 **2019 TELPAS and TELPAS Alternate**

 **Participation and Designated Supports Decisions**

 **campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ district \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART I: Documentation and Justification of TELPAS and TELPAS Alternate Participation Decisions**

The following table may be used to document Texas English Language Proficiency Assessment System (TELPAS) assessments decisions. For an English learner (EL) who receives special education services, the student’s admission, review, and dismissal (ARD) committee (or any other applicable committee such as the Section 504 placement committee) is required to make and document the assessment decisions in conjunction with the language proficiency assessment committee (LPAC).

**student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ enrolled grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Assessment** | **Participation Criteria** | **Justification***(Attach additional information if more room is required.)* |
| --- | --- | --- |
| **TELPAS** | * General state English language proficiency assessment required for ELs not administered the alternate English language proficiency assessment below.
 |  |
| **TELPAS Alternate** | * Available for ELs in grades 2–12 who meet the participation requirements for an alternate English language proficiency assessment.
* Participation requirements found on the TELPAS and TELPAS Alternate Resources and Language Proficiency Assessment Committee Resources webpages.
 |  |
| **TELPAS Alternate****NAAR or Medical Exception** | The ARD committee determined that the student met eligibility criteria for STAAR Alternate 2 and also qualifies for “No Authentic Academic Response” or a Medical Exception, therefore the student will not be required to participate in the administration of TELPAS Alternate. |  |

**PART II: Record of Designated Supports Decisions Grades 2-12 TELPAS and TELPAS Alternate\***

Place a check next to the applicable supports below and indicate for which domain the designated support is to be used. The LPAC’s decisions must be made in accordance with the state policies and procedures outlined in the applicable Designated Supports documents and the TEA publication titled *TELPAS and TELPAS Alternate Decision-Making Guide for LPACs.*

The signature of the student’s teacher affirms that the supports marked are based both on the student’s need and the student’s routine use of the support in classroom instruction and testing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Basic Transcribing** | **Individualized Structured Reminders** | **Large Print (approved paper reading test only)** | **Manipulating Test Materials** |  |
| **TELPAS** |  |  |  |  | **Signature of Student’s Teacher for Subject/Course** |
| **Listening, Speaking (Online)** |  |  |  |  |  |
| **Reading (Online)** |  |  |  |  |  |
| **Writing (Holistic)** |  |  |  |  |  |
| **TELPAS Alternate** | \*Because TELPAS Alternate is an assessment based on a year of quality English instruction, the student performance described in the observable behaviors occurs while students have access to the instructional accommodations indicated in their IEP, therefore LPAC/ARD committees will not need to make designated supports decisions. |

**PART III: Notes**

You can use the section below to record any other information pertinent to the administration of the assessment, including designated supports requiring TEA approval and/or designated supports requested by a committee other than the LPAC**.**

[Notes]

**SIGNATURES OF DESIGNATED LPAC MEMBERS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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These signatures affirm that the decisions recorded have been made by the LPAC committee in full accordance with the state policies and procedures.

**LPAC MEETING DATE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**