



STATE OF HAWAII  
DEPARTMENT OF EDUCATION

P.O. BOX 2360  
HONOLULU, HAWAII 96804

OFFICE OF STRATEGY, INNOVATION AND PERFORMANCE

May 15, 2019

**ATTENTION REQUIRED**  
**Due date: May 31, 2019**

TO: Deputy Superintendent  
Complex Area Superintendents  
Public Charter School Executive Director  
Principals (All)  
Public Charter School Directors  
Student Services Coordinators  
HSA-Alt Test Administrators

FROM:  Rodney Luke  
Assistant Superintendent

SUBJECT: **Alternate Assessment One Percent Cap**

The Assessment Section, in the Office of Strategy, Innovation and Performance, is implementing the Hawaii Department of Education's (HIDOE) One Percent (1%) Cap Action Plan to address overages in participation in the Hawaii State Assessment - Alternate (HSA-Alt). Current federal guidelines require all states to assess no more than 1% of the total number of students using an alternate form of the assessment for a subject area. Pursuant to 34 C.F.R. §200.6(c)(4), the HIDOE submitted a waiver to the United States Department of Education (USDOE) outlining the actions that will be taken to reduce the participation rate of the HSA-Alt to less than 1% in the subject areas of English language arts, mathematics, and science. These actions are intended to bring the HIDOE into federal compliance and ensure the appropriate identification of students for alternate testing.

The Assessment Section has implemented a tiered model of support that is based upon the degree of overage in HSA-Alt participation at the school-level. Support to schools varies depending upon the degree of over-identification with tiered levels of oversight and monitoring reflecting the school's over-identification rate. Underlying all tiered levels of support are the system-wide, universal supports focused on developing special education and support staff understanding of appropriate identification for students who take the HSA-Alt. Table 1 provides the categories of support and the criteria used to determine each of the tiered levels of support.

Table 1: HSA-Alt Participation Categories of Support

Category of Support	Criteria
Universal Support	≤ 1% HSA-Alt Participation
Tier 1 – Needs Assistance	1.1% - 1.9 % HSA-Alt Participation 1.1% - 2.9 % HSA-Alt Participation Small N*
Tier 2 – Needs Intervention	2.0% - 2.9 % HSA-Alt Participation 3.0% - 4.9 % HSA-Alt Participation Small N*
Tier 3 – Needs Substantial Intervention	≥ 3.0% HSA-Alt Participation ≥ 5.0% HSA-Alt Participation Small N*

\*Small N = The HIDOE recognizes the unique needs and challenges of small schools and the impact that small N sizes have on HSA-Alt participation rates. Therefore, the tiers of support for schools that test fewer than 180 and more than 60 students in total have been adjusted accordingly. For schools with testing populations of 60 students or less, case by case review of participation rate overages will be undertaken with follow-up actions planned as needed.

For schools with rates of participation within expected norms, the Assessment Section will provide the following universal supports:

1. cross-state training on summative test options - the general assessment, the general assessment with accommodations, and the alternate assessment;
2. the application and leveraging of available accessibility features and accommodations for summative testing; and
3. the application of the HIDOE’s identification criteria for alternate assessment eligibility, the *HSA-Alt Participation Guidelines*.

**Tier 1 – Needs Assistance**

Schools with rates of HSA-Alt student identification between 1.1 and 1.9% (Tier 1 schools), are required to document assurance that the *HSA-Alt Participation Guidelines* are being used as the basis for alternate assessment identification. Documented assurance must be provided to the Assessment Section by **May 31, 2019** using the *One Percent Cap Assurance Form*. In addition, Tier 1 schools’ HSA-Alt Test Coordinator, Special Education Department Chair and/or Student Services Coordinator (SSC) are asked to participate in the *1% Cap Webinar on Thursday, May 16, 2019 from 2:30 p.m. – 3:00 p.m.* or view the recording that will be posted at [alohahsap.org](http://alohahsap.org).

