# Early Stopping Rule Verification Form

Date:

Student Name: 10-Digit Student ID #:

**Test Administrator Section**

I verify that the above listed student has met the Early Stopping Rule criteria listed below for the HSA-Alt in the following content area(s) (check all that apply):

|  |  |  |
| --- | --- | --- |
| □ English Language Arts (ELA) | □ Mathematics | □ Science (NGSS) |

I verify that the following conditions were met:

1. The student did not respond to the first eight items in the assessment(s).
2. The eight items were administered across two different sessions on two different days at two different times in the day (4 + 4 = 8).
3. The "No Response" option was entered for the student by me, as the Test Administrator, for each of the eight items.
4. I provided the student with appropriate communication and accessibility supports during testing and sufficient response time.
5. A Test Session Observer was present and observing the student for response for at least four of the eight items that were delivered.

Print Name: Signature:

**Test Session Observer Section**

I verify that the above listed student did not exhibit a response for at least four of the eight items that were delivered for the following content area(s) (check all that apply):

|  |  |  |
| --- | --- | --- |
| □ English Language Arts (ELA) | □ Mathematics | □ Science (NGSS) |

I verify that the following conditions were met:

1. I was present and observing the student for a response for at least four items in this content area.
2. I did not observe the student respond to any of the items that were presented by the Test Administrator in this content area test.
3. I believe that the Test Administrator provided the student with appropriate communication and accessibility supports during testing and sufficient response time.

Print Name: Signature:

|  |
| --- |
| *Assessment Section Use Only*Verified: Y or NName and Date: |

Email a scanned copy of the completed form to the Assessment Section at hsa-alt@k12.hi.us.

Or fax the completed form to the Assessment Section at (808) 733-4483.

The school Test Coordinator should retain the original form for documentation purposes.