



# Parent/Guardian Validation Survey- for North Dakota Alternate Assessment 1 – (NDAA 1)

Department of Public Instruction  
Office of Special Education  
SFN 54471 (09/06)

Dear Parent/Guardian,

Your child has participated in the North Dakota Alternate Assessment. Your input is a critical component of the assessment. Your answers will allow those who score the assessment to know whether you have seen your child demonstrate skills similar to those in your child's portfolio. **Please complete this form, with your child's special education teacher.** Thank you for your cooperation.

Student First and Last Name:	Student 10-digit State ID Number:	Student Grade:
Special Education Teacher:	Teacher's Phone Number at School:	School Name:
School Address:		

<i>For each question, check the appropriate response</i>	<b>A.</b> Have you <b>reviewed</b> the contents of your child's portfolio for this standard?	<b>B.</b> Based on your knowledge of your <b>child's performance</b> on the selected activity for this standard, would you say: 1. The portfolio accurately reflects your child's skill level 2. Your child performs better on this skill than the portfolio indicates. 3. Your child performs worse on this skill than the portfolio indicates. 4. You do not have enough information to make a judgment.	<b>C.</b> In which <b>settings</b> have you seen your child perform this skill? (Check all that apply.)
1. Reading Standard 2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
2. Reading Standard 3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
3. Reading Standard 6	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
4. Math Standard 1	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
5. Math Standard 2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
6. Math Standard 3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
7. Math Standard 4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
8. Math Standard 5	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
9. Science Standard 1	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
10. Science Standard 2	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
11. Science Standard 3	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
12. Science Standard 4	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
13. Science Standard 5	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other
14. Science Standard 6	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Other

I have answered these questions to the best of my knowledge.

Parent Signature	Date
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