**Tier 2 – Needs Intervention**

Schools with rates of HSA-Alt student identification between 2.0 and 2.9% (Tier 2 schools), are also required to document assurance that the *HSA-Alt Participation Guidelines* are being used as the basis for alternate assessment identification by May 31, 2019 using the *One Percent Cap Assurance Form*. SSC’s at Tier 2 schools are expected to attend the *1% Cap Webinar* on May 16, 2019 and HSA-Alt Test Coordinators and Special Education Department Chairs are asked to participate in the webinar or view the recording. IEP “desk reviews” into disproportionately

represented subgroups of students at Tier 2 schools will be conducted to determine if further investigation is needed; next steps may include site visits or staff training at identified schools.

### Tier 3 – Needs Substantial Intervention

Schools with rates of HSA-Alt student identification of 3.0% or higher (Tier 3 schools), are required to complete all Tier 2 tasks with the IEP “desk review” and school site visits becoming mandatory components. In addition, Tier 3 schools are required to submit documented justification for HSA-Alt identification overage. The *One Percent Cap Justification Form* is to be used by Tier 3 schools to submit justifications to the Assessment Section by May 31, 2019. Justifications may include such things as on-site special programs, availability of special services in the area, and/or high rates of special education program identification. Justifications will be posted on the Hawaii Department of Education Staff Intranet site as per US DOE requirements. Mandatory site visits to Tier 3 schools will include a) IEP file review for all HSA-Alt identified students, b) staff interviews and information-sharing, and c) HSA-Alt student observation.

Schools that remain in Tier 1 – Needs Assistance for three consecutive years, starting with fall 2018, will move into Tier 2 – Needs Intervention. Schools that remain in Tier 2 – Needs Intervention for two consecutive years, starting with fall 2018, will move into Tier 3 – Needs Substantial Intervention. Schools that assess fewer than 180 students in total and exceed the 1.0% cap on HSA-Alt participation across multiple years will be evaluated on an individual basis. Schools that have justifications verified by Special Education and Assessment Section staff are not required to participate in 1% cap activities.

For more information about Hawaii’s 1% Cap Action Plan, contact Susan Forbes, Test Development Specialist, Assessment Section, at (808) 307-3636 or via email at [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us).

RL:sf

Attachments: *HSA-Alt Participation Guidelines\_2018-19*  
*One Percent Cap Assurance Form\_2018-19*  
*One Percent Cap Justification Form\_2018-19*

c: Assistant Superintendents  
Assessment and Accountability Branch

## Hawaii State Assessment- Alternate (HSA-Alt) Participation Guidelines

Four criteria form the basis for alternate test participation in Hawaii. A student with an IEP must meet all four criteria in order to be considered for the HSA-Alt or the WIDA Alternate ACCESS for ELLs. This evidence-based checklist should be used by IEP teams when making an alternate test student identification decision for either the HSA-Alt or the WIDA Alternate ACCESS for ELLs.

Criteria	Yes	No	Evidence
(A) The student demonstrates significant cognitive disabilities that may be combined with limited adaptive skills, physical, or behavioral limitations.			
(B) The student requires a highly specialized educational program with intensive modifications and supports in order to access grade level academic standards.			
(C) The student's daily instruction is substantively different from that of their peers without disabilities and requires extensive, repeated individualized instruction and support, across multiple settings.			
(D) The student's difficulty with the demands of the general academic curriculum is not due to social, cultural, or environmental factors; expectation of poor performance; or excessive absences.			

Reference: "An Introduction to Alternate Assessments" H. Kleinert, R. Quenemoen, M. Thurlow from *Alternate Assessment for Students with Significant Cognitive Disabilities*. 2010.

