Action Plan 1% Cap

District Entity ID:

District Name:

Alternate Assessment Test Coordinator:

School Year: 2017-2018

1. Current percentage (found in 1% Cap Application)
   ELA:
   Math:
   Science:

2. Goal percentage:

3. Justification (Explain special circumstances that affect your participation rate.)

4. Action Plan (List the steps as measurable actions that directly address your unique issues related to the 1% Cap and can be completed within the annual timeline.)

5. ADE Support Requested (We do not guarantee that all requests will be feasible; however, we will attempt to address your needs.)