

**APPENDIX C: 2023-2024 >1% ALTERNATE ASSESSMENT
IMPROVEMENT PLAN**

LEA may substitute (Appendix E) the 1% Alternate Assessment Participation Monitoring Short Form form in Lieu of Appendix C (Root Cause Analysis),

Phase 3 Required Documentation

District Name _____

District Plan for Improvement
What are the identified area(s) for improvement?
Summary - Based on the <i>Alternate Assessment Disproportionality Root Cause</i> , summarize the area(s) of concern:
Reflection – What are key factors affecting your high participation rates in the Alternate Assessment/DLM?
Long-Term Goal(s) - Write the long-term goal with deadline dates to address specific area(s) of concern: <u>Goal/Evidence/Date</u>
Short-Term Goal(s) – Write the short-term goal(s) and deadline dates for addressing specific concerns: 1.) 2.)

SHORT TERM GOALS DOCUMENTATION			
Activity	Resources	Timeline	Completion
Describe activities designed to achieve the short-term goal(s) – Items 1-3 are required for all identified districts. Districts can add additional activities needed for improvement <i>(Describe Who, What, Where, When, How):</i>	List the resources needed for activity:	Activities must be completed by Feb. 1, 2023:	Evidence of completed activity (training materials, agendas, sign- in sheets, procedure manuals...)
<i>Example:</i> <i>Short-Term Goal 1. LEAs DTC and SED leaders will collaborate to ensure all required module training is completed by Dec. 1, 2023. A tracking system will be developed and monitored by the DTC.</i>	7 DLM Modules	<i>Dec. 1, 2023</i>	LEA Tracker (hyperlinked)

To add a row for an additional activity – Left click in last row of the table and select + when it appears at the end of the row.

Please upload signatures and plan as one document. Do not separate.

District Title of Personnel Responsible for Implementation			
Title:	Name:	Signature:	Email:

Superintendent

Name:	Signature:	Email:
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Sponsor			
Organization:	Contact Name:	Signature:	Email:

State Support Team			
NMPED Representative	Name:	Signature:	Email:
REC/OSE Specialist	Consultant Name:	Signature:	Email:
Comment:			

Improvement Plan approval and next steps by the NMPED will be noted in and communicated to the district.

APPENDIX D LINK:

[MOST SIGNIFICANT COGNITIVE DISABILITY MEMORANDUM](#)