Decisions for determining participation in a Hawaii alternate assessment must not be based solely on any of the following:

1. A disability category or label
2. Low reading level/achievement level
3. English Language Learner (ELL) status/Native language difference
4. Expected poor performance on the general education assessment
5. Impact of student scores on school test results
6. Anticipated student's disruptive behavior
7. Anticipated emotional distress
8. Educational environment or instructional setting
9. Percent of time receiving special education
10. Services that the student receives
11. Need for accommodations
12. Administrator decision

Additional HSA-Alt Student Identification resources are available within the HSA-Alt portal at [www.alohahsap.org](http://www.alohahsap.org); these are Factors and Red Flags on the Road to HSA-Alt Student Identification, Decision-making Questions with Case Study Examples and the HSA-Alt Decision-making Flow Chart.

## 1% Cap ASSURANCE Form

Schools with rates of HSA-Alt identification of 1.1% or more are required to complete and submit this form to [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us), or FAX to 808-733-4483, by **May 31, 2019**.

School name: \_\_\_\_\_ School code: \_\_\_\_\_

School contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### ASSURANCE

Please provide the following assurances for your school. *Check all that apply.*

- All IEP teams use the HSA-Alt Participation Guidelines to determine eligibility for participation in the alternate assessment.
- All students participating in the HSA-Alt meet the four criteria defined in the HSA-Alt Participation Guidelines.
- We will cooperate in the statewide effort to cap HSA-Alt participation at 1% by providing any requested documentation and participating in a review, if requested.

### SUPPORT AND TECHNICAL ASSISTANCE

What support or technical assistance does your school require to ensure that students are being assessed using the appropriate statewide summative assessment? *Check all that apply.*

- Training to understand and apply HSA-Alt participation criteria for:
  - SPED teachers
  - IEP team members
  - school leaders/others
- Training to understand and leverage allowable testing accommodations for:
  - SPED teachers
  - IEP team members
  - school leaders/others
- Training to understand the 1% cap on HSA-Alt participation for:
  - SPED teachers
  - IEP team members
  - school leaders/others
- Other: \_\_\_\_\_

### SIGNATURES (electronic signatures are acceptable)

\_\_\_\_\_  
Principal signature

\_\_\_\_\_  
SSC signature

\_\_\_\_\_  
Principal printed name

\_\_\_\_\_  
SSC printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Scan and email this completed form to [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us), or FAX to 808-733-4483, by **May 31, 2019**. If you have any questions regarding this form, please contact Susan Forbes, Assessment Section Test Development Specialist, at [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us) or 808-307-3636.

## 1% Cap JUSTIFICATION Form

Schools with rates of HSA-Alt identification of 3.0% or more are required to complete and submit this form to [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us), or FAX to 808-733-4483, by **May 31, 2019**.

School name: \_\_\_\_\_ School code: \_\_\_\_\_

School contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

### JUSTIFICATION

Choose the justification statement(s) that reflects your school's situation. Be sure to provide additional information as required for specific items. *Check all that apply.*

- There is a school, community, and/or health program in the area that draws large numbers of students with significant cognitive impairments. (Provide clarification, including program description(s) and the number of students from the program(s) taking the HSA-Alt in the box below.)
- Our school's percentage of students with disabilities is above the state average of 10%.  
Percentage of students with disabilities (IEP/504) at our school: \_\_\_\_\_
- IEP team members lack the requisite knowledge to appropriately apply the HSA-Alt Participation Guidelines and/or identify appropriate accommodations.
- Other (provide explanation in the box below; attach additional pages as necessary)

### SIGNATURES (electronic signatures are acceptable)

\_\_\_\_\_  
Principal signature

\_\_\_\_\_  
SSC signature

\_\_\_\_\_  
Principal printed name

\_\_\_\_\_  
SSC printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Scan and email this completed form to [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us), or FAX to 808-733-4483, by **May 31, 2019**. If you have any questions regarding this form, please contact Susan Forbes, Assessment Section Test Development Specialist, at [hsa-alt@notes.k12.hi.us](mailto:hsa-alt@notes.k12.hi.us) or 808-307-3636.