

1.0 Percent Participation Justification Form 2017–18

The *Every Student Succeeds Act (ESSA)* requires each district and charter school to complete and submit a justification when it anticipates exceeding 1.0 percent of students assessed in a subject area with the NCEXTEND1 alternate assessment. Justifications from each district and charter school will be reviewed by the North Carolina Department of Public Instruction (NCDPI), and follow up actions will be determined based on the information found in the justification document. Staff from the Exceptional Children and Accountability Divisions in each district and charter school should collaborate to provide the following information on the justification document. Responses to numbers 1–4 are required; it is optional to include additional information (see page 3). This justification document will be publicly posted. As such, the document **must not contain any personally identifiable information**. If necessary, additional pages may be attached to this form.

1. Enter contact information for the primary district/charter school staff member responsible for overseeing the completion of the justification form.	
3-Digit LEA/Charter Code: 360	District/Charter Name: Gaston County Schools
Contact Name: Carrie Minnich	Contact Title: Executive Director
Contact Phone No.: 704-866-6160	Contact E-Mail: cminnich@gaston.k12.nc.us
2. Enter a description of how the district/charter school will assure that Individualized Education Program (IEP) teams are adhering to the eligibility criteria as outlined in the <i>Testing Students with Disabilities</i> publication when determining student eligibility for participation in the alternate assessment. *Extension Criteria is reviewed with staff yearly* *GCS DEC website contains Extension Criteria Information* *GCS DEC has a Program Facilitator that focuses on the students may need to participate in Extensions* *Compliance Leads and teachers have been instructed to look closely students who are on the Extensions at review meetings to make sure the program is appropriate* *County level committee reviews documentation before a student is moved to Extensions* *Parents are given an information packet that explains the Extensions curriculum and are asked to sign that they understand graduation impact	
3. Enter a description of how any disproportionality among race, gender, or socioeconomic status groups is defined and plans for how that disproportionality will be addressed. <ul style="list-style-type: none"> • Description of how any disproportionality among race, gender, or socioeconomic status groups is defined: We determine disproportionality based on the percentage of a group that is EC in the county compared to the percentage of the same group that participates in the Extensions. Example: Total Male EC Students: 64.73% Total Male 5th Grade Students on Extend 1: 63% This example shows no disproportionality. • Plans for how disproportionality will be addressed: There are some areas that we have noticed a discrepancy in percentages. Any possible disproportionality will be addressed through the thorough criteria and review process we have in place when looking at students who participate in the Extensions referenced in the answer to question 2. 	
4. Enter additional justification of variables not covered but deemed essential to understanding why the district/charter school has a higher rate of alternate assessment participation. Gaston County has a residential facility that has students with significant global delays that meet the criteria for Extend 1. These students come from other counties/states increasing the number of students who are assessed by Extend 1.	

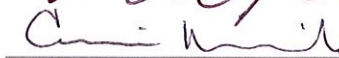
Signatures

Superintendent/Charter School Director



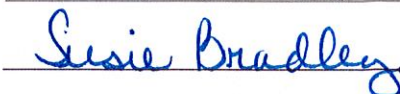
Date 4/23/18

Exceptional Children Director



Date 4/19/18

LEA/Charter Test Coordinator



Date 4/19/18

The completed justification form must be signed by the superintendent/charter school director, exceptional children's director, and testing coordinator. The form must be scanned and emailed to alternateassessment@dpi.nc.gov by **May 4, 2018**.

The NCDPI will notify districts/charter schools in writing if further information is needed and will include next steps. For questions, please contact your Exceptional Children Director or Regional Accountability Coordinator.

Note: See page 3 for additional information that can be included but is not required.

The following additional information can be included with the justification documentation, but is not required:

- Evidence that all educators who administer the alternate assessment meet the requirements for test administrators and have received test administration training prior to administering the alternate assessment.
- Evidence that all students have appropriate access to accessibility features on statewide tests.
- A review of the percentage of students taking the alternate assessment at grade 3 versus grades 4–7 versus grade 8 versus high school and an explanation of how Individualized Education Program (IEP) teams are making consistent participation decisions across grade levels.
- A review of data to determine if students are moving from the alternate assessment to the general assessment or vice versa and an explanation for grade levels where this action is more prevalent.
- • Evidence that the district is providing appropriate supports and services to students with disabilities to assist in meeting the same graduation requirements as their non-disabled peers.
- An evaluation of students instructed using the Extended Content Standards, but who are spending more than eighty percent (80%) of their day in the general education setting.
- • Evidence of data-driven team decisions to determine appropriate instruction and assessment.
- An assessment of varying practices across a district and/or between different schools.
- • An explanation of special programs or populations that are served by the district/charter school that may contribute to the alternate assessment participation rate.

