



## LEA Assurance Form SY 2022-23

LEA #

Based on data, our district had student(s) in the following disability categories taking the AA-AAAS:

Autism	Orthopedic Impairment
Developmental Delay	Other Health Impairment
Cognitive Delay	Specific Learning Disability
Deaf-Blindness	Speech Language Impairment
Deafness	Traumatic Brain Injury
Emotional Disturbance	Vision Impairment
Hearing Impairment	

**Note:** LEAs will be required to address disproportionality among subgroups of students participating in the AA-AAAS beginning the 2022-2023 school year.

Based on data regarding disproportionality, our district needs to address disproportionality (A risk ratio greater than 3.0 needs to be addressed.)

Yes                      No

If yes, please explain how you will address the disproportionality.

Percentage of students performing at target or advanced on the AA-AAAS for the school year.

ELA:                      %  
Math:                    %  
Science:                %



**Please provide a narrative that includes the data types and processes that the IEP teams are utilizing to qualify students for the AA-AAAS in the box below.**

**What are the actions the district will take to ensure that the appropriate test is administered to each student annually?**

**Based on the data for our district, our LEA needs additional training.**

Yes                      No

**Our district anticipates testing over 1% of our students in one or more content areas during the school year.**

Yes                      No

### **District AA-AAAS Assurances**

**Please check the boxes for each of the following items If your district anticipates testing over 1% of its assessed students in a subject using the AA-AAAS.**

The IEP Teams correctly identified students with the most significant cognitive disabilities following state criteria and participation guidelines. See ([Appendix A](#)).

The LEA will measure the achievement of at least 95 percent of all students including students with disabilities in all grades for which assessment is required.

Students who will be participating in the AA-AAAS have been instructed through a modified curriculum which aligns with the state's curriculum achievement standards.

The LEA has informed parents of students with the most significant cognitive disabilities that the student will participate in the AA-AAAS and has informed parents of the implications of participation in the AA-AAAS.

The LEA will address any disproportionality in the percentage of students in any subgroups taking the AA-AAAS.

**Assurance statement: (Note: This form requires two administrative signatures).**

As the authorized representatives of LEA # \_\_\_\_\_ ; I affirm that the school has followed the OPI guidelines and complies with federal regulations for inclusion of all students as detailed in 34 CFR § 200.6. I understand that the assurances submitted will be posted by OPI in accordance with federal regulations. (34 CFR 200.6(c)(3)(iv))

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LEA Authorized Signature

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Date

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LEA Authorized Signature

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Date