



2008 Registration  
**Locally Determined Assessment Option**  
 for Meeting Washington's High School  
 Assessment Requirements for Graduation

This form is for use by 12<sup>th</sup> grade students on IEPs who have participated in the Washington Assessment of Student Learning and have not met standard in the subject areas for which they qualify and receive special education services.

The IEP case manager must complete the information below and transmit this form to the District Special Education Director.

**Checklist for Eligibility:** Check all that apply\*: Student must meet **all** these requirements to be LDA eligible.

**Students set to graduate Spring 2008**  
 Please check the content area(s) for the LDA option below:

Reading  Writing  Mathematics

Student has enough credits to graduate spring 2008.  
 Senior project is on track for graduation in spring 2008.  
 High school and beyond plan is finished.  
 All other district requirements for graduation have been met.  
 Student has previously participated in the state high school assessment program and generated a score.

**\*Section 504 students are not eligible for LDA.**

**To be completed by the IEP CASE MANAGER**

**A. Student Information**

FIRST NAME	MI	LAST
STUDENT ADDRESS	STREET/PO BOX	CITY STATE ZIP
SSID (10 DIGITS)	DATE OF BIRTH	
STUDENT'S SCHOOL	SCHOOL DISTRICT	
PRINCIPAL'S NAME	PRINCIPAL'S EMAIL ADDRESS	

**B. Published Standardized Test for LDA**

**Reading** Comprehension Minimum Grade Equivalent Scores

<input type="checkbox"/>	KTEA-II Reading Comprehension	GE 3.8
<input type="checkbox"/>	WIAT-II Reading Comprehension	GE 3.8
<input type="checkbox"/>	Woodcock-Johnson-III Passage Comprehension	GE 3.7

**GE determined by IEP Team**

GE: \_\_\_\_\_  
 GE: \_\_\_\_\_  
 GE: \_\_\_\_\_

**LDA obtained GE/Date**

GE: \_\_\_\_\_ Date: \_\_\_\_\_  
 GE: \_\_\_\_\_ Date: \_\_\_\_\_  
 GE: \_\_\_\_\_ Date: \_\_\_\_\_

**Writing** Minimum Grade Equivalent Scores

<input type="checkbox"/>	KTEA-II Written Expression	GE 3.6
<input type="checkbox"/>	WIAT-II Written Expression	GE 3.7
<input type="checkbox"/>	Woodcock-Johnson -III Writing Samples <i>Must administer items # 19-30</i>	GE 3.8

**GE determined by IEP Team**

GE: \_\_\_\_\_  
 GE: \_\_\_\_\_  
 GE: \_\_\_\_\_

**LDA obtained GE/Date**

GE: \_\_\_\_\_ Date: \_\_\_\_\_  
 GE: \_\_\_\_\_ Date: \_\_\_\_\_  
 GE: \_\_\_\_\_ Date: \_\_\_\_\_

**Mathematics** Minimum Grade Equivalent Scores

**KTEA-II Math**

<input type="checkbox"/>	Concepts and Applications	GE 3.7
<input type="checkbox"/>	Math Computation	GE 3.8

**GE determined by IEP Team**

GE: \_\_\_\_\_  
 GE: \_\_\_\_\_

**LDA obtained GE/Date**

GE: \_\_\_\_\_ Date: \_\_\_\_\_  
 GE: \_\_\_\_\_ Date: \_\_\_\_\_

**WIAT-II Math**

<input type="checkbox"/>	Numerical Operations	GE 3.8
<input type="checkbox"/>	Math Reasoning	GE 3.8

GE: \_\_\_\_\_  
 GE: \_\_\_\_\_

GE: \_\_\_\_\_ Date: \_\_\_\_\_  
 GE: \_\_\_\_\_ Date: \_\_\_\_\_

SEE NEXT PAGE FOR OTHER STANDARDIZED TEST OPTION

<b>Woodcock-Johnson -III Math</b>		<b>GE determined by IEP Team</b>		<b>LDA obtained GE/Date</b>	
<input type="checkbox"/>	Calculations	GE 3.8	GE: _____	GE: _____	Date: _____
<input type="checkbox"/>	Applied Problems	GE 3.8	GE: _____	GE: _____	Date: _____
<input type="checkbox"/>	Quantitative Concepts	GE 3.6	GE: _____	GE: _____	Date: _____
<input type="checkbox"/> Student was tested in 11 <sup>th</sup> grade <input type="checkbox"/> Student was tested in 12 <sup>th</sup> grade					

<b>C. IEP Case Manager</b>	
I certify this student met the criteria indicated.	
SIGNATURE _____	DATE _____

<b>D. To be completed by District Special Education Director</b>		
NAME	TITLE	PHONE
I certify that this student met the criteria indicated.		
SIGNATURE _____		DATE _____

<b>E. To be completed by District Assessment Coordinator</b>		
NAME	TITLE	EMAIL
I certify that my district has followed the LDA rules and procedures.		
SIGNATURE _____		DATE _____

<b>Next Steps</b>
<ol style="list-style-type: none"> <li>1. FAX #360-725-6332 or mail a copy of this form to: OSPI, WAAS, PO Box 47200, Olympia, WA 98504. An electronic version of this form may be obtained at: <a href="http://www.k12.wa.us/assessment/altassess.aspx">http://www.k12.wa.us/assessment/altassess.aspx</a></li> <li>2. OSPI will email the District Assessment Coordinator and the School Principal when the registration is recorded. OSPI will document that the student met the applicable high school standard(s) in the student's state assessment record.</li> <li>3. The school district personnel notify the student and documents that the student met the applicable standard(s) in the district's student information system.</li> <li>4. This form must be included in the student's cumulative folder and the results documented on the student's IEP.</li> </ol>

<b>For OSPI Use</b>	
Registration Recorded for:	
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Mathematics	
NAME	TITLE
SIGNATURE _____	DATE _____

<b>Response to District</b>	
SIGNATURE OF SENDER _____	DATE EMAILED TO DAC _____