STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

Dynamic Learning Maps (DLM) Justification 2026-2027

Applications should be submitted by **January 29th, 2027**, to AAParticipation@doe.nj.gov

Directions

Complete and submit this application *only* if you anticipate that participation in the DLM in your district for the 2026-2027 school year will exceed 1.00%.

District Name:
County Code:
District Code:
Name and Title of Person Completing the Form:
Email Address:

Part One: Data Review

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

Test Administration Year	Language Arts Literacy	Math
2024-2025	%	%
2025-2026	%	%

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 2026-2027 School Year.

**Students eligible under the following categories: Auditory Impairment, Emotional Regulation Impairment, Orthopedic Impairment, Specific Learning Disability and Eligible or Speech-Language Services (only) are no longer eligible to take the alternate assessment. **

Eligibility Category	Language Arts Literacy (Number of Students)	Math (Number of Students)
Autism		
Deaf/Blindness		
Intellectual Disability		
Multiple Disabilities		
Traumatic Brain Injury		
Communication Impairment		
Other Health Impairment		
Social Maladjustment		
Visual Impairment		

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 2026-2027 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 2026-2027 School Year.

Calculate the DLM participation rate for each subject area as follows:	Language Arts Literacy	Math
Line 1: Enter the total number of **in-district** resident students with disabilities taking the DLM at all tested grade levels.		
Line 2: Enter the total number of resident students with disabilities educated in **out-of-district placements** taking the DLM at all tested grade levels.		
Line 3: Add the total number of students in **line 1 and line 2** and enter the number.		
Line 4: Enter the total number of **general and special education students** taking a state assessment during the spring of 2027. This includes students taking the DLM and NJSLA. ***Do not include NJGPA**		
Line 5: Divide the number in line 3 by the number in line 4 and enter the number on this line.		
Line 6: Multiply the number in line 5 by 100 and enter the number on this line to determine the district's DLM District-wide **Anticipated Participation Rate**.***Round the percent to two decimal places.***	**%**	**%**

Note: If the percentage in both cells in line 6 is 1.00% or less, no action is necessary. If the percentage in line 6 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 below, 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 by reviewing the online presentation and completing the quiz,
☐ 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 chief school administrator, special education director and district test coordinator have read and approved the justification content provided.

Justification reviewed by:

Chief School Administrator or Charter School Lead Person		
First Name	**Last Name**	**Signature**

Special Education Director		
First Name	**Last Name**	**Signature**

District Test Coordinator		
First Name	**Last Name**	**Signature**