

**2012–2013 Arkansas Alternate Portfolio Assessment  
 Exceptional Students Alternate Assessment Roster  
 Students with Disabilities**

Students with disabilities receiving special education services under IDEA who cannot participate in the State Assessment System due to extreme/critical condition(s) must have documentation sent to:

**The Office of the Associate Director for Special Education  
 Arkansas Department of Education  
 1401 West Capitol, Suite 450  
 Little Rock, AR 72201**

List the Student Name, Grade, Identification Number, Reason for Non-Participation, and the Student Placement on the form below.

	Student Name	Grade	Identification Number	Reason for Non-Participation	Student Placement
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

LEA Number:   -   -

District Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

District Test Coordinator's Signature: \_\_\_\_\_