New Teacher Training

Extended Content Standards

The Extended Content Standards have been developed to provide meaningful access to the Common Core Essential Standards for students with significant cognitive impairments. This is a curriculum. All students who are enrolled in the Extended Content Standards must be provided instruction on the Extended Content Standards.

Students who are enrolled in the Extended Content Standards are not assessed using the EOG, EOC North Carolina state assessments. They are assessed using the North Carolina Extend 1 assessment.

Students that are enrolled in this assessment will not graduate High School with a diploma. They will receive a certificate of attendance.

These standards are listed on the DPI website.

<http://www.ncpublicschools.org/acre/standards/extended/>

To be enrolled in the Extended Content Standards the student must have a **SIGNIFICANT COGNITIVE DISABILITY** (i.e., exhibits severe and pervasive delays in ALL areas of conceptual, linguistic and academic development and also in adaptive behavior areas, such as communication, daily living skills, and self-care).

Curriculum Resources:

Unique

News 2 You

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Grading and Report Cards

Students enrolled in the Extended Content Standards must be assessed on their progress in the curriculum.

Report Cards must be sent home with at least Pass/Fail grades assigned. Data must be collected to support the grades the students earn.



Extended Content Standards Information Packet

Explanation of NC Extended Content Standards
Frequently Asked Questions and Answers

Parent/Guardian Statement of Understanding

Gaston County Schools
Department for Exceptional Children
215 W. Third Avenue
Gastonia, NC 28052

Revised 6/2016



704-866-6160

What are the Extended Content Standards?

NC Extended Content State Standards are instructional standards based on the State Standards in English Language Arts and Mathematics. Extended Essential State Standards are based on the NC Essential State Standards in the areas of Science and Social Studies. The Extended Content are designed to address the essence of the standards and show clear links to the content standards for the grade in which the student is enrolled. The grade-level content may be reduced in complexity or modified to reflect pre-requisite skills.

2nd Grade English/Language Arts Reading Standards for Literature		
Common Core State Standard	Essence	Extended Common Core
1. Ask and answer such questions as who, what, where, when, why, and how to demonstrate understanding of key details in a text.	Use details and key ideas in text	1. Answer such questions as who, what, and where to demonstrate understanding of key details in text.
2. Recount stories, including fables and folktales from diverse cultures, and determine their central message, lesson, or moral.		2. Listen to stories, including fables and folktales from diverse cultures, and identify one or more ways that the story relates to or connects with self (e.g., Are you more like the tortoise or the hare?).
3. Describe how characters in a story respond to major events and challenges		3. Identify words that describe the characters in a story

2nd Mathematics Operations and Algebraic Thinking		
Common Core State Standard	Essence	Extended Common Core
Represent and solve problems involving addition and subtraction.	Use addition and subtraction to solve problems	Represent and solve problems involving addition and subtraction (0-30).
1. Use addition and subtraction within 100 to solve one- and two-step word problems involving situations of adding to, taking from, putting together, taking apart, and comparing, with unknowns in all positions, e.g., by using drawings and equations with a symbol for the unknown number to represent the problem		1. Use objects and representations to add and subtract groups of objects. 2. Use objects, representations and numerals to add and subtract within real life one-step story problems to at least 30.

2nd Science Forces and Motion		
Common Core State Standard	Essence	Extended Common Core
2.P.1 Understand the relationship between sound and vibrating objects	Vibrations are caused by constant pushing and pulling	EX.2.P.1 Understand that vibrations create motion.
2.P.1.1 Illustrate how sound is produced by vibrating objects and columns of air. 2.P.1.2 Summarize the relationship between sound and objects of the body that vibrate – eardrum and vocal cords.		EX.2.P.1.1 Demonstrate how constant pushing and pulling produce vibrations.

2nd Social Studies Geography and Environmental Literacy		
Common Core State Standard	Essence	Extended Common Core
Represent and solve problems involving addition and subtraction.	Understand a picture/symbol can represent a location	Represent and solve problems involving addition and subtraction (0-30).



