



CONNECTICUT STATE  
DEPARTMENT OF EDUCATION

# **2019-20 Connecticut Alternate Assessment Eligibility Form**

**Required for Participation in the  
Connecticut Alternate Assessment System**

# Connecticut Alternate Assessment (CTAA & CTAS) Eligibility Form

STUDENT NAME: \_\_\_\_\_ SASID: \_\_\_\_\_

Please indicate the student's Primary Disability as evidenced by the most recent Individualized Education Plan (IEP):

- |   |  |
|---|--|
| <input type="checkbox"/> Autism   | <input type="checkbox"/> Deaf/Blindness  |
| <input type="checkbox"/> Developmental Delay                              | <input type="checkbox"/> Emotional Disturbance*                                |
| <input type="checkbox"/> Hearing Impairment                               | <input type="checkbox"/> Intellectual Disability                               |
| <input type="checkbox"/> Multiple Disabilities                            | <input type="checkbox"/> Orthopedic Impairment                                 |
| <input type="checkbox"/> Other Health Impairment <i>or</i> OHI - ADD/ADHD | <input type="checkbox"/> Specific Learning Disability* <i>or</i> SLD/Dyslexia* |
| <input type="checkbox"/> Speech/Language Impairment                       | <input type="checkbox"/> Traumatic Brain Injury                                |
| <input type="checkbox"/> Visual Impairment                                |  |

**\*Please note: Specific Learning Disability, SLD/Dyslexia and Emotional Disturbance** – Sections 34 CFR 300.309 (3)(a)(1) and (2) and 300.8(c)(4)(i) of the IDEA requires that intellectual factors/impairments be ruled out in order to qualify for special education services under the categories of a specific learning disability or emotional disturbance. Therefore, students with these primary disability types would not typically qualify to participate in the CTAA or CTAS.

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The student must meet all criteria outlined below to participate in the Connecticut Alternate Assessments.

This student has a significant cognitive disability, as evidenced by:

**1. Student has an intellectual impairment.**

- A. No evidence exists to support that this student has an intellectual impairment.  
**STOP:** student is not eligible to participate in the alternate assessment system.
- B. In the absence of standardized, cognitive assessments/scores, there is evidence to substantiate the presence of an intellectual impairment.  
**OR**
- C. Results of cognitive testing (i.e., Full-Scale IQ score < 70, developmental age):
  - Assessment Used: \_\_\_\_\_
  - Date Completed: \_\_\_\_\_ (dd/mm/yyyy)
  - Composite Score: \_\_\_\_\_

**2. Student has adaptive behavior well below age-level expectations.**

Adaptive behavior is defined as those conceptual, social, and practical skills necessary to meet the common demands of everyday life across multiple settings.

- A. Student has adaptive behaviors necessary for the student to live independently and function safely in daily life for their age group (34 CFR §§ 200.1(d) and 300.160 (c)).  
**STOP:** student is not eligible to participate in the alternate assessment system.
- B. Results of adaptive behavior assessment(s) (i.e., scored at least 2.5 standard deviations below average); include both teacher/parent ratings where available:
  - Assessment Used: \_\_\_\_\_
  - Date Completed: \_\_\_\_\_ (dd/mm/yyyy)
  - Composite/Functional Level: \_\_\_\_\_  
and/or Domain/Rating Scale (If applicable):  
\_\_\_\_\_

**3. Student requires intensive instruction and significant supports.**

- A. Student does not require extensive, repeated, individualized instruction.  
**STOP:** student is not eligible to participate in the alternate assessment system.
- B. Student requires extensive, repeated instruction and support that is not of a temporary or transient nature, and uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, demonstrate, and transfer skills.

# Connecticut Alternate Assessment

## Eligibility Form

### VERIFICATION SECTION

1. I verify that supporting evidence related to the student's assessment options was discussed at the PPT on \_\_\_\_\_ (date of PPT) to determine eligibility for participation in the Connecticut Alternate Assessments.
2. Evidence reviewed during the PPT was used to determine that the student meets all three evidence-based criteria for participation in the Connecticut Alternate Assessments:
  - a) Student has an intellectual impairment with supporting evidence per cognitive testing or other details/evidence exist to substantiate the existence of an intellectual impairment.
  - b) Student's adaptive behavior is well below age-level expectations with supporting evidence per adaptive behavior assessment(s) (i.e., scored at least 2.5 standard deviations below average).
  - c) Student requires intensive instruction and significant supports.

**This student is eligible for and will participate in the Connecticut Alternate Assessments during the current school year as indicated on page 9 of their IEP. The Connecticut Alternate Assessment Eligibility Form must be submitted through the Data Entry Interface by the appropriate due date.**

**Note:** If the student *does not* meet all three evidence-based criteria for participation in the Alternate Assessments as indicated above, **the student will participate in the standard state-wide assessments with designated supports, accommodations, and assistive technology (if applicable) as indicated on page 8 of their IEP.**

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#### Primary Special Education Teacher/TEA

Printed Name: \_\_\_\_\_  
(Please Print) Telephone Number \_\_\_\_\_

Signature: \_\_\_\_\_ EIN: \_\_\_\_\_  
10-digit Educator ID Number Date \_\_\_\_\_

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#### Special Education Director

Printed Name: \_\_\_\_\_  
(Please Print) Telephone Number \_\_\_\_\_

Signature: \_\_\_\_\_  
Date \_\_\_\_\_

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#### District Administrator (DA in TIDE)

Printed Name: \_\_\_\_\_  
(Please Print) Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date \_\_\_\_\_