**Virginia Grade Level Alternative/Virginia Substitute Evaluation Program**

**2010–2011 Participation Criteria for Students with Disabilities Form**

**DIRECTIONS:** The VGLA/VSEP is an evidence-based grade level alternative to the Standards of Learning (SOL) assessments. To identify appropriate students for the VGLA/VSEP, a student’s IEP team/504 committee must address each section of this form and attach supporting documentation as indicated.

**Section I: Student Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Testing Identifier (STI):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Current Grade of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Content Area Considered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II: School Division Information**

School Division Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Course Content Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III. Performance Overview** *Review and document that the student cannot access SOL assessments in a multiple-choice format. To make this determination, IEP Teams/504 Committees must document the review of the following information for each content area separately.*

* Three or more student work samples (class work or classroom assessment) from the content area being considered in the multiple-choice format
* Three or more student work samples (class work or classroom assessment) from the content area being considered in alternative formats

**a) List the work samples in the multiple-choice format and describe the student’s performance on each work sample. *Work samples must be attached to this document*.**

Multiple-Choice Work Sample #1

Multiple-Choice Work Sample #2

Multiple-Choice Work Sample #3

**b) List the work samples in the alternative formats and describe the student’s performance on each work sample. *Work samples must be attached to this document*.**

Alternative Format Work Sample #1

Alternative Format Work Sample #2

Alternative Format Work Sample #3

**Section IV.  *Justification Statement*** *The IEP Team /504 Committee must also provide a justification statement as to why the IEP Team or 504 Committee has determined that the impact of the student’s disability prevents access to the SOL assessment even with accommodations. Data should be referenced from the student’s educational record including the most recent evaluation information, teacher observations, and classroom and state assessment performance history.*

a) Brief overview of the student’s disability

b) Impact of the disability on the student’s classroom performance

c) Accommodations that have been used in classroom, division, or state assessments and the impact on the

student’s performance

**Section V.** *To participate in the VGLA or VSEP, the student’s IEP Team/504 Committee must determine that a student is eligible based on answering the three questions below. A response of “No” for any question indicates that the student is NOT eligible for the VGLA or VSEP in the content area listed in Section I of this form.*

**1) Does the student have a current IEP/504 Plan or is one being developed?**

❑ **Yes** ❑ **No**

**2) Does the student demonstrate his/her individual achievement of the Standards of Learning**

**content by means other than multiple-choice test format?**

❑ **Yes** ❑ **No**

**3) As a result of a disability, is the student unable to demonstrate his/her individual achievement on the Standards of Learning test for the assigned course and grade level using available accommodations and/or formats?**

❑ **Yes** ❑ **No**

**Signed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Content Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Education Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building Administrator or Designee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other