2.G.1.1 Interpret maps of the school and community that contain symbols, legends and cardinal directions. 2.G.1.2 Interpret the meaning of symbols and the location of physical and human features on a map (cities, railroads, highways, countries, continents, oceans, etc.)		EX.2.G.1.1 Identify locations in the classroom using position and directional words (in, on, out, under, off, beside, behind, near/far, left/right).
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Who is eligible for these standards?

Only students with the most significant cognitive disabilities may be instructed with these standards. These are students whose cognitive impairments may prevent them from attaining grade-level achievement standards, even with the very best instruction. To determine participation in the NCEXTEND1, the following eligibility requirements must be considered:

- The student must have a current Individualized Education Program (IEP).
- The student is enrolled in grades 3–8, 10, or 11 according to NC WISE. (Note: Only those students enrolled in 11th grade for the first time are required to take the NCEXTEND1 Alternate Assessment at Grade 11.)
- The student is instructed in the North Carolina Extended Common Core or Essential Standards in ALL assessed content areas.
- The student has a SIGNIFICANT COGNITIVE DISABILITY (i.e., exhibits severe and pervasive delays in ALL areas of conceptual, linguistic and academic development and also in adaptive behavior areas, such as communication, daily living skills, and self-care).

The vast majority of students with disabilities do not have a significant cognitive disability. The NCEXTEND1 is NOT appropriate for the following students:

- Students who are being instructed in ANY OR ALL of the general grade-/course-level content standards of the North Carolina Common Core State Standards or Essential Standards.
- Students who demonstrate delays only in academic achievement.
- Students who demonstrate delays due primarily to behavioral issues.
- Students who demonstrate delays only in selected areas of academic achievement.



- Students in high school pursuing a North Carolina high school diploma (including students enrolled in the Occupational Course of Study).

How do students access these standards?

Students access these standards at their home schools, in Specialized Adaptive Curriculum (SAC) classrooms throughout the county or at Webb Street School. Special Education teachers are highly qualified to provide the instruction on these adapted standards and as such students do not participate in general education academic instruction with their non-disabled peers. Students continue to participate with their non-disabled peers for non-academic opportunities as appropriate for each individual student as determined by the IEP team.

How does participation in the NC Extended Common Core State Standards impact a student's graduation pathway?

Participation in the NC Extended Common Core State Standards allows the student access to a Graduation Certificate. This curriculum pathway **does not** lead to a NC High School Diploma.

Does this graduation pathway take longer than the general education diploma pathway?

This curriculum pathway does not require more than four years of high school attendance and students are eligible to participate in graduation activities with the peers.

Students in this pathway, however, can continue accessing instructional opportunities through the LEA through their 22nd birthday. These instructional opportunities are discussed and determined by individual IEP teams



**Parent/Guardian Statement of Understanding
Participation in the NC Extended Content Standards**

I understand that the IEP team for my child, _____
has recommended that s/he participate in the NC Extended Content Standards, and will
be assessed on the NC Extend 1 version of End-of-Grade or End-of-Course
assessments.

I understand that he/she will be awarded a NC Graduation Certificate, **NOT** a diploma.

I understand that my child will have the opportunity to participate in graduation
exercises with his/her class, if I choose.

I understand that the **IEP Team** can be reconvened if I want to pursue a different
curriculum pathway at some point in the future. However, changes in the curriculum
pathway can affect the date of completion due to differences in requirements among
the programs.

Parent Signature _____ Date ____/____/____

EC Case Manager _____ Date ____/____/____

**Considering a Specialized Classroom Setting or Paraprofessional Support Services****Standards of Practice for:****Name:****School:****Record Review****Primary Area of Eligibility:****Most Recent Evaluation Information****Previous Evaluation Information**

Date of Evaluation		Date of Evaluation	
Full Scale IQ		Full Scale IQ	
Adaptive Behavior	Parent Teacher	Adaptive Behavior	Parent Teacher
IEP Setting		IEP Setting	
Does this student have adult support (existing or additional)?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the EC subgroup data collection form up to date (completed with all information to this date)?			
<input type="checkbox"/> YES <input type="checkbox"/> NO Case Manager Signature:			

Additional Information listed in the Cum Record and /or EC Folder



This checklist is not to be used to pre-determine services in the IEP. It is to be used as a tool for the school to collect and analyze data and to discuss if more information is needed for the IEP team to determine the need for Paraprofessional Support Services.

