

DCAS – Alt1: Task 1 Verification Form (V3a)

Date: _____

Student Name: Last: _____ First: _____

DELSIS ID: _____ DOB: _____ Grade: _____

District: _____ School: _____

This student was administered Task 1 of the DCAS – Alt1 Assessment in the following content areas (check all that apply) on these dates:				
	Reading <input type="checkbox"/>	Math <input type="checkbox"/>	Science <input type="checkbox"/>	Social Studies <input type="checkbox"/>
Date:				
The student’s starting point for each content area was determined in the following way (check one for each content):				
-----	<input type="checkbox"/> SPQ	<input type="checkbox"/> SPQ	<input type="checkbox"/> SPQ	<input type="checkbox"/> SPQ
-----	<input type="checkbox"/> Scale Score Look-up Table	<input type="checkbox"/> Scale Score Look-up Table	N/A	N/A

Please scan and attach each SPQ used to determine a starting point for the student (if used).

***SPQ = Student Placement Questionnaire**

The student’s assessment was ended after the administration of Task 1 due to student’s nonresponse to test items in Task 1 due to the following:

___ intense communication needs as documented on the student’s IEP

___ other: _____

Test Administrator Name: _____

Test Administrator Signature: _____

Test Administrator email address: _____

Please submit this to your district test coordinator, who will submit via SysAid to the Department of Education by **6/2/16**.