New York State Alternate Assessment (NYSAA)
Parent/Family/Guardian Survey

Dear Parent/Family/Guardian:

Your child is participating in an alternate assessment this year. Your child's teacher is required to let you know some of the assessment activities for your child. These activities will focus on English language arts (ELA), mathematics, science, and/or social studies. Your child's teacher needs to know how you think your child is doing with these content areas at home. This is an opportunity to share concerns about the educational needs of your child and how you and your child's teacher can work together to meet those needs.

The State Education Department developed Alternate Grade Level Indicators (AGLIs) for students to ensure access to the core curriculum. An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the grade level core curriculum established for all students by the New York State Board of Regents.

Your child's teacher has indicated one AGLI on which your son or daughter is working within a particular content area. Please check all boxes that apply to your child's performance level and describe what your child knows and is able to do concerning the skill or skills listed.

This survey may take as little as 10 minutes of your time to complete.

- ✓ It is preferred that the survey be completed with your child's teacher during a meeting at the school, home, or another location.
- ✓ If that is not possible, you could engage in a telephone conference with your child's teacher.
- ✓ The third, but least preferred method of completing the survey, would be for the teacher to ask that you complete the survey and return it to the teacher.

Thank you for your time and assistance.

Student Name: _____

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(Teachers complete this document as part of an interview with parent/family/guardian
or by sending it home to be completed by the parent/family/guardian)

Content Area	**ELA** (Teacher writes one AGLI below)	**Mathematics** (Teacher writes one AGLI below)
Students targeted Alternate Grade Level Indicator (AGLI), as listed by the teacher. An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the core curriculum established for all students by the New York State Board of Regents.		
If applicable, does your child demonstrate this knowledge, skills, and understanding:		
1. at home?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
2. in the community?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
Is your child able to do this without any help?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
What level of support does your child need to do this?	☐ None ☐ Verbal Direction ☐ Physical Assistance	☐ None ☐ Verbal Direction ☐ Physical Assistance
Please describe how and if you see your child making progress, at home and/or in the community, toward meeting the AGLIs that the teacher has written above. (Continue on back if needed.)		

Student Name: _____

Content Area	**Science** (Teacher writes one AGLI below)	**Social Studies** (Teacher writes one AGLI below)
Students targeted Alternate Grade Level Indicator (AGLI), as listed by the teacher. An AGLI is a description of student performance expectations for students with severe cognitive disabilities. AGLIs are used to measure a level of mastery of the knowledge, skills, and understanding aligned with the core curriculum established for all students by the New York State Board of Regents.		
If applicable, does your child demonstrate this knowledge, skills, and understanding:		
1. at home?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
2. in the community?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
Is your child able to do this without any help?	☐ Yes ☐ No ☐ Sometimes	☐ Yes ☐ No ☐ Sometimes
What level of support does your child need to do this?	☐ None ☐ Verbal Direction ☐ Physical Assistance	☐ None ☐ Verbal Direction ☐ Physical Assistance
Please describe how and if you see your child making progress, at home and/or in the community, toward meeting the AGLIs that the teacher has written above. (Continue on back if needed.)		

Parent/Family/Guardian Survey–Documentation Page

Student Name: _____

Person providing survey information about the student:

_____ _____ _____
Signature Relationship to student Date

Person recording answers to survey questions:

_____ _____ _____
Signature Relationship to student Date

The Parent/Family/Guardian Survey was completed (please check one):

☐ During parent/family/guardian meeting at school

☐ During parent/family/guardian meeting at home

☐ During parent/family/guardian telephone conference

☐ At home by the parent/family/guardian and returned to school

☐ Other_____

☐ Parent/family/guardian was unavailable or unwilling to complete the survey. Teachers document dates and method of attempts to engage parent/family/guardian in the space below

Date	Method (phone call, written communication, home visit, etc.)