

# NM Part B

# FFY2017 State Performance Plan / Annual Performance Report

### **Introduction:**

The primary focus of the State's monitoring activities under 34 CFR § 300.600(b) must be on: Results, Improving educational results and functional outcomes for all students with disabilities; and Compliance. New Mexico (hereinafter New Mexico will be referred to as the State) must ensure that public agencies meet the program requirements under Part B of the Act, with particular emphasis on those requirements that are most closely related to improving the educational results for students with disabilities.

The State focuses on student performance outcomes and the compliance requirements of the Individuals With Disabilities Education Act (IDEA). In addition, the State takes into account the eight components of general supervision. The State utilizes the Integrated Special Education Accountability System (ISEAS) as an Accountability System Manual designed to provide the structure for the State and local education agencies (LEAs) in the area of General Supervision. The ISEAS is the system that provides the assurances to Office of Special Education Programs (OSEP) that the State is carrying out its responsibilities, using quantifiable State Performance Plan (SPP) Indicators in each of the priority areas listed below, and using such SPP qualitative indicators as are needed to adequately measure performance and compliance in those areas which are listed below.

1. Provision of Free Appropriate Public Education (FAPE) in the Least Restrictive Environment (LRE).
2. State exercise of General Supervision including, but not limited to: child find; effective monitoring; the use of resolution meetings mediation; and using these qualitative indicators to measure performance.
3. Disproportionate representation of racial and ethnic groups in special education and related services, to the extent that the representation is the result of inappropriate identification.

On June 28, 2018 the Office of Special Education and Rehabilitation Services assigned the State an annual determination of needs assistance in implementing the requirements of Part B of the IDEA for FFY 2016. According to the State's Part B results-driven accountability matrix for the state's determination, the State missed the following elements;

### **Reading:**

Percentage of 8th grade children with disabilities participating in regular statewide assessments. Percentage of 4th grade children with disabilities scoring at basic or above on the National Assessment of Educational Progress. Percentage of 4th grade children with disabilities included in testing on the National Assessment of Educational Progress. Percentage of 8th grade children with disabilities scoring at basic or above on the National Assessment of Educational Progress. Percentage of 8th grade children with disabilities included in testing on the National Assessment of Educational Progress.

### **Math:**

Percentage of 4th grade children with disabilities participating in regular statewide assessments. Percentage of 4th grade children with disabilities included in testing on the National Assessment of Educational Progress. Percentage of 4th grade children with disabilities included in testing on the National Assessment of Educational Progress. Percentage of 8th grade children with disabilities scoring at the basic or above on the National Assessment of Educational Progress. Percentage of 8th grade children with disabilities included in testing on the National Assessment of Educational Progress.

### **Exiting Data Elements:**

Percentage of children with disabilities who dropped out.

### **The State missed the following Part B SPP compliance Indicators:**

Indicator 13, and longstanding non-compliance.

The State took specific actions to ensure that local education agencies (LEAs) identified with long-standing non-compliance for SPP Indicator 13, and non-corrected non-compliance were correctly implementing all elements of the IDEA Part B. The State reviewed updated data collected through on-site monitoring and or the State's longitudinal data system (Student Teacher Accountability Reporting System (STARS)) to ensure that each LEA identified with non-compliance developed and implemented the Individualized Education Programs (IEPs) consistent with OSEPs two prong corrective action requirements detailed in the OSEP 09-02 Memo.

When the Special Education Bureau (SEB) finds non-compliance in an LEA, the following steps are taken to correct the non-compliance. The data is reviewed using the State's data system and through desktop monitoring. The LEAs had to complete recently revised Root Cause Analysis (RCAs) to determine the causes of continued non-compliance. The LEAs were placed on corrective action plans (CAPs) with specific strategies to address areas found in the RCAs. The length of time the problem existed, along with the LEA's response to addressing non-compliance was considered in each of the LEA's annual determinations. As part of the LEA's CAP, technical assistance (TA) needs were derived based on the SPP Indicator non-compliance and the length of time the non-compliance existed. The LEAs received TA from the State, the National Technical Assistance Center of Transition (NTACT) and the Technical Assistance for Excellence in Special Education (TAESE) in order to address LEA specific needs. The aforementioned LEA specific TA was followed up by desk audits, onsite visits, and professional development conducted by the SEB staff.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

The State has continued monthly conference calls with Dr. Marion Morton Crayton, Ed.D., Education Program Specialist, U.S. Department of Education; Office of Special Education Programs. The focus of the conference calls included technical assistance (TA) for the State. The State has also participated in monthly calls with the Jobs Alike Workgroup and Collaboration for Effective Educator Development Accountability and Reform (CEEDAR). The State participates in monthly Director's calls with TAESE. The State also had an onsite visit from The Center for IDEA Fiscal Reporting (CIFR) to discuss fiscal processes such as Maintenance of Effort (MOE), excess costs, Coordinated Early Intervention Services (CEIS), and proportionate share. The TA sessions with these groups provides brainstorming opportunities to share ideas to take back to SEB staff. The TA received from working with these individuals or organizations has prompted the State to set up a plan to update many of its manuals and memos.

NACT is providing, as needed, direct support to the SEB and LEAs. TAESE is providing TA for LEAs placed on CAPs due to receiving an annual determination of needs intervention. The length of time the non-compliance existed along with the LEA's action taken to rectify findings of non-compliance was considered in the LEA's annual determination. LEAs continue to be supported by State staff through the provision of TA and professional development on an as needed basis. The LEA, the Education Administrator, and TAESE have monthly calls together to work on the CAP and on areas of non-compliance. In addition, SEB staff conducts on-site visits for audit compliance as determined by each LEA's data.

**Required action to the State to respond on the State Systemic Improvement Plan (SSIP)**

The required action to the State to respond on the SSIP is attached to this indicator.

It is important to note that the number of districts from the 2016-2017 year compared to the 2017-2018 year do not match. In the 2016-2017 APR, 152 LEAs were reported. For the 2017-2018 year, 147 LEAs were reported. The 2016-2018 data reflects the 6 state supported schools and the 2017-2018 data does not. The State is not going to include the state supported schools since they are not open to all students. Also, the numbers are different due to the charter schools that closed down after the 2016-2017 school year and the new ones that opened up in 2017-2018. 147 LEAs is the number of LEAs that had their data examined for the APR for the 2017-2018 school year.

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**General Supervision System:**

The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.

The State has a comprehensive guide on the provision of general supervision in accordance with the IDEA. The State's system is entitled the Integrated Special Education Accountability System (ISEAS) and can be viewed at

<https://webnew.ped.state.nm.us/wp-content/uploads/2018/09/New-Mexico%E2%80%99s-Integrated-Special-Education-Accountability-System.pdf>

The State's general supervision system consists of eight components:

1. State Performance Plan
2. Policies, Procedures, and the Effective Implementation
3. Data on Processes and Results
4. Targeted Technical Assistance and Professional Development
5. Effective Dispute Resolution
6. Integrated Monitoring Activities
7. Improvement, Corrections, Incentives and Sanctions
8. integrated Fiscal Accountability

The ISEAS describes in detail how the state implements the general supervision system that includes the eight components listed above.

According to the State's ISEAS, every LEA is monitored annually. All LEAs are desktop monitored through the STARS data warehouse on the SPP indicators. The LEAs submit data on the second Wednesdays of October, December and February and at the end of year. Procedures on how to validate SPP indicators are described in detail in the ISEAS appendices. Desktop monitoring also occurs for non-compliance identified through formal complaints and due process hearings. Staff follows up on mediation agreements and due process hearing resolution sessions are tracked and reviewed. SPP self-assessment tools are also used when monitoring LEAs.

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SPP Indicator 13, secondary transition, requires additional student file data pertaining to the student's IEP to be reviewed by SEB staff utilizing the National Secondary Transition Technical Assistance Center (NSTTAC) checklist provided through NTACT. Initial indicator data are submitted into STARS and data are validated through a random selection of a reasonable sample of IEPs, for each LEA.

On-site monitoring occurs for LEAs assigned the determination of Needs Intervention. The State also completes on-site visits and monitoring when issues brought to the State's attention warrant it. LEAs' compliance were tracked and monitored through Compliance Agreements or Corrective Action Plans.

