

## Dynamic Learning Maps (DLM) Justification 2019-2020

**Directions:** Complete and submit this application only if you anticipate that participation in the DLM in your district for the 2019-2020 school year will exceed 1%.

<b>District Name:</b>
<b>County Code:</b>
<b>District Code:</b>
<b>Name and Title of Person Completing the Form:</b>
<b>Email Address:</b>

### **Part One: Data Review**

Please provide the percent of students administered by the Dynamic Learning Maps Assessment for the two previous school years.

Test Administration Year	Language Arts Literacy	Math
2017-2018		
2018-2019		

### **Part Two: Justification Calculation**

Please provide the number of students in each eligibility category who will be administered the Dynamic Learning Maps Assessment in Language Arts Literacy and Math in the 2019-2020 School Year.

Eligibility Category	Language Arts Literacy (Number of Students)	Math (Number of Students)
Auditorily Impaired		
Autistic		
Cognitively Impaired		
Communication Impaired		
Emotionally Disturbed		
Multiply Disabled		
Deaf/Blindness		
Orthopedically Impaired		
Other Health Impaired		
Social Maladjustment		
Specific Learning Disability		
Traumatic Brain Injury		
Visually Impaired		
Eligible for Speech-Language Services		

Complete the chart below to determine the DLM participation rate for the 2019-2020 School Year.

Calculate the DLM participation rate for each subject area as follows:	Language Arts Literacy	Math
Enter the total number of students taking the DLM at all tested grade levels. Include the resident students with disabilities educated within the district and those in out-of-district placements.		
Enter the total number of <b>general and special education</b> students taking a state assessment during the spring of 2020. This includes students taking the DLM and PARCC.		
Divide the number in line 1 by the number in line 2 and enter the number on this line.		
Multiply the number in line 3 by 100 and enter the number on this line to determine the <b>district's DLM District wide Anticipated Participation Rate.</b>	%	%

*If the percent in both cells in line 4 is 1% or less, no action is necessary. If the percent in line 4 is greater than 1% for either content area, complete the section below and submit the justification to NJDOE.*

**Justification:** Please provide a brief narrative justifying the need to assess more than 1% of students using the alternate assessment.

By submitting this application, the district verifies that all students participating in the DLM meet the New Jersey Department of Education [participation criteria](#).

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Signature of Chief School Administrator or Charter School Lead Person

**Applications should be submitted by April 3, 2020 to [kimberly.murray@doe.nj.gov](mailto:kimberly.murray@doe.nj.gov)**