

Companion to Participation Guidelines and Decision-Making Flowchart

Ohio's Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD)

Student: _____

This document is a companion to the [Participation Guidelines for Ohio's Alternate Assessment](#) and [Decision Making Flowchart](#) that will assist individualized education program (IEP) teams in making appropriate decisions regarding student participation in Ohio's Alternate Assessment for Students with Significant Cognitive Disabilities (AASCD).

Individualized education program (IEP) teams must use various data sets in review of a student's eligibility to take AASCD that could include, but are not limited to:

- Evaluation team reports (ETR)
- Benchmark academic assessment data
- Diagnostic assessments
- Assistive technology evaluation
- Speech and language assessments that determine expressive and receptive language communication status
- IEP progress data on goals and objectives
- Formative academic assessment data
- Transition assessment data
- Adaptive skills checklists and inventories
- Progress on functional, daily living and life skill standards
- Sensory and/or motor assessments describing access modes for communication, fine and gross motor tasks

Evidence for the decision to participate in the AACSD is **NOT BASED** on:

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

Note: Intelligence quotient (IQ) scores are not a reliable measure to determining eligibility as many of the assessment tools used to determine IQ are not fully accessible for learners with significant motor, communication and sensory complexities. Educators should never use IQ scores in isolation to determine eligibility.

Directions: Review a student’s IEP and related documents to answer each question. Mark the column that best answers the question.

1. Does the student have a current IEP?			
NO. Stop here. The student is not eligible for alternate assessment		YES. Continue evaluation.	
2. Review the student’s IDEA category definition. (Located in the glossary)			
___ IDEA category description does not include intellectual or cognitive impairment as a characteristic.		___ IDEA category description does include intellectual or cognitive impairment as a characteristic	
3. Does the data review provide evidence of significant cognitive disability (a person’s ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly and learn from experience)?			
___ Presence of disability documented no evidence that a cognitive disability interferes with learning; goals and objectives that are designed to support learners in learning grade-level skills and concepts in the standards.	___ Documentation shows the learner may have benchmark and diagnostic data that show a wide skill gap in reading. Prescriptive, direct and systematic instruction is present in the IEP. (Note: Complex reading difficulties do not qualify the learner as having a significant cognitive disability.)	___ Evidence that a cognitive disability interferes with learning grade-level skills and concepts. Goals and objectives address grade level academic skills and concepts through extended standards and learning progressions.	___ Evidence that a cognitive disability significantly interferes with learning grade-level skills and concepts. Presence of goals and objectives to support acquisition of expressive and receptive language and communication skills and/or sensory/motor access for active participation and engagement aligned with grade-level concepts.

4. Does the learner data document a significant deficit across all domains of adaptive behavior? Does the student require systematic, direct instruction of adaptive behavior skills to be embedded within Tier I: Core standards-based instruction? Adaptive behavior refers to an individual's ability to apply conceptual, social and practical skills in everyday life.

- Conceptual skills: receptive and expressive language, reading and writing, money concepts, self-direction.
- Social skills: interpersonal, responsibility, self-esteem, follows rules, obeys laws, is not gullible, avoids victimization.
- Practical skills: personal activities of daily living such as eating, dressing, mobility and toileting; instrumental activities of daily living such as preparing meals, taking medication, using the telephone, managing money, using transportation and doing housekeeping activities; occupational skills; maintaining a safe environment.

<p>_____NO instruction needed in any of the adaptive skills</p>	<p>_____General instruction needed in one or more domains of adaptive skills, which are covered in district Positive Behavior and Intervention Supports (PBIS) and core instruction initiatives</p>	<p>_____Systematic, direct instruction needed within two or more domains of adaptive skills</p>	<p>_____Prescriptive, systematic, direct instruction needed across many or all adaptive skills within each domain</p>
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5. Does the learner participate in grade-level academic instruction (Tier I: Core Instruction) with learning targets aligned to the Ohio's Learning Standards – Extended (OLS-E) with integrated supports and services as outlined in the IEP?

<p>_____Present levels of performance on the IEP indicates that the learner's skills are closely aligned with grade-level standard concepts and skills.</p>	<p>_____Student IEP goals and objectives link goals and learning targets to grade-level standard concepts and skills in prescriptive area(s) of data determined need.</p>	<p>_____Student IEP goal(s) are aligned to grade-level targets through most complex extended standards and objectives. These include extended standard skills and concepts or learning progression steps that lead to grade-aligned performance target(s).</p>	<p>_____Student IEP includes present level of performance statements that link learner data with grade-level peers through extended standards. Goals and objectives are based on data-determined needs within standards-based learning progressions. Goals and objectives are linked to grade-level standards through extended standard (modified) concept and skill targets on the least complex side of the range.</p>
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6. Does the learner require individualized accommodations, access features and materials beyond those provided through Universal Tools, Designated Supports and Accommodations as outlined in Ohio's Accessibility Manual?

