



## Dynamic Learning Maps (DLM) Justification 2024-2025

Applications should be submitted by **February 7, 2025**, to [AAParticipation@doe.nj.gov](mailto:AAParticipation@doe.nj.gov)

### Directions

Complete and submit this application *only* if you anticipate that participation in the DLM in your district for the 2024-2025 school year will exceed 1.00%.

<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 percentage of students administered by the Dynamic Learning Maps Assessment for the two school years listed in the table.

Test Administration Year	Language Arts Literacy	Math
2022-2023	%	%
2023-2024	%	%

### Part Two: Justification Calculation

Please provide the number of anticipated students in each eligibility category who will be administered the Dynamic Learning Maps Assessment in Language Arts Literacy and Math in the 2024-2025 School Year.

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

Please provide the number of anticipated students in each grade level who will be administered the Dynamic Learning Maps Assessment in Language Arts Literacy and Math in the 2024-2025 School Year.

Grade Level	Language Arts Literacy (Number of Students)	Math (Number of Students)
Grade 3		
Grade 4		
Grade 5		
Grade 6		
Grade 7		
Grade 8		
Grade 11		

Complete the chart below to determine the DLM participation rate for the 2024-2025 School Year.

Calculate the DLM participation rate for each subject area as follows:	Language Arts Literacy	Math
<b>Line 1:</b> 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.		
<b>Line 2:</b> Enter the total number of general and special education students taking a state assessment during the spring of 2025. This includes students taking the DLM and NJSLA. <b>*Do not include NJGPA</b>		
<b>Line 3:</b> Divide the number in line 1 by the number in line 2 and enter the number on this line.		
<b>Line 4:</b> Multiply the number in line 3 by 100 and enter the number on this line to determine the district’s DLM District-wide <b>Anticipated Participation Rate</b> .	%	%

**Note:** If the percentage in both cells in line 4 is 1.00% or less, no action is necessary. If the percentage in line 4 is greater than 1.00% for either content area, complete the justification section below and submit to NJDOE.

**Part Three: Justification**

Please provide a brief narrative justifying the need to assess more than 1.00% of students using the alternate assessment.

**Part Four: Assurances**

As the designee completing this form, I hereby make the following assurances upon signature below and submission of this form:

- The LEA participated in the [Tier 1 Universal Technical Assistance](#) support activities by completing the [online training modules](#),
- IEP team members utilized NJ’s Eligibility and Participation Criteria to determine student eligibility for NJAA,
- IEP teams review and determine annually a student’s eligibility to participate in the NJAA,
- The LEA provides sufficient training such that school staff who participate as members of the IEP team understand and implement NJ’s Eligibility and Participation Criteria so that students are appropriately assessed,
- Parents are informed in the development of their child’s individualized education program that their child’s academic achievement will be measured based on alternate standards.

**Or,**

- Assurances cannot be provided for one or more of the above *(Fill out the “No assurance explanation” section below if this box is checked)*.

**No assurance explanation**

Please provide a brief narrative justifying why assurance cannot be provided. Do NOT include any personally identifying information (PII), such as student names, in your explanation. Doing so is a violation of the Family Educational Rights and Privacy Act (FERPA).

By submitting this application, the district agrees to these conditions:

- Once the form is submitted, the content and data represent the district’s justification for anticipating exceeding the 1.00% participation in the alternate assessment for the noted school year.
- The submitted justification forms will be available publicly in accordance with federal regulations.
- The district superintendent and special education director have read and approved the justification content provided.

**Justification reviewed by:**

**Signature of Chief School Administrator or Charter School Lead Person**

**First Name:**                                    **Last Name:**                                    **Email:**

**Signature of Special Education Director**

**First Name:**                                    **Last Name:**                                    **Email:**

**Signature of District Test Coordinator**

**First Name:**                                    **Last Name:**                                    **Email:**