

**Delaware Department of Education
Alternate Assessment Justification Form**

Name of District/Charter: Seaford School District

District/Charter Code: 23

Person Completing Form: Sharon DiGirolamo

Contact information: Sharon.digirolamo@seaford.k12.de.us

Calculate Alt assessment rates for each content area:	ELA/Literacy 2016-2017	ELA/Literacy 2017-18	ELA/Literacy 2018-19 Projection
1. Total number of DeSSA-Alt students in grades 3, 4, 5, 6, 7, 8, and 11. Residential students with disabilities in, in- and out-of-district placements should also be included.	56	56	60
2. Total number of special education and general education students taking a state assessment during the spring window (DeSSA ELA/Math, DeSSA-Alt, SAT)	1836	1890	1972
3. Divide the line 1 number by the line 2 number.	.03	.029	.03
4. Multiply the line 3 number by 100 to determine the Districtwide anticipated Alternate participation rate for each content area.	3.0%	2.9%	3.0%
Calculate Alt assessment rates for each content area:	Mathematics 2016-17	Mathematics 2017-18	Mathematics 2018-19 Projection
5. Total number of DeSSA-Alt students at in grades 3, 4, 5, 6, 7, 8, and 11. Residential students with disabilities in, in- and out-of-district placements should also be included.	56	56	60
6. Total number of special education and general education students taking a state assessment during the spring window (DeSSA ELA/Math, DeSSA-Alt, SAT)	1867	1907	1972
7. Divide the line 1 number by the line 2 number.	.029	.029	.03
8. Multiply the line 3 number by 100 to determine the Districtwide anticipated Alternate participation rate for each content area.	2.9%	2.9%	3.0%

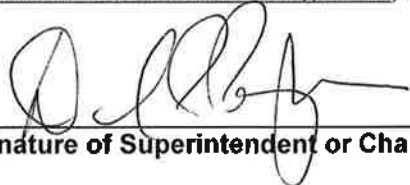
After completing 1-8, if percentages in lines 4 and/or 8 are equal to or less than 1 percent; **please sign form on next page and submit.** If the percent is greater than 1 percent in either subject area (lines 4 or 8), the additional information for justification below also needs to be completed. Please submit to Michelle Jackson (Michelle.Jackson@doe.k12.de.us) at the Delaware Department of Education, by **September 13, 2018.**

Justification: (to be completed if above 1% in any column above)	2016-17	2017-18	2018-19 Projection
There is a school, community or health program in the district that draws large numbers of students with significant intellectual disabilities.	Yes (Sussex County Orthopedic Program)	Yes (Sussex County Orthopedic Program)	Yes (Sussex County Orthopedic Program)
The total test population is less than 300 and the total number of students participating in DeSSA-Alt is 3 or less.	No	No	No
There is a high incidence of students with disabilities in the district.	Yes	Yes	Yes
*Other	N/A	N/A	N/A

Justification:

*Other (Please elaborate)

By submitting this application, the district/charter verifies that all students participating in the DeSSA-Alt/DCPS meet the Delaware Department of Education's participation criteria (available online at: <http://www.doc.k12.de.us/Page/2138>).



Signature of Superintendent or Charter School Lead