<p>____ Student's IEP does not define the specific accommodations, supports, scaffolds, services, materials required for access.</p>	<p>____ Student's IEP outlines some accommodations, supports and scaffolds that are presently presented in the Accessibility Manual under Universal Tools, Designated Supports and Accommodations. (Note: Complex reading, writing or math difficulties alone do not qualify the learner as having a significant cognitive disability nor does it mean that they should take the alternate assessment).</p>	<p>____ In addition to the accommodations, supports and scaffolds that are presently presented in the Accessibility Manual, the student requires additional individualized accommodations not allowed on Ohio's State Tests. For example, test administered over more than one-day, verbal delivery mode supported by concrete objects, picture symbols, all text on the test read aloud, etc. to both access and respond to the test.</p>	<p>____ Student's IEP outlines individualized accommodations, access features and materials beyond those provided through universal tools, designated supports and accommodations as outlined in Ohio's Accessibility Manual to meet the communication, motor and/or sensory needs of the learner and provide them with the opportunity to show what they know.</p>
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7. Does the student require the use of assistive technologies to actively engage and participate meaningfully and productively in daily instructional activities in school, home, community and work environments?

Note: The assistive technology box on the IEP should be a quick reference before taking a deeper look into the supports, services and testing accommodations section of the IEP. There are more than 10 [domains of assistive technology](#) IEP teams should consider.

<p>_____ Student requires no assistive technology as indicated in the check box on the IEP.</p>	<p>_____ Student requires assistive technology supports and services as indicated in the check box on the IEP but assistive technology is not evident within the IEP</p> <p>OR</p> <p>the AT described within the IEP (accommodations, supports, services and scaffolds) are outlined in the Accessibility Manual under Universal Tools, Designated Supports and Accommodations.</p>	<p>_____ Student requires assistive technology supports and services as indicated in the check box on the IEP.</p> <p>The learner had been feature-matched with individualized assistive technology to support instruction, communication, sensory or motor access needs and is currently learning to use or is independently using assistive technology as a scaffold to access learning and his or her environment.</p>	<p>_____ Student requires multiple assistive technology supports and services as indicated in the check box on the IEP.</p> <p>The learner is in process of an assistive technology evaluation for needs in instructional learning and instructional communication, sensory or motor access and is currently being supported with person-dependent scaffolds to access learning and their environment.</p>
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Considering AASCD participation: To be eligible for participation in the AASCD, at least one response should be in the far-right column and all or almost all responses should be in the third and fourth columns to the right. Only a small number of learners will meet the requirements for participation in the AASCD. Statewide, approximately 1% of students should qualify.

GLOSSARY

AAC: Augmentative and alternative communication (AAC) includes all forms of communication (other than speech) that are used to express thought, needs, wants and ideas. (The American Speech-Language-Hearing Association, 2017);

Accommodation: Accommodations are adjustments to the testing conditions, test format or test administration that provide equitable access during assessments for students with disabilities and students who are English learners.

Adaptive behavior: The collection of conceptual, social and practical skills that all people learn to function in their daily lives. (American Association on Intellectual and Developmental Disabilities, 2017).

Adaptive skills: Practical, everyday skills needed to function and meet the demands of one's environment, including the skills necessary to effectively and independently take care of oneself and to interact with other people. Adaptive skills are measured in three domains:

- *Conceptual skills:* literacy; self-direction; and concepts of number, money and time;
- *Social skills:* interpersonal skills, social responsibility, self-esteem, gullibility, naïveté (i.e., wariness), social problem solving, following rules, obeying laws and avoiding being victimized;
- *Practical skills:* activities of daily living (personal care), occupational skills, use of money, safety, health care, travel/transportation, schedules/routines and use of the telephone (American Association on Intellectual and Developmental Disabilities, 2017).

Access modes for communication: Can include, but are not limited to, sign-language, bilingualism, cued speech, verbal therapy, Braille, assistive technology devices and written language.

Assistive technology: Assistive technology (AT) device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of that device. (Individuals with Disabilities Education Act, 2004).

Diagnostic assessment: Measures students' understanding of a subject area or skills base.

EL: English Learner. English learners are students whose primary or home language is other than English who need special language assistance to effectively participate in school instructional programs.

ELA: English Language Arts.

ETR: The Evaluation Team Report (ETR) is the summary of testing for the initial evaluation and/or reevaluation. The ETR drives the services in an IEP.

Extended standards: Ohio's Learning Standards – Extended (OLS-E) also are commonly known as “the extended standards.” These standards help to ensure that students with significant cognitive disabilities have multiple ways to learn and demonstrate knowledge. At the same time, the extended standards maintain the rigor and high expectations of Ohio's Learning Standards.

Intellectual disability: Intellectual disability means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance.

