Please complete the following document for each student in your district who is anticipated to participate in the DLM alternate assessment for the 2020-21 school year. It would be best to have the teacher most familiar with the student or the teacher who will be administering the DLM complete the form. All of the district's Individual Student Information documents should be submitted together.

District: ________________________________________________________________________________________________________

School: ________________________________________________________________________________________________________

Name/position of person completing form: ______________________________ Date: _______________

State student ID number: ______________________________ Student Initials (optional) _______________

Student's current grade: _____________

Date the IEP team determined that the student meets the criteria for participation in the DLM

DLM Participation Guidelines : _____________________________

Primary exceptionality listed on IEP: _________________________________________________________________________

Primary exceptionality includes intellectual or cognitive impairment as a characteristic. □Yes □No

Intellectual (Cognitive) Functioning

Instrument(s) used to determine intellectual functioning: __________________________________________

Date of most recent evaluation that included intellectual (cognitive) testing: _____________________________

Data obtained from the instrument(s)

- Not just full scale or composite (e.g. Verbal, Non-Verbal, Working Memory, Processing Speed, Fluid Reasoning...) ____________________________________________________________
  ________________________________________________________________________________
  ________________________________________________________________________________

Does the student have a significant deficit in intellectual functioning?

- Does the student's IQ meet the criteria of typically 2 ½- 3 standard deviations below the mean? □Yes □No

Kansas leads the world in the success of each student.
Adaptive Behavior (Daily Living/Functional Skills)

Instrument(s) used to determine adaptive behavior deficits: ________________________________

Date of most recent evaluation that included an adaptive behavior rating scale: ______________

Data obtained from the adaptive behavior instrument(s)

- Include the domains/areas and numeric scores: ________________________________

Does the student have significant deficits in adaptive behavior?

- Does the student's adaptive behavior fall 2 ½-3 standard deviations below the mean? □ Yes □ No

- Does the student's IEP address adaptive behavior deficits? □ Yes □ No

- Where in the IEP are adaptive behavior deficits addressed? ________________________________

- What information in the PLAAFP pertaining to adaptive behavior supports the assessment decision? ________________________________

- Is it unlikely that the student will develop the skills to live independently and function safely in daily life? □ Yes □ No

Additional comments:

For more information, contact:

Cary Rogers
Special Education and Title Services Team
(785) 296-0916
crogers@ksde.org