Virginia Alternate Assessment Program (VAAP)
VAAP Participation Criteria

Student Information

Student Name: Click here to enter text.

Date of Birth: Click here to enter text.

State Testing Identifier (STI): Click here to enter text.

Current Grade of Enrollment: Click here to enter text.

Diploma Program(s): Click here to enter text.

School Division Information

School Division Name: Click here to enter text.

School Name: Click here to enter text.

School Content Teacher: Click here to enter text.

Date: Click here to enter text.

DIRECTIONS: To qualify for the Virginia Alternate Assessment Program (VAAP), a student's Individualized Education Program (IEP) Team must determine that a student is eligible for participation in the VAAP. The IEP Team must consider current and historical documentation. Documentation may include but is not limited to, evaluation data, school records, parent/teacher observations, anecdotal notes, previous IEPs, etc.

VAAP participation is **not** based on the following factors:

- excessive or extended absences
- a disability category or label
- native language, social, cultural, or economic differences
- English Learners (EL) status
- expected performance on the grade-level assessment
- students anticipated disruptive behavior
- anticipated emotional duress during testing
- administrator decision
- educational environment or instructional setting
- academic and other services student receives
- percent of time receiving special education
- low reading level/achievement level
- impact of student's scores on accountability system
- need for accommodations (e.g., Assistive Technology/Assistive and Augmentative Communication) to participate in assessment process
- visual or auditory disabilities
- a belief that the student will not pass the SOL assessment with or without modifications

The IEP Team has the responsibility to determine and document that the student meets **ALL** of the following criteria by checking "yes" for each of the statements. If team members determine that the student DOES NOT MEET a specific criterion, "no" should be checked. This indicates that student is not a candidate for the VAAP.

Virginia Alternate Assessment Program Participation Criteria

1) **Does the student have a current IEP or one that is being developed, and will the student be enrolled in a grade from 3 through 8 or high school during this IEP cycle?**
   Yes ☐ **No** ☐

2) **Does the student demonstrate significant cognitive disabilities? Yes** ☐ **No** ☐

   Provide documentation of student learner characteristics, adaptive behavior, and intellectual functioning as outlined in the Virginia Department of Education (VDOE) Guidance Document:
   VAAP Participation Criteria and Determination of Significant Cognitive Disabilities.

3) **Does the student's present level of performance indicate the need for extensive, direct instruction and/or intervention in a curriculum based on the Virginia Essentialized Standards of Learning and does it indicate that the student requires direct and intensive instruction to learn functional life skills?** *The student is learning content that is aligned to the SOL that is reduced in depth and complexity as outlined in the Virginia Essentialized Standards of Learning. The student's disability or multiple disabilities also affect how the student acquires functional life skills.* **Yes** ☐ **No** ☐

4) **Does the student need explicit and intensive instruction and/or extensive supports in multiple settings to acquire, maintain, and generalize academic and life skills in order to actively participate in school, work, home, and community environments?** *The student's need for explicit and intensive instruction is not temporary or transient, and requires substantially adapted materials and customized methods of accessing information in alternative ways to acquire, maintain, and generalize skills across multiple settings and multiple educators.*
   Yes ☐ **No** ☐

5) **Is the student working toward educational goals other than those prescribed for a Standard Diploma, or Advanced Studies Diploma? Yes** ☐ **No** ☐

Signed:

Special Education Teacher   Date

Parent   Date

Building Administrator or Designee   Date

Other   Date