

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Education and Early Development
2. General subject of regulation: Alternate Assessment for the most significantly cognitively impaired Plan of Service
3. Citation of regulation (may be grouped): 4 AAC 34.055
4. Department of Law file number, if any: 2025200185

5. Reason for the proposed action:

- () Compliance with federal law or action (identify): _____
- () Compliance with new or changed state statute
- () Compliance with federal or state court decision (identify): _____
- () Development of program standards
- (x) Other (identify): Requested Board Action

6. Appropriation/Allocation: Education Support and Admin Services/2976 Student and School Achievement

7. Estimated annual cost to comply with the proposed action to:

A private person: \$0.00

Another state agency: \$0.00

A municipality: \$0.00

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>2026</u>	Subsequent Years
Operating Cost	<u>\$ 0</u>	<u>\$ 0</u>
Capital Cost	<u>\$ 0</u>	<u>\$ 0</u>
1002 Federal receipts	<u>\$ 0</u>	<u>\$ 0</u>
1003 General fund match	<u>\$ 0</u>	<u>\$ 0</u>
1004 General fund	<u>\$ 0</u>	<u>\$ 0</u>
1005 General fund/ program	<u>\$ 0</u>	<u>\$ 0</u>
Other (identify)	<u>\$ 0</u>	<u>\$ 0</u>

9. The name of the contact person for the regulation:

Name: Karen Morrison
Title: Deputy Commissioner
Address: 333 Willoughby Avenue, 9th Floor, Juneau 99811
Telephone: 907-465-2276
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10. The origin of the proposed action:

☐ Staff of state agency
☐ Federal government
☐ General public
☐ Petition for regulation change
☒ Other (identify): State Board of Education

11. Date: _____ Prepared by: _____

[signature]

Name (printed): Karen Morrison

Title (printed): Deputy Commissioner

Telephone: 907-465-2276