Alachua County Public Schools, Gainesville, FL Exceptional Student Education

Waiver of State Standardized Assessment

Section 1008.22(3)(c)(2), Florida Statutes (F.S.), states the following:

"A student with a disability, as defined in s.1007.02 F.S., for whom the individual education plan (IEP) team determines that the statewide, standardized assessments under this section cannot accurately measure the student's abilities, taking into consideration all allowable accommodations, shall have assessment results waived for the purpose of receiving a course grade and a high school diploma."

SECTION ONE: STUDENT INFORMATION

In order to be considered for the waiver from the State Standardized assessment requirement, the student must meet all of the following criteria:

- 1. Be identified as a student with a disability, as defined in s. 1007.02, F.S.
- 2. Have an active individual educational plan (IEP)
- 3. Have taken the statewide, standardized assessment with appropriate allowable accommodations at least once
- 4. Have demonstrated, as determined by the IEP team, achievement of the course standards

Student Name:	School:	
Student ID Number:	Student Grade:	Date of Birth:
Date of IEP Team Meeting(s):		
Disability* (indicate all that apply):		
Orthopedic impairment (C)	☐ Specific learning disability (K)	
☐ Speech impairment (F)	☐ Autism spectrum disorder (P)	
☐ Language impairment (G)	☐ Traumatic brain injury (S)	
☐ Hearing impairment, including deafness (H)	Other health impairment (V)	
☐ Visual impairment, including blindness (I)	☐ Intellectual disability (W)	
☐ Emotional or behavioral disability (J) * Letters are codes used to report students by exception information system.	nality through the Departm	nent of Education's automated student
SECTION TWO: COURSE/ASSESSMENT PERFO	f the following:	1
Course Code and Title:		rade:
Statewide, Standardized Assessment Score: Accommodations Provided: Flexible Time Frequent Breaks Flexib		ed Administration
SECTION THREE: IEP TEA REVIEW Why does the statewide, standardized assessment not a (Check at least one Check all that apply) The student received the follow accommodations in assessment but are indicated on the IEP: (descri	ccurately measure the stud	ent's abilities?

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The student's disability prohibits the student from responding to the written tes that the results of the test reflect the student's impaired sensory, manual, or spe abilities.	
Other:	
What evidence did the team review to determine that the results of the statewide, state accurate measure of the student's abilities?	andardized assessment results are not an
(Check at least one. Check all that apply. Attach documentation for items checked)
☐ Classroom work samples ☐ Coursework grade ☐ Teacher ob	servations
☐ Relevant classroom data derived from formative assessment	
☐ Intensive remediation activities on the required course standards	
☐ Higher-level, related coursework (honors, advanced placement, etc.)	
☐ Related postsecondary coursework through dual-enrollment	
☐ Performance on other academic standardized assessments (ACT, SAT, PERT, €	etc.)
Portfolio	
SECTION FOUR: IEP TEAM DECISION	
Based on consideration of the student's disability, academic performance, assessme and demonstration of proficiency of the course standards, the IEP team has determine standardized assessment should be waived to receive a course grade or a standard disability.	ned the passing score for the statewide,
Pursuant to s.1003.4282(10)(e), any waiver of the statewide, standardized assessmed Plan team must be approved by the parent and is subject to verification for appropriate selected by the parent as provided for in s.1003.572.	
PARENT/GUARDIAN APPROVAL REQUIRED (Beginning with 9th grade co	phort for 2014-2015)
I approve the waiver of statewide, standardized assessment results. Yes	□ No
Signature of Parent/Guardian and/or Student, if 18 yrs. old (required)	Date
If the IEP team has determined that passing the results of the statewide, standardize and the parent have been informed of the district's obligation to make available to the education until the end of the semester in which the student turns 22 or receives a standardize (Rule 6A-6.03028(1), Florida Administrative Code).	ne student a free appropriate public
SIGNATURES	
Student:	Date:
Parent/Guardian:	Date:
Teacher:	Date:
Teacher:	Date:
LEA Representative:	Date:
Title of LEA Representative:	
Other:	Date:

FILE THE COMPLETED WAIVER FORM AND REQUIRED ATTACHMENTS IN THE STUDENT'S CUMULATIVE FOLDER

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