The Levels of Intervention are applied to LEAs based upon the annual determination assigned in accordance with 34 CFR §300.604. The Levels of Intervention Matrix is attached to this section.

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**Technical Assistance System:**

The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to LEAs.

**Targeted Technical Assistance**

**Compliance Data**

The Integrated Monitoring Activities section of the ISEAS highlights the various data systems and activities used for monitoring of the LEAs. Those data systems and activities are used in the following manner:

- Improvement of program and systems operations
- Improved/Sustained compliance and improved performance
- Inform technical assistance and new initiatives

The data gathered through the various systems (monitoring, self-assessment, STARS, due process hearings and State complaints) are used to improve programs at the State level and the LEA level. Data are examined over time in order to have an understanding of what is happening and to determine if there are isolated problems or systemic issues. Correlations are drawn with multiple data points at the State level and LEA level.

The data from the data systems are used to ensure improved and sustained compliance. This is done through the correction of the individual cases of non-compliance (Prong 1) the review of updated data and information to ensure the LEA is implementing the specific regulatory requirements (Prong 2). The LEAs participation in the RCA identifies issues at the systems level that are addressed through strategies in the improvement plan or CAP in order to sustain performance.

Data from the State's data system is used to inform targeted technical assistance and professional development at the State level and at the LEA level. Section 618 data, SPP indicator data, dispute and alternative dispute data are used to provide large scale professional development for the LEAs at the Directors' academies and monthly webinars. This information is also used to develop technical assistance manuals or guidance documents.

LEA level data is examined by SEB staff to determine what type of targeted technical assistance is needed. The data examined includes the indicator data, self-assessments, RCAs and rubrics. The SEB staff works directly with the LEA on how to use data to inform decision-making and the development of improvement strategies to be included in the Educational Plan for Student Success (EPSS) improvement plans, 90 day plans, or CAP. The level of collaboration and prescription depends on the LEAs annual determination.

Tiers of Interventions and Tiers of Sanctions are applied as part of the Targeted Technical Assistance System. The Tiers are attached to this section.

Although the majority of the targeted technical assistance focuses on compliance and the improvement of the State's and LEAs determination, the improvement of educational results and functional outcomes for all children with disabilities is also addressed.

**Results Data**

Graduation, drop-out, and post-school outcomes

If LEAs miss the targets for these indicators, they must include strategies in their EPSS improvement plan or CAP. Targeted technical assistance can be provided through the SEB, Regional Education Cooperative and the Utah State University Technical Assistance for Excellence in Special Education center. LEAs are referred to the NTACT and the National Post School Outcomes Center (NPSO).

Least Restrictive Environment (students aged 6 – 21)

If the LEA misses the target for the LRE indicator for students aged 6 – 21, they must include it in their improvement plan or CAP. The

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LEA examines its data to determine why the target was missed. Data is reviewed by grade level, school, disability, and race and ethnicity. The LEA also reviews individual IEPs to review what is written in the LRE statements.

The state recommends an IEP form to address the LRE consideration. The following three questions must be answered when considering the LRE continuum:

1. Explain why supplementary aids and services are not adequate to meet the student’s needs in the general education class [34 CFR §300.320 (a)(4), and 34 CFR §300.114 (a)(2)(ii)]:
2. Explain how placement in a special education setting will be more advantageous in meeting student’s needs [34 CFR §300.320 (a)(4)(iii)]:
3. Explain why placement in a general education setting is reduced or limited and what is being done to reintegrate the student back to a general education setting [34 CFR §300.320 (a)(5)]:

**Preschool Least Restrictive Environment (students aged 3 – 5)**

Preschool data is also reviewed annually. LEAs are encouraged to increase the number of typically developing peers in the regular preschool settings. If the LEA has one of the State funded Pre-Kindergarten programs, LEAs are encouraged to consider four-year-olds with disabilities when enrolling students in their programs. The LEAs must answer the three questions above when considering the preschool LRE environment. This area is also addressed in the EPSS or CAP.

Preschool outcome data are collected on every student through a census data collection. The data is used to write IEP goals. The data is entered into STARS by the students’ unique identification number, and can be accessed by the LEA for future use and planning.

LEAs are referred to the National Early Childhood Technical Assistance Center (NECTAC) for promising and evidence based practices.

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**Professional Development System:**

The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for students with disabilities.

Data from the State’s data system are used to inform targeted technical assistance and professional development at the State level and at the LEA level. Section 618 data, SPP indicator data, dispute and alternative dispute data are used to provide the large-scale professional development for the LEAs at the Directors’ academies and the monthly webinars. This information is also used to development technical assistance manuals or guidance documents.

Each year the LEA special education directors and coordinators are surveyed and asked to identify their professional development needs. Data from these surveys along with data from the State’s monitoring system are utilized to develop the State’s professional development system. Mandatory webinars or trainings are provided when updates are provided to federal and state laws. Two face-to-face meetings and one virtual academy are provided annually with the assistance and support of the Regional Education Cooperative (REC) and the New Mexico Coalition of Administrators of Special Education (NMCASE). The SEB staff with the support of the REC presents monthly webinars. All webinars are archived for further use at the State or LEA level. On-line modules for teachers and principals that are funded by the State are provided on the REC’s website. The SEB provides financial support to NMCASE to assist them with the mentoring program for new special education directors. Funding for professional development and technical assistance is provided in accordance with 34 CFR Sec. 300.704(b)(4)(ii). Full inclusion seminar for preschool staff was provided in December of 2018 to provide direct technical assistance to schools in order to assure that inclusion services are being offered. In addition, the SEB has contracted with the University of New Mexico to provide coaching to schools throughout the state to provide direct support and mentor ship to teachers and administrators.

Individual LEAs can be provided additional professional development as needed in accordance with the Levels of Intervention, Tiers of Intervention and Tiers of Sanctions. This is determined by district’s data from the indicators, root cause analysis, self-assessments, review of policies, procedures and practices, dispute resolution and alternative dispute resolution.

Section 616(a)(2) of the IDEA requires that the primary focus of IDEA monitoring be on improving educational results and functional outcomes for children with disabilities, and ensuring that States meet the IDEA program requirements.

Many of the indicators in the State Performance Plan (SPP) focus on compliance with the IDEA. Indicators 4B, 9, 10, 11, 12 and 13 measure the State’s and LEAs compliance with specific IDEA regulations. As part of the Results Driven Accountability (RDA) Framework, Indicator 17, SSIP is related to SPP Indicator 3 and focuses on improving reading growth rates of students with disabilities in grades K-3. Detailed information and results about SSIP will be located under Indicator 17 of this report which is required to be submitted no later than April 1, 2019

OSEP was invited to New Mexico to provide the State with TA. OSEP State lead Marion Crayton, her team and other technical assistance providers visited both in person and by phone during the week of September 11, 2017.

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**Benefits of the TA visit include but are not limited to:**

- The TA Team provided an in-depth exposition of non-compliance to include how the non-compliance was determined.
- The TA Team explained in detail results driven accountability (RDA) methodology to include levels of intervention.
- The TA Team conducted a step-by-step overview of the State's 2016 Results Driven Accountability Matrix findings.
- The fiscal TA Team provided an overview of the State's fiscal deficiencies.
- The visit concluded with a summary which highlighted next steps on ways to improve.

**Steps taken since the OSEP visit on September 11, 2017:**

- Webinars provided to districts include: Graduation requirements, Functional Behavior Assessments (FBAs), Behavior Intervention Plans (BIPs), Root Cause Analyses (RCA), Self-Assessments, waiver training, and Indicator 13, STARS training, Early Childhood Outcomes, and fiscal webinars.
- Monthly calls with OSEP.
- Collaboration with RECs to work with Education Administrators and districts on needed technical assistance, and to provide file reviews for Indicator's 4, 9, and 10.
- TAESE training on Level 3 corrective action activity (corrective action plans, compliance agreements), and training on on-site visits vs. virtual visits for LEAs.
- Updated Corrective Action Plan templates
- Updated RCA templates and Self-Assessment revisions
- RDA training has been provided to SEB staff and they have become members of the RDA site visit team.
- Key correctional education meetings with REC IX and Title I.
- Completion of the long-standing non-compliance verification
- Monthly meeting-discussion and coaching support by Marion Crayton at OSEP.
- On site visit from NTACT staff to provide support to 10 LEAs with the lowest graduation rates in the state. During the visit, a transition self-assessment tool was provided, how to use the tool, support on developing LEA goals, looking at underlying issues, and provided resources on how to improve graduation rates.
- Involvement in the Advancing Measurement at PED (AMP) project to address dropout rates. SEB staff work with two LEAs with the highest dropout rates to improve truancy rates, average daily attendance, improve graduation rates, and reduce dropout rates.
- Consultations have occurred with Special Education staff with LEAs that have correction facilities on site. A Correctional Education self-assessment has been completed by one of two cohorts and the second cohort will complete their self-assessment soon. The self-assessments will assist in the improvement and sustainability plans.

