



NC Alternate Assessment Eligibility Worksheet

NORTH CAROLINA ALTERNATE ASSESSMENT ELIGIBILITY WORKSHEET
For Consideration of Instruction on the Extended Content Standards

Student:	Student UID#:	DOB:
School:	Grade:	Age:

Each section of the worksheet requires yes/no answers. If answered yes, documentation is required.

1. Does the student demonstrate a significant cognitive disability and limited adaptive skills that may be combined with physical or behavioral limitation?

a. The student has been determined to have cognitive abilities falling within the most significant cognitive disability range of 3+ standard deviations below the mean plus or minus one standards error of measure using standardized assessments, AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:	
b. demonstrates adaptive skills that are 2 standard deviations below the mean in one area or one and one-half standard deviations below the mean in two or more domains	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:	

2. Does the student's significant cognitive disability impact the level of supports and services needed to progress through the standards?

a. The student requires a highly specialized educational program with intensive supports and modifications/accommodations, AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:	
b. requires daily instruction for core academic standards and functional life skills on a substantially lower grade level than that of other peers with disabilities, AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:	



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c. requires extensive and repeated individualized instruction and support to make meaningful gains, AND	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:	
d. uses substantially adapted materials and individualized methods of accessing information in alternative ways	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information:	

3. Will the student's significant cognitive disability impact the student's post-school outcomes compared to same age peers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information:	

4. Is the student's inability to participate in the regular assessment primarily the result of the extent of the significant cognitive disability and NOT the result of excessive absences, visual or auditory processing, social, cultural, language or economic difference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information	

5. Is the student receiving instruction using the Extended Content Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional Information:

Name	Position	Date
	Parent/Guardian/Student	
	Parent/Guardian/Student	
	LEA Representative	
	Special Education Teacher	
	General Education Teacher	
	Interpreter of Instructional Implications of Evaluations	