

New York State Alternate Assessment (NYSAA) Decision-Making Tool

Eligibility Criteria







Student Name: _____

District/School: _____

Student ID: _____

Date: _____

<p>1. Does the student have a current individualized education program (IEP)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p> If YES, proceed to #2.</p> <p> If NO, Stop here. Student is not eligible for NYSAA, proceed to #7.</p>		
<p>2. What is the student's disability classification according to Part 200.1 (zz) (1-13)?</p>	<p><input type="checkbox"/> Learning disability</p> <p><input type="checkbox"/> Speech or language impairment (only)</p> <p style="text-align: center;"> Stop here. The student is not eligible for NYSAA, proceed to #7.</p>	<p><input type="checkbox"/> Deafness</p> <p><input type="checkbox"/> Hearing impairment</p> <p><input type="checkbox"/> Emotional disability</p> <p><input type="checkbox"/> Orthopedic impairment</p> <p><input type="checkbox"/> Other health impairment</p> <p><input type="checkbox"/> Visual impairment</p> <p style="text-align: center;"> Pause here. A student in one of these disability categories very rarely will be a student with a severe cognitive disability. Proceed to #3 if appropriate.</p>	<p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Deaf-blindness</p> <p><input type="checkbox"/> Intellectual disability</p> <p><input type="checkbox"/> Multiple disabilities</p> <p><input type="checkbox"/> Traumatic brain injury</p> <p style="text-align: center;"> Proceed to #3 if the student falls into one of these disability categories.</p>
<p>3. Does the student have a severe disability (see domains 1-3)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p style="text-align: center;"><u>Domain 1</u></p> <p><input type="checkbox"/> The student has significantly limited cognitive abilities.</p> <ul style="list-style-type: none"> ▪ <i>The student was most likely identified with developmental delays as an infant or toddler.</i> ▪ <i>The student's disability is so severe that it will impact post-school outcomes (e.g. supported housing or employment).</i> 	<p style="text-align: center;"><u>Domain 2</u></p> <p><input type="checkbox"/> The student has significant deficits in communication/language.</p> <ul style="list-style-type: none"> ▪ <i>The student has severely limited expressive and receptive language skills.</i> 	<p style="text-align: center;"><u>Domain 3</u></p> <p><input type="checkbox"/> The student has significant deficits in adaptive behavior.</p> <ul style="list-style-type: none"> ▪ <i>The student requires significant support and direct instruction with daily living skills.</i> ▪ <i>The student is dependent on others for physical care, health, and/or safety.</i> ▪ <i>The student requires intensive supervision.</i>

		<p> If student meets criteria for all three domains, select YES and proceed to #4.</p> <p> If student does not meet criteria for all three domains, they are not eligible for participation in NYSAA. Stop here, proceed to #7.</p>		
<p>4. Does the student require a highly specialized program (see domains 1-3)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p style="text-align: center;"><u>Domain 1</u></p> <p><input type="checkbox"/> The student's program facilitates the acquisition, application, and transfer of skills across natural environments.</p> <ul style="list-style-type: none"> ▪ <i>The student requires a high level of assistance across all learning environments.</i> ▪ <i>The student requires substantially modified learning materials.</i> 	<p style="text-align: center;"><u>Domain 2</u></p> <p><input type="checkbox"/> The student requires assistive technology.</p> <ul style="list-style-type: none"> ▪ <i>The student requires multiple sources of assistive technology in order to meet their daily living skills and access the curriculum.</i> 	<p style="text-align: center;"><u>Domain 3</u></p> <p><input type="checkbox"/> The student requires support systems to address health/medical, personal care or behavioral needs.</p> <ul style="list-style-type: none"> ▪ <i>The student may require specialized assistance such as nursing, related services, behavioral supports to function within the classroom setting.</i> 	
<p>5. Was the decision for the student to participate in NYSAA based <u>solely</u> on any of the following factors?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p> If student meets criteria for all three domains, select YES and proceed to #5.</p> <p> If student does not meet criteria for all three domains, they are not eligible for participation in NYSAA. Stop here, proceed #7.</p>			
	<p><input type="checkbox"/> Disability category, educational environment, or instructional setting</p> <p><input type="checkbox"/> Language differences</p> <p><input type="checkbox"/> Excessive or extended absences</p> <p><input type="checkbox"/> Cultural or environmental factors</p> <p><input type="checkbox"/> Previous low academic achievement</p> <p><input type="checkbox"/> Previous need for accommodations to participate in NYS or districtwide assessments</p> <p> If YES to any factors, pause here. Gather more data before making recommendation.</p> <p> If NO to all, proceed to #6 and #7.</p>			

6. Parental Understanding:

The parent has been informed that their child is eligible to participate in NYSAA for the _____ school year. The parent understands that their child's performance will be measured against alternate achievement standards and will not earn a high school diploma (i.e. local or Regents diploma) in New York State (NYS), but instead will earn the Skills and Achievement Commencement Credential (SACC).

7. Check the recommendation that is most appropriate in meeting the needs of this student according to [Part 200.4 \(d\) \(2\) \(vii\)](#).

Student meets criteria for participation in NYSAA for the _____ school year.

Student does not meet criteria for participation in NYSAA and will participate in the general New York State Assessment Program with or without testing accommodations for the _____ school year.

Signatures of Committee on Special Education (CSE) members:

School District Representative: _____

Parent: _____

Special Education Teacher: _____

General Education Teacher: _____

School Psychologist: _____

Other (include title): _____