**Additional Technical Assistance Received:**

The State has continued monthly conference calls with Dr. Marion Morton Crayton, Ed.D., Education Program Specialist, U.S. Department of Education; Office of Special Education Programs. The focus of the conference calls included TA for the State. The State has also participated in monthly calls with the Jobs Alike Workgroup and CEEDAR. The State participates in monthly Director's calls with TAESE. The State also had an onsite visit from CIFR to discuss fiscal processes such as MOE, excess costs, CEIS, and proportionate share.

**Results of the Technical Assistance:**

The TA sessions with these groups provides brainstorming opportunities to share ideas to take back to SEB staff. The TA received from working with these individuals or organizations has prompted the State to set up a plan to update many of its manuals and memos.

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**Stakeholder Involvement:**  apply this to all Part B results indicators

The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicators 1, 2, 3, 4A, 5, 6 and 8. The targets were revised to be in alignment with Every Student Succeeds Act (ESSA).

**Attachments**

## FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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### Reporting to the Public:

How and where the State reported to the public on the FFY 2016 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2016 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

A copy of the PDF version of the FFY 2014 State Performance Plan (SPP) and FFY 2016 Annual Performance Report (APR) downloaded from the GRADS 360 site will be posted on the SEB's homepage at <https://webnew.ped.state.nm.us/bureaus/special-education/>.

On October 11-12, 2018, the State's Individuals with Disabilities Education Act State Advisory Panel reviewed and set targets for 1, 2, 3, 4A, 5, 6 and 8 for the FFY 2017 APR.

The performance of each LEA located in the State on the targets in the FFY 2017 APR and previous years as required by CFR §300.602(b)(1)(i)(A) are located at <https://webnew.ped.state.nm.us/wp-content/uploads/2019/01/DPR1617-FINAL-REVISED-201901221031.pdf>

The OSEP required actions required the State to provide a web link demonstrating that the State publicly on the participation of students with disabilities located at: <https://webnew.ped.state.nm.us/bureaus/special-education/district-data/> under assessment data.

### Attachments

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### Actions required in FFY 2016 response

### OSEP Response

The State's determinations for both 2017 and 2018 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 28, 2018 determination letter informed the State that it must report with its FFY 2017 SPP/APR submission, due February 1, 2019, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

States were instructed to submit Phase III Year Three of the State Systemic Improvement Plan (SSIP) by April 1, 2019. The State provided the required information.

### Required Actions

The State's IDEA Part B determination for both 2018 and 2019 is Needs Assistance. In the State's 2019 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2018 SPP/APR submission, due February 3, 2020, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SIMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SIMR data.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 1: Graduation**

Monitoring Priority: FAPE in the LRE

Results indicator:

Percent of youth with Individualized Education Programs (IEPs) graduating from high school with a regular high school diploma.

(20 U.S.C. 1416 (a)(3)(A))

**Historical Data**

Baseline Data: 2011

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			70.00%	80.00%		57.00%	67.00%	69.00%	71.80%	71.80%	73.70%
Data		58.00%	52.10%	53.60%	53.10%	57.60%	36.40%	50.50%	56.00%	60.08%	56.49%

FFY	2015	2016
Target ≥	75.60%	77.40%
Data	59.32%	61.85%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	77.40%	77.40%

Key:

**Explanation of Changes**

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicator 1. The target for FFY 2017 has been set at 77.40% and the target for FFY 2018 has been set at 77.40%. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	9/28/2018	<a href="#">Number of youth with IEPs graduating with a regular diploma</a>	2,138	
SY 2016-17 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	9/28/2018	<a href="#">Number of youth with IEPs eligible to graduate</a>	3,474	null
SY 2016-17 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec C150; Data group 695)	9/28/2018	<a href="#">2014-15 Regulatory four-year adjusted-cohort graduation rate table</a>	61.54%	Calculate <input type="checkbox"/>

**FFY 2017 SPP/APR Data**

Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma	Number of youth with IEPs in the current year's adjusted cohort eligible to graduate	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
2,138	3,474	61.85%	77.40%	61.54%



Choose the length of Adjusted Cohort Graduation Rate your state is using: 4-year ACGR

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

New Mexico Administrative Code (NMAC) 22-13-1.1. Graduation requirements.

A. At the end of grades eight through eleven, each student shall prepare an interim next-step plan that sets forth the coursework for the grades remaining until high school graduation. Each year's plan shall explain any differences from previous interim next-step plans, shall be filed with the principal of the student's high school and shall be signed by the student, the student's parent and the student's guidance counselor or other school official charged with coursework planning for the student.

B. Each student must complete a final next-step plan during the senior year and prior to graduation. The plan shall be filed with the principal of the student's high school and shall be signed by the student, the student's parent and the student's guidance counselor or other school official charged with coursework planning for the student.

C. An individualized education program that meets the requirements of Subsections A and B of this section and that meets all applicable transition and procedural requirements of the federal Individuals with Disabilities Education Act for a student with a disability shall satisfy the next-step plan requirements of this section for that student.

D. A local school board shall ensure that each high school student has the opportunity to develop a next-step plan based on reports of college and workplace readiness assessments, as available, and other factors and is reasonably informed about:

(1) curricular and course options, including honors or advanced placement courses, dual-credit courses, distance learning courses, career clusters and career pathways, pre-apprenticeship programs or remediation programs that the college and workplace readiness assessments indicate to be appropriate;

(2) opportunities available that lead to different post-high-school options; and

(3) alternative opportunities available if the student does not finish a planned curriculum.

E. The secretary shall:

(1) establish specific accountability standards for administrators, counselors, teachers and school district staff to ensure that every student has the opportunity to develop a next-step plan;

(2) promulgate rules for accredited private schools in order to ensure substantial compliance with the provisions of this section;

(3) monitor compliance with the requirements of this section; and

(4) compile such information as is necessary to evaluate the success of next-step plans and report annually, by December 15, to the legislative education study committee and the governor.

F. Once a student has entered ninth grade, the graduation requirements shall not be changed for that student from the requirements specified in the law at the time the student entered ninth grade.

G. Successful completion of a minimum of twenty-three units aligned to the state academic content and performance standards shall be required for graduation. These units shall be as follows:

(1) four units in English, with major emphasis on grammar and literature;

(2) three units in mathematics, at least one of which is equivalent to the algebra 1 level or higher;

(3) two units in science, one of which shall have a laboratory component; provided, however, that with students entering the ninth grade beginning in the 2005-2006 school year, three units in science shall be required, one of which shall have a laboratory component;

(4) three units in social science, which shall include United States history and geography, world history and geography and government and economics;

(5) one unit in physical education;

(6) one unit in communication skills or business education, with a major emphasis on writing and speaking and that may include a language other than English;

(7) one-half unit in New Mexico history for students entering the ninth grade beginning in the 2005-2006 school year; and

(8) nine elective units and seven and one-half elective units for students entering the ninth grade in the 2005-2006 school year that meet department content and performance standards. Student service learning shall be offered as an elective. Financial literacy shall be offered as an elective. Pre-apprenticeship programs may be offered as electives. Media literacy may be offered as an elective.

H. For students entering the ninth grade beginning in the 2009-2010 school year, at least one of the units required for graduation shall

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be earned as an advanced placement or honors course, a dual-credit course offered in cooperation with an institution of higher education or a distance learning course.

I. The department shall establish a procedure for students to be awarded credit through completion of specified career technical education courses for certain graduation requirements, and districts may choose to allow students who successfully complete an industry-recognized credential, certificate or degree to receive additional weight in the calculation of the student's grade point average.

J. Successful completion of the requirements of the New Mexico diploma of excellence shall be required for graduation for students entering the ninth grade beginning in the 2009-2010 school year. Successful completion of a minimum of twenty-four units aligned to the state academic content and performance standards shall be required to earn a New Mexico diploma of excellence. These units shall be as follows:

(1) four units in English, with major emphasis on grammar, nonfiction writing and literature;

(2) four units in mathematics, of which one shall be the equivalent to or higher than the level of algebra 2, unless the parent submitted written, signed permission for the student to complete a lesser mathematics unit; and provided that a financial literacy course that meets state mathematics academic content and performance standards shall qualify as one of the four required mathematics units;

(3) three units in science, two of which shall have a laboratory component;

(4) three and one-half units in social science, which shall include United States history and geography, world history and geography, government and economics and one-half unit of New Mexico history;

(5) one unit in physical education, as determined by each school district, which may include a physical education program that meets state content and performance standards or participation in marching band, junior reserve officers' training corps or interscholastic sports sanctioned by the New Mexico activities association or any other co-curricular physical activity;

(6) one unit in one of the following: a career cluster course, workplace readiness or a language other than English; and

(7) seven and one-half elective units that meet department content and performance standards. Career and technical education courses shall be offered as an elective. Student service learning shall be offered as an elective. Financial literacy shall be offered as an elective. Pre-apprenticeship programs may be offered as electives. Media literacy may be offered as an elective.

K. For students entering the eighth grade in the 2012-2013 school year, a course in health education is required prior to graduation. Health education may be required in either middle school or high school, as determined by the school district. Each school district shall submit to the department by the beginning of the 2011-2012 school year a health education implementation plan for the 2012-2013 and subsequent school years, including in which grade health education will be required and how the course aligns with department content and performance standards. Health education courses shall include:

(1) age-appropriate sexual abuse and assault awareness and prevention training that meets department standards developed in consultation with the federal centers for disease control and prevention that are based on evidence-based methods that have proven to be effective; and

(2) lifesaving skills training that follows nationally recognized guidelines for hands-on psychomotor skills cardiopulmonary resuscitation training. Students shall be trained to recognize the signs of a heart attack, use an automated external defibrillator and perform the Heimlich maneuver for choking victims. The secretary shall promulgate rules to provide for the:

(a) use of the following instructors for the training provided pursuant to this paragraph: 1) school nurses, health teachers and athletic department personnel as instructors; and 2) any qualified persons volunteering to provide training at no cost to the school district that the school district determines to be eligible to offer instruction pursuant to this paragraph; and

(b) approval of training and instructional materials related to the training established pursuant to this paragraph in both English and Spanish.

L. Final examinations shall be administered to all students in all classes offered for credit.

M. Until July 1, 2010, a student who has not passed a state graduation examination in the subject areas of reading, English, mathematics, writing, science and social science shall not receive a high school diploma. The state graduation examination on social science shall include a section on the constitution of the United States and the constitution of New Mexico. If a student exits from the school system at the end of grade twelve without having passed a state graduation examination, the student shall receive an appropriate state certificate indicating the number of credits earned and the grade completed. If within five years after a student exits from the school system the student takes and passes the state graduation examination, the student may receive a high school diploma. Any student passing the state graduation examination and completing all other requirements within five years of entering ninth grade, including a final summer session if completed by August 1, may be counted by the school system in which the student is enrolled as a high school graduate for the year in which completion and examination occur.

N. Beginning with the 2010-2011 school year, a student shall not receive a New Mexico diploma of excellence if the student has not demonstrated competence in the subject areas of mathematics, reading and language arts, writing, social studies and science, including a section on the constitution of the United States and the constitution of New Mexico, based on a standards-based

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assessment or assessments or a portfolio of standards-based indicators established by the department by rule. The standards-based assessments required in Section 22-2C-4 NMSA 1978 may also serve as the assessment required for high school graduation. If a student exits from the school system at the end of grade twelve without having satisfied the requirements of this subsection, the student shall receive an appropriate state certificate indicating the number of credits earned and the grade completed. If within five years after a student exits from the school system the student satisfies the requirements of this subsection, the student may receive a New Mexico diploma of excellence. Any student satisfying the requirements of this subsection and completing all other requirements within five years of entering ninth grade, including a final summer session if completed by August 1, may be counted by the school system in which the student is enrolled as a high school graduate for the year in which all requirements are satisfied.

O. As used in this section:

- (1) "career and technical education", sometimes referred to as "vocational education", means organized programs offering a sequence of courses, including technical education and applied technology education, that are directly related to the preparation of individuals for paid or unpaid employment in current or emerging occupations requiring an industry-recognized credential, certificate or degree;
- (2) "career and technical education course" means a course with content that provides technical knowledge, skills and competency-based applied learning and that aligns with educational standards and expectations as defined in rule;
- (3) "career cluster" means a grouping of occupations in industry sectors based on recognized commonalities that provide an organizing tool for developing instruction within the educational system;
- (4) "career pathways" means a sub-grouping used as an organizing tool for curriculum design and instruction of occupations and career specialities that share a set of common knowledge and skills for career success;
- (5) "final next-step plan" means a next-step plan that shows that the student has committed or intends to commit in the near future to a four-year college or university, a two-year college, a trade or vocational program, an internship or apprenticeship, military service or a job;
- (6) "interim next-step plan" means an annual next-step plan in which the student specifies post-high-school goals and sets forth the coursework that will allow the student to achieve those goals; and
- (7) "next-step plan" means an annual personal written plan of studies developed by a student in a public school or other state-supported school or institution in consultation with the student's parent and school counselor or other school official charged with coursework planning for the student that includes one or more of the following:
  - (a) advanced placement or honors courses;
  - (b) dual-credit courses offered in cooperation with an institution of higher education;
  - (c) distance learning courses;
  - (d) career-technical courses; and
  - (e) pre-apprenticeship programs.

P. The secretary may establish a policy to provide for administrative interpretations to clarify curricular and testing provisions of the Public School Code.

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? Yes

Explain the difference in conditions that youth with IEPs must meet.

NMAC 6.29.1.9 (K)(13)

**(13)** Graduation requirements for issuance of a conditional certificate of transition for students with an IEP. The development of a program of study and the granting of a diploma, or use of a conditional certificate of transition in the form of a continuing or transition individualized educational program (IEP) for students receiving special education services, includes the following governing principles:

**(a)** The IEP team is responsible for determining whether the student has completed a planned program of study based on the student's strengths, interests, preferences, identified educational and functional needs and long-term educational or occupational goals, making the student eligible to receive either a diploma or a conditional certificate of transition. A conditional certificate of transition allows the student to participate in graduation activities. If a student receives a conditional certificate of transition, the student shall then return to the program specified in the IEP to complete the student's secondary program and meet the requirements for a diploma. In addition, all IEPs shall provide a description of how the student's progress toward meeting annual goals and graduation requirements will be measured, and at what intervals progress will be reported to parents or guardians. A student shall be awarded a diploma upon completion of a planned program of study that meets the requirements of paragraph (b).

**(b)** A student may be awarded a diploma (Section 22-13-1.1 NMSA 1978) using any of the following programs of study described in (i) through (iii). All IEP team discussion points and decisions identified herein, including the identification of the student's program of study

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and any student or parent proposals accepted or rejected by the IEP team (if the student has not reached the age of majority), shall be documented on the student's IEP and in the prior written notice (PWN) of proposed action.

- (i) A standard program of study is based upon meeting or exceeding all requirements for graduation based on the New Mexico standards for excellence (Subsection [J] K of 6.29.1.9 NMAC) with or without reasonable accommodations of delivery and assessment methods. In addition, a student shall pass all sections of the current state graduation examination(s) administered pursuant to Section 22-13-1.1(I) NMSA 1978 under standard administration or with state-approved accommodations, and shall meet all other standard graduation requirements of the district.
- (ii) A career readiness alternative program of study is developed to provide relevance and is based on a student's career interest as it relates to one of the career clusters, with or without reasonable accommodations of delivery and assessment methods. In addition, a student shall take the current state graduation examination(s) administered pursuant to Subsection K of Section 22-13-1.1 NMSA 1978, under standard administration or with state-approved accommodations as determined by the SEA. Once the student has attempted the state graduation examination and is unable to meet the minimum requirements on all sections of the assessments and achieve a level of competency, the IEP team can set the minimum passing scores. The student shall earn at least the minimum number of credits required by the district or charter school for graduation through standard or alternative courses that address the employability and career development standards with benchmarks and performance standards, as determined by the IEP team. Course work shall include a minimum of four units of career development opportunities and learning experiences that may include any of the following: career readiness and vocational course work, work experience, community-based instruction, student service learning, job shadowing, mentoring or entrepreneurship related to the student's occupational choices. Credits for work experience shall be related to the program of study that the school offers and specific to the district's ability to offer work experience or community-based instruction credits. The student shall achieve competency in all areas of the employability and career development standards with benchmarks and performance standards, as determined by the IEP team and the student's interest as it relates to the career clusters. The program of study shall address the New Mexico content standards with benchmarks and performance standards in other subject areas as appropriate.
- (iii) An ability program of study was developed for students who have a significant cognitive disability or severe mental health issues. The IEP goals and functional curriculum course work shall be based on the New Mexico standards with benchmarks and performance standards and employability and career development standards with benchmarks and performance standards. Students in this program of study shall earn the minimum number of credits or be provided equivalent educational opportunities required by the district or charter school, with course work individualized to meet the unique needs of the student through support of the IEP. In addition, a student shall take either the current state graduation examination(s) administered pursuant to Subsection K of Section 22-13-1.1 NMSA 1978, under standard administration or with state-approved accommodations, or the state-approved alternate assessment. The student shall achieve a level of competency pre-determined by the student's IEP team on the current graduation examination or the state-approved alternate assessment, and meet all other graduation requirements established by the IEP team.
- (c) The new requirements for the career readiness and ability pathways become effective beginning with students graduating in 2009.
- (d) By the end of the eighth grade, each student's IEP shall contain a proposed individual program of study for grades nine through twelve. The program of study shall identify by name all course options the student may take and shall align with the student's long-range measurable post-secondary goals and transition services to facilitate a smooth transition to high school and beyond. This program of study shall be reviewed on an annual basis and adjusted to address the student's strengths, interests, preferences and areas of identified educational and functional needs. The IEP team shall document on the IEP the student's progress toward earning required graduation credits and passing the current graduation examination.
- (e) A district or charter school shall provide each student, who has an IEP and who graduates or reaches the maximum age for special education services, a summary of the student's academic achievement and functional performance, which shall include recommendations on how to assist the student in meeting post-secondary goals.
- (f) Students graduating on the standard program of study shall meet the state's minimum requirements on all sections of the graduation examination. IEP teams shall document a plan of action on the IEP and the PWN to be carried out by both the student and the district or charter school, to ensure that the student will pass all sections of the graduation examination.
- (g) To establish a level of proficiency on the current graduation examination or the state-approved alternate assessment for students on a career readiness program of study or ability program of study, IEP teams shall review the student's performance on the first attempt, and establish a targeted proficiency on all sections that are below the state's minimum requirement. For those students who meet participation criteria for the New Mexico alternate assessment, IEP teams shall set targeted levels of proficiency based upon previous performance on the test. If the student has previously been administered the New Mexico alternate assessment and has achieved an advanced level of overall performance, the IEP team shall arrange for the student to participate in the general graduation examination, and shall identify appropriate accommodations that the student may require. IEP teams shall document the targeted levels of proficiency on the IEP and the PWN, outlining the plan of action to be taken by both the student and the district or charter school to ensure that the student will meet the targeted levels of proficiency. Districts or charter schools may submit a written request for a waiver to the secretary in cases where a student has medical or mental health issues that may result in regression or that negatively influence the student's ability to achieve targeted levels of proficiency. The written request shall be signed by the superintendent or charter school administrator and shall include documentation of the medical or mental health issues.
- (h) Changes in programs of study.

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**(i)** Departures from the standard program of study for students receiving special education services and supports shall be considered in the order of the options listed in Subparagraph (b) of Paragraph (13) of Subsection K of 6.29.1.9 NMAC. Any modified program of study may depart from a standard program of study only so far as is necessary to meet an individual student's educational needs as determined by the IEP team. Districts and charter schools are obligated to meet the requirements of IDEA to provide students with IEPs on any one of the three programs of study, and access to the general curriculum in the least restrictive environment. When an alternative program of study is developed, a building administrator or designee who has knowledge about the student shall be a member of the IEP team

**(ii)** Districts and charter schools shall document changes from the standard program of study on the PWN. IEP teams shall identify the reasons for changing the student's program of study, shall provide parents with clear concise explanations of the career readiness or ability programs of study, shall notify parents and students of the potential consequences that may limit the student's post-secondary options, and shall make required changes to the IEP and course of study, to ensure that the student meets the requirements of that program of study.

**(iii)** The IEP team shall not change the program of study for a student entering the final year of high school (not the cohort with which the student entered high school) from the standard program of study to the career readiness program of study, nor from the career readiness program of study to the ability program of study, after the 20th school day of the final year of high school. IEP teams may change a student's program of study from the ability program of study to the career readiness program of study, or from the career readiness program of study to the standard program of study, if the student meets the graduation requirements of that program of study and if the change is made and documented appropriately in a revised IEP and PWN by a properly constituted IEP team in a properly convened meeting.

**(i)** A student who receives special education services may be granted a conditional certificate of transition in the form of a continuing or transition IEP when:

**(i)** the IEP team provides sufficient documentation and justification that the issuance of a conditional certificate of transition for an individual student is warranted;

**(ii)** prior to the student's projected graduation date, the IEP team provides a PWN stating that the student will receive a conditional certificate of transition;

**(iii)** the district or charter school ensures that a conditional certificate of transition is not a program of study and does not end the student's right to a FAPE;

**(iv)** the district or charter school ensures that a conditional certificate of transition entitles a student who has attended four years or more of high school to participate in graduation activities, and requires that the student continue receiving special education supports and services needed to obtain the high school diploma;

**(v)** the district or charter school ensures that, prior to receiving a conditional certificate of transition, the student has a continuing or transition IEP;

**(vi)** the student's continuing or transition IEP outlines measures, resources and specific responsibilities for both the student and the district or charter school to ensure that the student receives a diploma.

**(j)** A student who does not return to complete the program of study as outlined in the continuing or transition IEP will be considered as a dropout.

**(k)** A student who receives a conditional certificate of transition is eligible to continue receiving special education services until receipt of a diploma or until the end of the academic year in which the student becomes 22 years of age.

**(l)** Graduation plans shall be a part of all IEPs:

**(i)** by the end of eighth grade, or by the time the student turns 14 years of age, and concurrent with the development of the student's transition plan in accordance with federal regulations at 34 CFR 300.320;

**(ii)** when a student returns to a school after an extended absence, and if an IEP program of study may have been developed but needs to be reviewed; or

**(iii)** when evaluations warrant the need for a modified program of study at any time after development of an initial graduation plan.

**(m)** Graduation plans shall be a part of all of all IEPs and annual reviews, and shall follow the student in all educational settings. Receiving institutions that fall under the department's jurisdiction will recognize these graduation plans, subject to revision by new IEP teams, if appropriate to meet a student's changing needs.

**(n)** At the exit IEP meeting, the team shall review the student's transition plan, and shall confirm and document that all state and district requirements for graduation under the final IEP have been satisfied. A building administrator who has knowledge about the student shall be a member of this team, and shall sign specifically to verify and accept completed graduation plans, goals and objectives pursuant to (i) - (iii) of Subparagraph (b) of Paragraph (13) of Subsection K of 6.29.1.9 NMAC, or plans for a conditional certificate of transition with a continuing or transition IEP, pursuant to Subparagraph (i) of Paragraph (13) of Subsection K of 6.29.1.9 NMAC. The IEP

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team shall ensure that the student has current and relevant evaluations, reports or other documentation necessary to support a smooth and effective transition to post-secondary services for a student who will graduate on one of the three programs of study. The school shall arrange for any necessary information to be provided at no cost to the students or parents. The school shall submit a list of students who will receive the diploma through a career readiness or ability program of study to the local superintendent or charter school administrator, using the students' identification numbers. This list shall be totaled and submitted to the local school board or governing body of a charter school. This information shall be treated as confidential in accordance with the FERPA.

