD).
☐	Yes	School Year _____[enter]. The DLM Science is the alternate science assessment for academic achievement reporting in Grades 5, 8, and 11 for students with significant cognitive disabilities (SwSCD).
☐	Yes	School Year _____[enter]. Alternate ACCESS Assessment is the alternate English Language Proficiency assessment for academic achievement reporting in Grades 1–12 for English Learners (EL) with significant cognitive disabilities (SwSCD).
Note: Alternate Assessment eligibility must be determined as early in the school year as possible for the student to populate appropriately in Alternate Assessment portals for the school year.		
☐	No	(Student will participate in general statewide assessment with or without accommodations based on individual student needs consistent with all state and federal laws and regulations.)

Potential Consequences

Are there any effects or local policies that would preclude completion requirements for a regular high school diploma for the child participating in testing?

☐	Yes	☐	No
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If yes, explain:

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This IEP Team has determined the student is eligible to participate in Alternate Assessments as indicated in Pages 1–6 above.

Parent/Guardian/Family

					Agreement
Parent(s)/ Guardian			Date		☐
	Signature	Signature			

Other IEP Team Members

					Agreement
Signature:		Position:		Date:	☐
Signature:		Position:		Date:	☐
Signature:		Position:		Date:	☐
Signature:		Position:		Date:	☐
Signature:		Position:		Date:	☐

Notes: