## ND Alternate Assessment Decision for Students in Distance Learning

Student Name	State ID Number
Student Name	Grade
District	District Rep
Parent	Parent
Discussion Date	
order of considerations (check all considered)  Testing at the school/district facility durin  Testing at the school/district facility durin	g regular school hours
Testing Decision (provide details if possible):	
Participants (list the individuals involved in making this decision):	
Name	Role