(o) Students eligible for special education services are entitled to a FAPE through age 21. If a student turns 22 during the school year, the student shall be allowed to complete the school year. If a student becomes 22 prior to the first day of the school year, the student is no longer eligible to receive special education services.

(p) The receipt of a diploma terminates the service eligibility of students with special education needs.

(q) All diplomas awarded by a school district or charter school shall be identical in appearance, content and effect, except that symbols or notations may be added to individual students' diplomas to reflect official school honors or awards earned by students.

Provide additional information about this indicator (optional)

The State did not meet the target for FFY 2017, demonstrating a slight decrease of 0.31% from FFY 2016 (61.85%) to FFY 2017 (61.54%) for Indicator 1.

Over the last eight (8) years, the State has invested more in education than ever before, including investments to keep students in school and on track to graduate. For example, teachers and principals have received improved support and professional development through mentorship programs and other resources, and dropout coaches and social workers are in more LEAs to keep students on track to graduate. Additionally, reading coaches have been added to improve students' foundational skills in earlier grades as an investment in improving graduation rates in the future.

Differentiated monitoring will support and implement RDA at targeted middle-school sites. RDA provides technical assistance, instructional support and student intervention in Math and ELA, along with Positive Behavior Intervention Supports (PBIS). By focusing these activities at the middle-school level, the State will review data following the implementation.

The SEB has added a question to the IDEA Part B Application requiring LEAs to outline their graduation and dropout plans. The SEB will monitor the LEAs on their plans.

The New Mexico High School Graduation Manual has been updated and is available on the following link: <https://webnew.ped.state.nm.us/bureaus/college-career-readiness/graduation/>.

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State revised its targets for this indicator, and OSEP accepts those targets.

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Drop Out**

Monitoring Priority: FAPE in the LRE

Results indicator:  
Percent of youth with IEPs dropping out of high school.

(20 U.S.C. 1416 (a)(3)(A))

**Historical Data**

Baseline Data: 2013

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≤			0.68%	0.68%	0.77%	0.76%	6.15%	6.13%	6.11%	24.75%	23.72%
Data		0.69%	0.90%	0.87%	6.98%	6.15%	7.51%	6.51%	5.70%	24.75%	23.73%

FFY	2015	2016
Target ≤	23.22%	22.97%
Data	26.30%	26.94%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≤	22.97%	22.97%

Key:

**Explanation of Changes**

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicator 2. The target for FFY 2017 has been set at 22.97% and the target for FFY 2018 has been set at 22.97%. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

Please indicate whether you are reporting using Option 1 or Option 2.

- Option 1
- Option 2

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	5/31/2018	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)</a>	2,081	null
SY 2016-17 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	5/31/2018	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b)</a>	n	null
SY 2016-17 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	5/31/2018	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c)</a>	12	null
SY 2016-17 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	5/31/2018	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d)</a>	621	null
SY 2016-17 Exiting Data Groups (EDFacts file spec C009; Data Group 85)	5/31/2018	<a href="#">Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e)</a>	5	null

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Number of youth with IEPs who exited special education due to dropping out	Total number of high school students with IEPs	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
621	2,719	26.94%	22.97%	22.84%

Provide a narrative that describes what counts as dropping out for all youth.

**The State defines dropout as follows:**

STARS Manual (2018)

A dropout includes dropouts, runaways, GED recipients (in New Mexico students are required to drop out of the secondary educational program in order to pursue the GED certificate), expulsions, status unknown, students who moved and are not known to be continuing in another educational program, and other exiters from special education not found in other exit reason codes).

**6.19.1.7 DEFINITIONS:**

K. **“Dropout”** means an individual who:

- (1) was enrolled in school at some time during the previous school year;
- (2) was not enrolled at the beginning of the current year;
- (3) has not graduated from high school or completed a state- or district-approved educational program; and
- (4) does not meet any of the following two exclusionary conditions:
  - (a) transfers to another public school district, private school, or state- or district-approved education program, or
  - (b) is temporarily absent due to suspension or illness, or death.

Is there a difference in what counts as dropping out for youth with IEPs? No

Provide additional information about this indicator (optional)

The State used the baseline measurement established in the FFY 2013 APR for measurement of percent of youth with IEPs dropping out of high school, in accordance with regulatory requirement (20 U.S.C. 1416 (a)(3)(A)). The State adopted Option 1. Option 1 uses the same data as used for reporting to the Department under IDEA section 618.

In the FFY 2016 APR, data was provided for those students who dropped out of school using Option 1. In FFY 2016, using 15-16 data, 26.94% of students with IEPs (excluding gifted education) dropped out of school. In FFY 2017, using 16-17 data, 22.84% of students with IEPs (excluding gifted education) dropped out of school. Comparing these two rates, the State experienced a decrease of 4.1% and met the target (22.97%) for FFY 2017 at 22.84%.

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State revised its targets for this indicator, and OSEP accepts those targets.

**Required Actions**



**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3B: Participation for Students with IEPs**

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Indicator 3A -- Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

**Historical Data**

	Group Name	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reading	A Overall	2014	Target ≥			95.00%	95.10%		95.00%	95.00%	95.00%	95.00%	98.40%	95.00%
			Data		98.00%	99.90%	97.74%	97.80%	98.79%	98.90%	98.83%	98.60%	98.71%	97.75%
Math	A Overall	2014	Target ≥			95.20%	95.30%		95.00%	95.00%	95.00%	95.00%	98.20%	95.00%
			Data		98.00%	99.90%	97.86%	97.70%	98.77%	98.90%	98.89%	98.50%	98.53%	97.82%

	Group Name	FFY	2015	2016
Reading	A Overall	Target ≥	95.00%	95.00%
		Data	95.77%	99.44%
Math	A Overall	Target ≥	95.00%	95.00%
		Data	95.41%	99.21%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

	FFY	2017	2018
Reading	A ≥ Overall	95.00%	95.00%
Math	A ≥ Overall	95.00%	95.00%

Key:

**Targets: Description of Stakeholder Input**

During FFY 2017 (July 1, 2017 through June 30, 2018) the State administered the Partnership for Assessment of Readiness for College and Careers (PARCC) in reading/language arts and math. A new baseline was established for this indicator using FFY 2014 data. The states data can be accessed on the links below.

<http://webed.ped.state.nm.us/sites/conference/2016%20District%20Report%20Cards/Forms/AllItems.aspx>

<https://webnew.ped.state.nm.us/bureaus/special-education/district-data/>

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**FFY 2017 SPP/APR Data: Reading Assessment**

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	36,347	34,837	99.44%	95.00%	95.85%

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 FFY 2017 SPP/APR Data: Math Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	36,347	33,704	99.21%	95.00%	92.73%

**Reasons for Group A Slippage**

The State did not meet the target for indicator 3B for Math Participation and demonstrated a decrease of 6.48 percentage points from FFY 2016 (99.21%) to FFY 2017 (92.73%). The number of children with IEPs with IEPs increased in FFY 2017 (36,347) from FFY 2016 (28,859) by 7,488. The number of children with IEPs participating increased in FFY 2017 (33,704) from FFY 2016 (28,632) by 5,072. Therefore, the overall proficiency percentage was impacted by the larger numerator and denominator.

**Public Reporting Information**

Provide links to the page(s) where you provide public reports of assessment results.

The FFY 2017 performance data along with data from previous years can be viewed at <https://webnew.ped.state.nm.us/bureaus/special-education/district-data/>

The IDEA at 34 CFR 300.160(f) requires States to report assessment data, for participation rates of students with disabilities and the proficiency rates of students with disabilities at the State, district and/or school level: <https://webnew.ped.state.nm.us/bureaus/special-education/district-data/>

**Actions required in FFY 2016 response**

Within 90 days of the receipt of the State's 2018 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2016, to the public, on the statewide assessments of children with disabilities in accordance with 34 CFR §300.160(f). In addition, OSEP reminds the State that in the FFY 2017 SPP/APR, the State must include a Web link that demonstrates compliance with 34 CFR §300.160(f) for FFY 2017.