The utilization of Paraprofessional Support Services:

- Should be considered a highly restrictive intervention.
- Should be considered only if the student has demonstrated an inability to acquire skills in a group situation or generalize skills across multiple settings as evidenced by data.
- Is to promote the student's independence and expedite/accelerate development that will lead to the student generalizing IEP goals and objectives.

List of school based team contributing to the completion of this form:

Date	A. Functional Life Skills Concerns	YES	NO																																				
	<p>1. Is the student having severe difficulties with functional life skills?</p> <p>If YES, please complete the rest of Section A.</p> <p>If NO, proceed to Section B.</p>	<input type="checkbox"/>	<input type="checkbox"/>																																				
	<p>2. Which functional life skills listed on the student's IEP does the student have difficulty with?</p> <p><input type="checkbox"/> Toileting</p> <p><input type="checkbox"/> Mobility (As a safety issue)</p> <p><input type="checkbox"/> Eating</p> <p><input type="checkbox"/> Dressing</p> <p><input type="checkbox"/> Other</p>																																						
	<p>2a. What type of prompt, if any, does the student need in order to be successful in the following areas? Check the appropriate boxes.</p> <table border="1"> <thead> <tr> <th>SKILL</th> <th>Independent (no prompts)</th> <th>Gestural</th> <th>Verbal</th> <th>Partial Physical</th> <th>Full Physical</th> </tr> </thead> <tbody> <tr> <td>Toileting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mobility</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Eating</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dressing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other: (Specify)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>			SKILL	Independent (no prompts)	Gestural	Verbal	Partial Physical	Full Physical	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Date		YES	NO
	<p>3. Has data been collected consistently for at least 10 days on the student's functional life skills?</p> <p>If NO, stop process here. Continue the student's current educational program and collect relevant data.</p> <p>School based team reconvenes on:</p> <p>If YES, go to Section 3a.</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>3a. Summarize and attach the baseline data that identifies the student's skill level on each area of concern. Include a description of what the student currently can do, in what settings, and how often the student will attempt the skill (example: student does not have bladder control and must have diaper changed at least hourly throughout the school day).</p>		



Date		YES	NO
	<p>4. Are visual supports in place for skills that require prompting?</p> <p>If YES, list visual supports that are in place for skills that require prompting?</p> <ul style="list-style-type: none">- Visual reminder for bathroom use- Visual reward charts <p>If NO, assign a team member to review the possibility of increasing mini schedules or visual supports for the student in each of the areas listed in #2.</p> <p>Name of Team Member: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>B. Communication Concerns (This section needs to be completed with input from the special education teacher, speech pathologist and others with relevant knowledge and data).</p>	YES	NO
	<p>1. Are there concerns regarding the student's communication skills? (i.e., pragmatics, receptive language, expressive language, articulation, hearing)</p> <p>If YES, please describe and then complete the rest of Section B. Expressive and receptive language skills (i.e., difficulty following verbal instructions and requesting basic needs and wants especially for bathroom use)</p> <p>If NO, proceed to Section C.</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>2. Has data been collected consistently throughout a 10 day period?</p> <p>If NO, stop here. Continue the student's current education program and collect relevant data.</p> <p>School based team reconvenes on: _____</p> <p>If YES, please attach data summary.</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>3. Does the student have communication goals in the IEP?</p> <p>If NO, stop, please hold an IEP meeting to review/revise the IEP.</p> <p>IEP meeting date: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>4. Does the student have a functional, accessible method of communication at all times? (prompted responses or providing answers to questions is not an adequate level of communicative ability to prevent behavior problems)</p> <p>If YES, please describe the student's communication system:</p> <ul style="list-style-type: none">- Frequent verbal prompts are needed for sentence usage- Oral speech and communication <p>If NO, stop consult and collaborate with the SLP.</p> <p>Date of collaboration: _____</p> <p>SLP Signature: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>5. Does the student use the communication system independently to communicate needs and wants?</p>	<input type="checkbox"/>	<input type="checkbox"/>



Date	C. Social Skills Concerns (This section to be completed with input from the special education teacher, psychologist and others with relevant knowledge and data).	YES	NO
	1. Is there a concern about the student's social skills that interfere with educational achievement? If YES, please complete the rest of Section C . If NO, proceed to Section D .	<input type="checkbox"/>	<input type="checkbox"/>
	2. Identify the specific social skills difficulties the student is currently experiencing. (List the skills that the student doesn't have that are interfering with his functioning, e.g., handling teasing, accepting criticism, etc.) In what school settings?		

