# Rhode Island Alternate Assessment

## LIST-SERV Opt-in Request Form

RIDE: Office of Instruction, Assessment, and Curriculum

To receive information on the Rhode Island Alternate Assessment (RIAA) and be included on the RIAA List-Serve, please complete the form below. You must complete all information below.

**What you will receive:** The information you receive will be related to the Rhode Island Alternate Assessment (RIAA). You may also receive information pertaining to the development and implementation of the "new" alternate assessment: the General Supervision Enhancement Grant (GSEG). This list-serve is not intended to be a conversation thread but is only for the distribution of information relating to the administration of the RIAA and/or GSEG programs.

**1: Please complete the contact information below.**

First Name: _____ Last Name: _____

School: _____

Complete School Address: _____

District: _____ School Phone: _____

Work Email Address: _____ Work Phone: _____

**2: Your current position or title:** _____

**3. Grade levels served *(include content area specialty)*:** _____

**4. Area(s) of Specialty:** _____

**5. Please check the areas where you have experience with students who have the following disabilities/disorders:**

- ☐ vision impairments
- ☐ deaf-blind or hearing impairments
- ☐ severe/profound physical disabilities
- ☐ use augmentative communication devices
- ☐ intellectual disabilities
- ☐ autism spectrum disorders

Submit by Email