**Responses to actions required in FFY 2016 OSEP response**

The OSEP required actions required the State to provide a web link demonstrating that the State publicly on the participation of students with disabilities located at: <https://webnew.ped.state.nm.us/bureaus/special-education/district-data/> under assessment data.

**OSEP Response**

OSEP's response to the State's FFY 2016 SPP/APR required the State to provide to OSEP a Web link that demonstrates that it has reported, for FFY 2016, to the public, on the statewide assessments of children with disabilities in accordance with 34 CFR §300.160(f). The State provided the required information and OSEP determined no further action was required for FFY 2016.

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3C: Proficiency for Students with IEPs**

Monitoring Priority: FAPE in the LRE

Results indicator: Participation and performance of children with IEPs on statewide assessments:

- A. Indicator 3A – Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

**Historical Data**

	Group Name	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Reading	A Overall	2014	Target ≥			24.00%	28.00%		64.00%	75.00%	75.00%	56.70%	56.70%	5.13%
			Data		17.00%	18.00%	18.42%	20.10%	19.85%	17.80%	25.11%	16.60%	16.33%	5.13%
Math	A Overall	2014	Target ≥			17.00%	22.00%		52.00%	66.00%	66.00%	50.00%	50.00%	5.66%
			Data		10.00%	12.10%	12.84%	15.50%	16.33%	15.47%	15.31%	13.70%	13.48%	5.66%

	Group Name	FFY	2015	2016
Reading	A Overall	Target ≥	65.30%	65.30%
		Data	6.41%	11.83%
Math	A Overall	Target ≥	60.00%	60.00%
		Data	6.89%	9.50%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

	FFY	2017	2018
Reading	A ≥ Overall	65.30%	65.30%
Math	A ≥ Overall	60.00%	60.00%

Key:

**Explanation of Changes**

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicator 3C Reading and Indicator 3C Math. The target for FFY 2017 for Reading has been set at 65.30% and the target for Math has been set at 60.00%. The target for FFY 2018 for Reading has been set at 65.30% and the target for Math has been set at 60.00%. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

During FFY 2017 (July 1, 2017 through June 30, 2018) the State administered the Partnership for Assessment of Readiness for College and Careers (PARCC) in reading/language arts and math. A new baseline was established for this indicator using FFY 2014 data.

<https://webnew.ped.state.nm.us/wp-content/uploads/2019/01/DPR1617-FINAL-REVISED-201901221031.pdf>

The State's data can be accessed on the link below.

<https://webnew.ped.state.nm.us/bureaus/special-education/district-data/>

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

## FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

### FFY 2017 SPP/APR Data: Reading Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	34,837	3,233	11.83%	65.30%	9.28%

#### Reasons for Group A Slippage

The State did not meet the target for indicator 3C for Reading Assessment and demonstrated a decrease of 2.55 percentage points from FFY 2016 (11.83%) to FFY 2017 (9.28%). The number of children with IEPs who received a valid score and a proficiency was assigned increased in FFY 2017 (34,837) from FFY 2016 (29,045) by 5,792. The number of children with IEPs proficient decreased in FFY 2017 (3,233) from FFY 2016 (3,435) by 202. Therefore, the overall proficiency percentage was impacted by the smaller numerator and larger denominator.

### FFY 2017 SPP/APR Data: Math Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Overall	33,704	2,592	9.50%	60.00%	7.69%

#### Reasons for Group A Slippage

The State did not meet the target for indicator 3C for Math Assessment and demonstrated a decrease of 1.81 percentage points from FFY 2016 (9.50%) to FFY 2017 (7.69%). The number of children with IEPs who received a valid score and a proficiency was assigned increased in FFY 2017 (33,704) from FFY 2016 (28,632) by 5,072. The number of children with IEPs proficient decreased in FFY 2017 (2,592) from FFY 2016 (2,720) by 128. Therefore, the overall proficiency percentage was impacted by the smaller numerator and larger denominator.

### Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

The FFY 2017 performance data along with data from previous years can be viewed at

<https://webnew.ped.state.nm.us/bureaus/special-education/district-data/>

The IDEA at 34 CFR 300.160(f) requires States to report assessment data, for participation rates of students with disabilities and the proficiency rates of students with disabilities at the State, district and/or school level:

<https://webnew.ped.state.nm.us/bureaus/special-education/district-data/>

#### Provide additional information about this indicator (optional)

The FFY 2017 Data Disaggregation for Indicator 3C is attached to this indicator.

### Actions required in FFY 2016 response

Within 90 days of the receipt of the State's 2018 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2016, to the public, on the statewide assessments of children with disabilities in accordance with 34 CFR §300.160(f). In addition, OSEP reminds the State that in the FFY 2017 SPP/APR, the State must include a Web link that demonstrates compliance with 34 CFR §300.160(f) for FFY 2017.

### Responses to actions required in FFY 2016 OSEP response

The OSEP required actions required the State to provide a web link demonstrating that the State publicly on the participation of students with disabilities located at: <https://webnew.ped.state.nm.us/bureaus/special-education/district-data/> under assessment data.

### OSEP Response

OSEP's response to the State's FFY 2016 SPP/APR required the State to provide to OSEP a Web link that demonstrates that it has reported, for FFY 2016, to the public, on the statewide assessments of children with disabilities in accordance with 34 CFR §300.160(f). The State provided the required information and OSEP determined no further action was required for FFY 2016.

The State revised its targets for this indicator, and OSEP accepts those targets.

Required Actions

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**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4A: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Results indicator: Rates of suspension and expulsion:

- A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Historical Data**

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≤			6.20%	2.20%	2.20%	0%	1.96%	1.96%	1.96%	1.96%	1.93%
Data		5.60%	4.50%	0%	0%	0%	1.96%	0%	0%	0%	1.37%

FFY	2015	2016
Target ≤	1.90%	0.81%
Data	0.68%	0.81%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≤	0.81%	0.80%

Key:

**Explanation of Changes**

The targets for FFY 2018 were revised based on stakeholder input for Indicator 4A. The target for FFY 2018 has been set at 0.80%. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

Both groups had the opportunity to provide input on the measurable improvement activities.

**FFY 2017 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 16

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1	131	0.81%	0.81%	0.76%

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a)):

- Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State
- The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

**State's definition of "significant discrepancy" and methodology**

## FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Data on the suspensions and expulsions of children with disabilities was derived from the IDEA Section 618 data submitted by the LEAs via the STARS data warehouse as part of the annual EOY data collection. The information was submitted by the student's unique identification number. The data was verified through the checks and balances of STARS and validated by SEB staff.

This data was used to populate the Information Collection 1820-0621 (Report of Children with Disabilities Unilaterally Removed or Suspended/Expelled for More than 10 Days) for the school year 2016-17 due in November 2017. Information Collection 1820-0621 (Report of Children with Disabilities Unilaterally Removed or Suspended/Expelled for More than 10 Days) was used to determine significant discrepancy. The State defines a significant discrepancy in the rates of suspension and expulsions of greater than 10 days in a school year for students with IEPs (disabilities) among LEAs in the State if the following criteria are met:

- The LEA must have an "n" size of greater than 10 with suspensions and expulsions of students with disabilities greater than 10 days in a school year; and
- The rate of suspensions/expulsions for students with IEPs is more than 1% higher than the average rate of suspensions and expulsions greater than 10 days among LEAs in the State.

The rates of suspensions and expulsions of greater than 10 days in a school year for students with IEPs were compared among LEAs in the State. If the LEA had an "n" size of greater than 10 students with disabilities who were suspended or expelled greater than 10 days and a long term suspension and expulsion rate for students with IEPs that was more than 1% higher than the State's average, they were considered to have a significant discrepancy in the rates of suspensions and expulsions.

Out of one hundred forty-seven (147) LEAs, sixteen (16) were excluded from the calculation because the district did not meet the minimum "n" size.

### Actions required in FFY 2016 response

The State did not provide valid and reliable data for FFY 2016. The State must provide valid and reliable data for FFY 2017 in the FFY 2017 SPP/APR.

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Responses to actions required in FFY 2016 response, **not including correction of findings**

The State has corrected the not valid and not reliable data for Indicator 4A as follows: One hundred twenty-three (123) LEAs met the minimum "n" size requirement, and twenty-nine (29) LEAs did not meet the minimum "n" size requirement and were excluded from the calculation. The narrative submitted in the 16-17 APR should not have read that one hundred twenty-three (123) LEAs were excluded from the calculation, but instead that one hundred twenty-three (123) LEAs were *included* in the calculation.