	YES	NO
3. Does the student have opportunities to interact with typically developing peers? If NO, describe the potential areas of interaction that would allow the student to have opportunities to interact with typically developing peers?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
4. Does the student currently have social skills goals and objectives in his IEP that address the needs identified above? If NO, stop, convene an IEP meeting to discuss the student's needs for social skills goals and objectives. IEP meeting date:	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
5. Have the social skills G/O been addressed consistently for at least six weeks and data collected and summarized? If NO, stop, collect relevant data. School based team reconvenes on: If YES, attach data summary.	<input type="checkbox"/>	<input type="checkbox"/>
6. Has data been collected consistently throughout a six week period on social skills G/O? If NO, stop, collect relevant data. School based team reconvenes on:	<input type="checkbox"/>	<input type="checkbox"/>
6a. If YES, is the student showing progress in utilizing appropriate social skills? Continue interventions and reconvene school based team meeting if needed.	<input type="checkbox"/>	<input type="checkbox"/>



6b. If NO, review/revise the social skills instruction, generalization plan and collect relevant data for an additional 3 week period. School based team reconvenes on:		
D. Behavior Concerns (This section to be completed with input from the special education teacher, psychologist and others with relevant knowledge and data).	YES	NO
1. Does the student have severe behaviors that interfere with academic achievement? If NO, proceed to the Summary Section. If YES, please complete the rest of Section D.	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify the behavior(s) of concern:		
	YES	NO
3. Has quantifiable data been taken on all behaviors of concern for at least 10 school days? (frequency, setting, time of day, length, intensity, danger level, disciplinary action) If NO, stop and take measurable data for baseline. 3a. If YES, review the data with Program Facilitator, administrator, other relevant team members. Answer the following questions: What patterns or trends does the data show? Is the target behavior(s) increasing, decreasing, staying the same? Attach findings. Date of Review: Signature of Program Facilitator or Administrator: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the student have measurable behavior goals in the IEP? If NO, convene an IEP meeting to review/revise the IEP.. Date of IEP Meeting:	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the student have a Functional Behavioral Assessment (FBA) and Behavior Intervention Plan (BIP)? 5a) Has a manifestation determination been needed? If NO, begin the process to complete an FBA/BIP for the student. 5b) If YES, is the FBA/BIP updated and currently relevant? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, review/revise the FBA/BIP? Date of IEP meeting(s):	<input type="checkbox"/>	<input type="checkbox"/>
6. Have behavioral interventions stated in the BIP been consistently implemented for at least 6 weeks?	<input type="checkbox"/>	<input type="checkbox"/>



6a. Has data been collected consistently throughout the 6-week period?	<input type="checkbox"/>	<input type="checkbox"/>
If NO, review/revise BIP and collect relevant data.		
If YES, please attach data summary.		

SUMMARY	YES	NO
1. Does the student need individualized instructional support beyond what is already assigned to the classroom? If YES, in which areas does the student need additional support? Please check: <input type="checkbox"/> Functional Life Skills (toileting, safety issue, mobility) <input type="checkbox"/> Communication <input type="checkbox"/> Social Skills <input type="checkbox"/> Behavior	<input type="checkbox"/>	<input type="checkbox"/>
2. Specify the proposed frequency, times and environment for each area marked in #1: <input type="checkbox"/> Functional Life Skills <input type="checkbox"/> Communication <input type="checkbox"/> Social Skills <input type="checkbox"/> Behavior		
3. If approved, attach a fading plan to reduce the dependency and eliminate the need for individualized support in each area. - Fading plan not required for ongoing medical needs (unless doctor's orders dictate) or for students who are and will continue to be physically dependent. - Fading Plan for all other types of support to begin after one 9 week period.		
4. Please indicate potential staff that will be providing the individualized instructional support in needed areas: <input type="checkbox"/> Functional Life Skills <input type="checkbox"/> Communication <input type="checkbox"/> Social Skills <input type="checkbox"/> Behavior		
5. Staff responsible for leading and directing the activities of the individual providing the support if the person providing the support is a paraprofessional: <input type="checkbox"/> Teacher (specify position): <input type="checkbox"/> Other school personnel (specify position): <input type="checkbox"/> Other (specify hours per week/month): <input type="checkbox"/> Behavior		

Program Facilitator Signature_____
Date of IEP team meeting