



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION  
 Assessment and Student Information  
 Old Capitol Building, PO Box 47200  
 Olympia, WA 98504-7200  
 (360) 725-6089 TTY (360) 884-3631

Application  
**Locally Determined Assessment (LDA) 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 High School Proficiency Exam and have not met standard in the subject areas for which they qualify and receive special education services.

-or-

Students who have transferred in to a Washington public school for their 11<sup>th</sup> or 12<sup>th</sup> grade year, and are qualified to receive special education services in the subject area for which the LDA is being requested.

The IEP case manager must complete the information below and sign. The District Special Education Director and the District Assessment Coordinator must review and approve the registration prior to the form being faxed to OSPI.

Please check the content area(s) for the LDA Option below:

- Mathematics  Reading  Writing

**Checklist for Eligibility\*:**

- Student listed as 12<sup>th</sup> grade in CEDARS.
- Student is on track to meet all other state and district graduation requirements by the end of his or her 12<sup>th</sup> grade school year.
- Student is qualified for and receiving services in the content area(s) for which the LDA is applied.
- Student has previously participated and generated a score in the state high school assessment for which the LDA is applied.

\* Section 504 students are not eligible for LDA.

**Transfer Student:** Check this box if student has transferred into the school district in their 11<sup>th</sup> or 12<sup>th</sup> grade year and has not been assessed via the WA state high school assessment.

Student entered our district for his/ her \_\_\_th grade year on \_\_\_\_\_ (date).

**TO BE COMPLETED BY 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**

**Mathematics Minimum Grade Equivalent Scores**

Student Tested in 11th Grade.  Student Tested in 12th Grade.

**KTEA – II Math**

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

**LDA obtained Grade Equivalency**

**Date Assessment was Administered**

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

**WIAT – II Math**

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

**LDA obtained Grade Equivalency**

**Date Assessment was Administered**

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

**Woodcock-Johnson –III Math**

- |  |        |
|--|--------|
| <input type="checkbox"/> Calculations          | GE 3.8 |
| <input type="checkbox"/> Applied Problems      | GE 3.8 |
| <input type="checkbox"/> Quantitative Concepts | GE 3.6 |

**LDA obtained Grade Equivalency**

**Date Assessment was Administered**

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

**Reading Minimum Grade Equivalent Scores**

Student Tested in 11th Grade.  Student Tested in 12th Grade.

<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

**LDA obtained Grade Equivalency      Date Assessment was Administered**

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

**Writing Minimum Grade Equivalent Scores**

Student Tested in 11th Grade.  Student Tested in 12th Grade.

<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	
	⇒ Items 7 - 18	GE 3.9
	OR	
	⇒ Items 13 - 24	GE 4.1
	OR	
	⇒ Items 19 - 30	GE 3.8

**LDA obtained Grade Equivalency      Date Assessment was Administered**

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

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

<b>D. District SPEC ED Director Signature</b>	NAME	TITLE	PHONE NUMBER
	I certify that this student met the criteria indicated above.		
	_____ SIGNATURE	_____ DATE	

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

- Next Steps**
1. FAX #360-725-6332 or mail a copy of this form to: OSPI, Assessment Operations, PO Box 47200, Olympia, WA 98504. An electronic version of this form may be obtained at: <http://www.k12.wa.us/assessment/altassess.aspx>
  2. OSPI will email the District Assessment Coordinator and the High 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.
  3. The school district personnel should notify the student and document that the student met the applicable standard(s) in the district's student information system.
  4. This form must be included in the student's cumulative folder and the results documented on the student's IEP.