CONNECTICUT STATE DEPARTMENT OF EDUCATION
Connecticut Alternate Assessment (CTAA) **CMT/CAPT Skills Checklists Science**

CTAA and CMT/CAPT Skills Checklist Science Eligibility

&

Learner Characteristics Inventory (LCI)

Participation Guidelines for CTAA and CMT/CAPT Skills Checklist Science

The criteria for participation in the CTAA and CMT/CAPT Skills Checklist Science reflect the pervasive nature of a significant cognitive disability. All content areas should be considered when determining eligibility for these assessments. Thus, a student who participates in the CTAA also participates in the CMT Skills Checklist Science in grades 5 & 8 or CAPT Skills Checklist Science in grade 10.

In addition, evidence for the decision for participating in the CTAA and CMT/CAPT Skills Checklist Science is **Not Based** on:

1. A disability category or label

2. Poor attendance or extended absences

3. Native language/social/cultural or economic difference

4. Expected poor performance on the general education assessment

5. Academic and other services student receives

6. Educational environment or instructional setting

7. Percent of time receiving special education

8. English Learner (EL) status

9. Low reading level/achievement level

10. Anticipated student's disruptive behavior

11. Impact of student scores on accountability system

12. Administrator decision

13. Anticipated emotional duress

14. Need for accommodations (e.g., assistive technology/AAC) to participate in assessment

Participation Criteria	Participation Criteria Descriptors	Agree (Yes) or Disagree (No)? Provide documentation for each
1. The student has a significant cognitive disability	Review of student records indicate a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior. **Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.*	**YES** ☐ **NO** ☐
2. The student is learning content linked to (derived from) the Connecticut Core State Standards (CCSS) and Connecticut Science Curriculum Framework (CSCF).	Goals and instruction listed in the IEP for this student are linked to the enrolled grade level CCSS and CSCF which address knowledge and skills that are appropriate and challenging for this student.	**YES** ☐ **NO** ☐
3. The student requires extensive direct individualized instruction and substantial supports to achieve measureable gains in the grade- and age-appropriate curricula	The student (a) requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature and (b) uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across multiple settings.	**YES** ☐ **NO** ☐

The student is eligible to participate in the CTAA and CMT/CAPT Skills Checklist Science if ALL responses above are marked YES.

NOTE: EVERY FIELD MUST BE COMPLETED

Learner Characteristics Inventory (LCI) for
Alternate Assessments on Alternate Achievement Standards

Purpose: This inventory will be used by the Connecticut State Department of Education (CSDE) in describing the population of students who are assessed with the Connecticut Alternate Assessment (CTAA) and the CMT/CAPT Skills Checklist Science which are based on alternate achievement standards. These students comprise less than 1% of the total student population and come from a variety of disability categories but they are the students with the *most significant cognitive disabilities*.

Student Name:_____ **DOB:**_____
Grade:_____

SASID:

1. Student's primary IDEA disability label:

- ☐ Autism
- ☐ Emotional Disturbance
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Speech or Language Impaired
- ☐ Other Health Impairment
- ☐ Deaf-Blindness
- ☐ Hearing Impairment (Deaf or Hard of Hearing)
- ☐ Specific Learning Disabilities
- ☐ Traumatic Brain Injury
- ☐ OHI-ADD/ADHD
- ☐ Intellectual Disability
- ☐ Specific Learning Disabilities/Dyslexia
- ☐ Visual Impairment

2. What is the student's primary classroom setting?

☐ Special school

☐ Regular school, self-contained special education classroom, some special inclusion (students go to art, music, PE) but students return to their special education class for most of school day.

☐ Regular school, primarily self-contained special education classroom, some academic inclusion(students go to some general education academic classes for example, reading, math, science, in addition to specials but are in general education classes less than 40% of the school day.

☐ Regular school, resource room/general education class, students receive resource room services, but are in general education classes 40% or more of the school day.

☐ Regular school, general education class inclusive/collaborative (students based in general education classes, special education services are primarily delivered in the general education classes) – at least 80% of the school day is spent in general education classes.

3. Expressive Communication (check the best description)

☐ Uses symbolic language to communicate: Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal.

☐ Uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions.

☐ Student communicates primarily through cries, facial expressions, change in muscle tone, etc., but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate.

4. Does your student use an augmentative communication system in addition to or in place of oral speech?

☐ Yes

☐ No

5. Receptive Language (check the best description)

☐ Independently follows 1-2 step directions presented through words (e.g., words may be spoken, signed, printed, or any combination) and does NOT need additional cues.

☐ Requires additional cues (e.g., gestures, pictures, objects, or demonstrations/models) to follow 1-2 step directions.

☐ Alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions.

☐ Uncertain response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell).

6. Vision (check the best description)

☐ Vision within normal limits.

☐ Corrected vision within normal limits.

☐ Low vision; uses vision for some activities of daily living.

☐ No functional use of vision for activities of daily living, or unable to determine functional use of vision.

7. Hearing (check the best description)

☐ Hearing within normal limits.

☐ Corrected hearing loss within normal limits.

☐ Hearing loss aided, but still with a significant loss.

☐ Profound loss, even with aids.

☐ Unable to determine functional use of hearing.

8. Motor (check the best description)

☐ No significant motor dysfunction that requires adaptations.

☐ Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard).

☐ Uses wheelchair, positioning equipment, and/or assistive devices for most activities.

☐ Needs personal assistance for most/all motor activities.

9. Engagement (check the best description)

☐ Initiates and sustains social interactions.

☐ Responds with social interaction, but does not initiate or sustain social interactions.

☐ Alerts to others.

☐ Does not alert to others.

10. Health Issues/Attendance (check the best description)

☐ Attends at least 90% of school days.

☐ Attends approximately 75% of school days; absences primarily due to health issues.

☐ Attends approximately 50% or less of school days; absences primarily due to health issues.

☐ Receives homebound instruction due to health issues.

☐ Highly irregular attendance or homebound instruction due to issues *other* than health.

11. Reading (check the best description)

☐ Reads fluently with critical understanding in print or Braille (e.g., to differentiate fact/opinion, point of view, emotional response).

☐ Reads fluently with basic (literal) understanding from paragraphs/short passages with narrative/informational texts in print or Braille.

☐ Reads basic sight words, simple sentences, directions, bullets, and/or lists in print or Braille.

☐ Aware of text/Braille, follows directionality, makes letter distinctions, or tells a story from the pictures that are not linked to the text.

☐ No observable awareness of print or Braille.

12. Mathematics (check the best description)

☐ Applies computational procedures to solve real-life or routine word problems from a variety of contexts.

☐ Performs computational procedures with or without a calculator.

☐ Counts with 1:1 correspondence to at least 10, and/or makes numbered sets of items.

☐ Counts by rote to 5.

☐ No observable awareness or use of numbers.

13. Writing (check the best description)

☐ Writes, types or uses voice recognition software independently.

☐ Writes, types or uses voice recognition software with support.

ACCOMMODATIONS included in the IEP and used during instruction:

☐ Scribe

☐ Human Signer

Name of Primary Teacher Completing Form: _____

Email Address: _____

Date Entered into the CSDE Accommodations Collection Website: _____