[Ohio Accessibility Manual](#): A comprehensive policy document providing information about the accessibility features of *Ohio's State Tests* for grades 3-8 and high school in English language arts, mathematics, science and social studies. The manual helps to define the specific accessibility features available for all students, students with disabilities, students who are English language learners and students who are English language learners with disabilities. Ohio's Accessibility System features are made up of accommodations for students with disabilities and English language learners, as well as other features including administrative considerations, universal tools and designated supports.

[OLS-E](#): Ohio's Learning Standards-Extended: Extended standards ensure that students with significant cognitive disabilities are provided with multiple ways to learn and demonstrate knowledge. At the same time, the extended standards are designed to maintain the rigor and high expectations of Ohio's Learning Standards.

Significant cognitive disability: a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior.

Significant deficit: Impacts individual functioning enough to constitute a general **deficit in adaptive behavior**. (American Association on Intellectual and Developmental Disabilities, 2017).

Universal tools: Features or preferences that are either built into the assessment system or provided externally by test administrators. Universal tools are available for all students taking Ohio's State Tests. Since these features are available for all students, they are not classified as accommodations.

IDEA Category Definitions as defined by the [Ohio Operating Standards for the Education of Children with Disabilities](#). Please note in definitions of disability categories below that most categories do **NOT** include intellectual impairment and therefore do not align with the qualifications for the Alternate Assessment.

"Autism" means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child's educational performance. Other characteristics often associated with "autism" are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. (a) Autism does not apply if a child's educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (B)(10)(d)(v) of this rule. (b) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (B)(10)(d)(i) of this rule are satisfied.

"Intellectual disability" (mental retardation) means significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a child's educational performance. This definition replaces the definition of mental retardation in 34 C.F.R. 300.8(c)(6) (October 13, 2006) and shall be used instead whenever the federal regulations at 34 C.F.R. Part 300 (October 13, 2006), state statutes at Chapter 3323. of the Revised Code, or the state rules in Chapter 3301-51 of the Administrative Code refer to mental retardation or cognitive disability. (a) "Significantly sub average general intellectual functioning" refers to an intelligence quotient of seventy or below as determined through a measure of cognitive functioning administered by a school psychologist or a qualified psychologist using a test designed for individual administration. Based on a standard error of measurement and clinical judgment, a child may be determined to have significant sub average general intellectual functioning with an intelligence quotient not to exceed seventy-five. (b) "Deficits in adaptive behavior" means deficits in two or more applicable skill areas occurring within the context of the child's environments and typical of the child's chronological age peers. (c) A child who was identified by an Ohio school district as having a developmental handicap prior to July 1, 2002 shall be considered a child with a disability if the child continues to meet the definition of "developmentally handicapped" in paragraph "N." of former rule 3301-51- 01 of the Administrative Code and the eligibility requirements of paragraph "F.1" of former rule 3301-51- 04 of the

Administrative Code that are both contained in the “Rules for the Education of Handicapped Children,” which were effective July 1, 1982 and were rescinded July 1, 2002. A child who meets these provisions shall be eligible to receive special education and related services in accordance with the “Operating Standards for Ohio’s Schools Serving Children with Disabilities” effective July 1, 2008.

“Deaf-blindness” means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

“Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.

“Emotional disturbance” means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance: (a) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (c) Inappropriate types of behavior or feelings under normal circumstances. (d) A general pervasive mood of unhappiness or depression. (e) A tendency to develop physical symptoms or fears associated with personal or school problems. (f) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (B)(10)(d)(v) of this rule.

“Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this rule

“Multiple disabilities” means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. “Multiple disabilities” does not include deaf-blindness.

“Other health impairment” means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that: (a) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and (b) Adversely affects a child’s educational performance.

“Orthopedic impairment” means a severe orthopedic impairment that adversely affects a child’s educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Specific learning disability. (a) General. “Specific learning disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. (b) Disorders not included. Specific learning disability does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of intellectual disability, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

“Speech or language impairment” means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child’s educational performance.

“Traumatic brain injury” means an acquired injury to the brain caused by an external physical force or by other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments. The injury results in total or partial functional disability or psychosocial impairment or both, that adversely affects a child’s educational performance. The term applies to open or closed head injuries, as well as to other medical conditions that result in acquired brain injuries. The injuries result in impairments in one or more areas such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma. This definition replaces the definition of traumatic brain injury in 34 C.F.R. 300.8(c)(12) (October 13, 2006) and shall be used instead whenever the federal regulations at 34 C.F.R. Part 300 (October 13, 2006), state statutes at Chapter 3323. of the Revised Code, or the state rules in Chapter 3301-51 of the Administrative Code refer to traumatic brain injury.

“Visual impairment” including blindness means an impairment in vision that, even with correction, adversely affects a child’s educational performance. (a) The term “visual impairment” includes both partial sight and blindness. (b) The term “visual impairment” does not include a disorder in one or more of the basic psychological processes, such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.