### FFY 2016 Identification of Noncompliance

#### Review of Policies, Procedures, and Practices (completed in FFY 2017 using 2016-2017 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The rates of suspension and expulsions of greater than 10 days in a school year for students with IEPs were compared among LEAs in the state. If the LEA had an "n" size of greater than 10 students with disabilities suspended or expelled greater than 10 days and a long term suspension and expulsion rate for students with IEPs that was 1% or higher than the average rate of suspensions and expulsions greater than 10 days among LEAs in the State, they were considered to have a significant discrepancy in the rates of suspensions and expulsions.

One hundred thirty-one (131) LEAs out of one hundred forty-seven (147) met the "n" size of greater than 10 suspensions and expulsions of students with disabilities for greater than 10 days in a school year. Sixteen (16) LEAs did not meet the "n" size of greater than 10 suspensions and expulsions of students with disability for greater than 10 days in a school year.

During FFY 2017 (using 2016-2017 data), one (1) LEA in the State was considered to have a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year of students with IEPs in which the policies, procedures, or practices contributed to the significant discrepancy. The one (1) LEA is a continued finding of non-compliance. Based upon the review of the policies, procedures, and practices, along with the students' IEPs, the State determined the one (1) LEA with continued non-compliance was not meeting the requirements of 34 CFR §300.170(b). The one (1) LEA was notified in writing of the non-compliance in accordance with the ISEAS. To verify if the LEA was in compliance with the 09-02 OSEP Memo, the took the following steps: The SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. The LEA's policies, procedures and practices were reviewed in the fall of 2017. Based upon this review, the State could not determine correction of non-compliance for this LEA consistent to the requirements of the OSEP Memo 09-02.

During FFY 2017 (using 2016-2017 data), one (1) LEA corrected the non-compliance from FFY 2016. The State verified correction of those findings consistent with OSEP Memo 09-02. Prong 1 and Prong 2 steps were taken to ensure that the individual cases of non-compliance as well as the systemic case of non-compliance were corrected and the regulatory requirements were met. In order to verify the correction of non-compliance the following were reviewed: the SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. The LEA's policies, procedures and practices were reviewed in the fall of 2017. The IEP checklist was also completed to verify the correction of the individual cases of non-compliance (this is attached). Based upon this review, it was determined that the LEA is correctly implementing the specific regulatory requirements.

- The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)
- The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:
  - The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Based upon the review of policies, procedures and practices, along with the students' IEPs, the State determined the one (1) LEA with continuing non-compliance was not meeting the requirements of 34 CRF §300.170(b). The LEA was notified in writing of the non-compliance in accordance with the ISEAS.

The one (1) LEA was required to revise policies, procedures and practices. The one (1) LEA was required to review all areas of non-compliance including the development of IEPs, use of positive behavioral interventions and supports, procedural safeguards, and adequate data submission that were identified through the self-assessment and were verified by the State through a review of the policies, procedures and practices. In addition, the IEPs were reviewed by the State for all students who were suspended or expelled for greater than 10 days.

The one (1) LEA was placed on a corrective action plan developed by the State, which included technical assistance in each area identified by the self-assessment, policies, procedures and practices review, IEP reviews, and on-site review.

- The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	0

**FFY 2016 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

On page 24 of the FFY 2016 APR, the State reported one (1) LEA missed the indicator in FFY 2016 (initial finding).

The one (1) LEA was found to be non-compliant with 34 CFR §170(b) requirements. The LEA was required to complete a self-assessment. All areas of non-compliance were reviewed including the development of IEPs, implementation of IEPs, use of positive behavioral interventions and supports, procedural safeguards, and adequate data submission. The self-assessment was reviewed by the SEB through an examination of the policies, procedures and practices. In addition, the SEB staff conducted a desk top review of student IEPs identified with more than 10 days of suspension and expulsion to include a review of the FFY 2017 data. The LEA was placed on a corrective action plan developed by the State that included technical assistance in each area identified.

The State verified correction of those findings consistent with OSEP Memo 09-02. Prong 1 and Prong 2 steps were taken to ensure that the individual cases of non-compliance as well as the systemic case of non-compliance were corrected and the regulatory requirements were met. In order to verify the correction of non-compliance the following were reviewed: the SEB sent out a list of individual students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. The LEA's policies, procedures and practices were reviewed in the fall of 2017. The IEP checklist was also completed to verify the correction of the individual cases of non-compliance (this is attached). Based upon this review, it was determined that the LEA is correctly implementing the specific regulatory requirements, and the individual cases of non-compliance as well as the systemic cases of non-compliance were corrected.



*Describe how the State verified that each individual case of noncompliance was corrected*

The State completed a subsequent review of the EOY data for FFY 2017 (discipline data from the 2017-2018 school year submitted June 2018), consistent with the OSEP Memo 09-02 for the one (1) LEA identified with non-compliance for FFY 2016. Based on the subsequent review of data submitted by the one (1) LEA for FFY 2017, it was determined that the one (1) LEA did not have a finding having corrected the non-compliance. In addition to the subsequent data review, the SEB has reviewed all IEPs that exceeded 10 days of suspension and expulsion to determine if policies, procedures and practices were corrected. It was determined that the LEA has met the requirements of 34 CFR §170(b).

The State verified correction of those findings consistent with OSEP Memo 09-02. Prong 1 and Prong 2 steps were taken to ensure that the individual cases of non-compliance as well as the systemic case of non-compliance were corrected and the regulatory requirements were met. In order to verify the correction of non-compliance the following were reviewed: the SEB sent out a list of individual students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. The LEA's policies, procedures and practices were reviewed in the fall of 2017. The IEP checklist was also completed to verify the correction of the individual cases of non-compliance (this is attached). Based upon this review, it was determined that the LEA is correctly implementing the specific regulatory requirements, and the individual cases of non-compliance as well as the systemic cases of non-compliance were corrected.

**FFY 2015 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

On page 26 of last year's FFY 2016 APR, the State reported that one (1) LEA missed the indicator in FFY 2015.

The one (1) LEA was found to be non-compliant with Part B requirements. The LEA was required to complete a self-assessment. All areas of non-compliance were reviewed including the development of IEPs, implementation of IEPs, use of positive behavioral interventions and supports, procedural safeguards, and adequate data submission. The self-assessment was reviewed by the SEB through an examination of the policies, procedures and practices. The LEA was placed on a corrective action plan that included technical assistance in each area identified. Lastly, the SEB has identified that technical assistance is needed in this area. The SEB has developed training modules which are available to all LEAs, including the one (1) non-compliant LEA. The training modules include data collection, development of functional behavioral assessments, implementation of behavior intervention plans, and progress monitoring of behavior plans.

The one (1) LEA in the State was considered to have a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year of students with IEPs in which the policies, procedures, or practices contributed to the significant discrepancy. The one (1) LEA is a continued finding of non-compliance from FFY 2015. Based upon the review of the policies, procedures, and practices, along with the students' IEPs, the State determined the one (1) LEA with continued non-compliance from FFY 2015 was not meeting the requirements of 34 CFR §300.170(b). The one (1) LEA was notified in writing of the non-compliance in accordance with the ISEAS. To verify if the LEA was in compliance with the 09-02 OSEP Memo, the took the following steps: The SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. Based upon this review, the State could not determine correction of non-compliance for this LEA consistent to the requirements of the OSEP Memo 09-02.

The LEA was placed on corrective action plan. The LEA is being monitored by SEB staff.

**OSEP Response**

In its calculation, the State used the total number of districts from 2017-18 in the denominator. OSEP notes that the measurement table requires that States examine data for the year before the reporting year (e.g., for the FFY 2017 APR, use data from 2016-2017). When reporting the total number of districts in the State under this indicator, the State should use the total number of districts for the year before the reporting year (e.g., for the FFY 2017 APR, use data from 2016-2017).

The State reported that noncompliance identified in FFY 2015 as a result of the review it conducted pursuant to 34 CFR §300.170(b) was not corrected. When reporting on the correction of this noncompliance, the State must demonstrate, in the FFY 2018 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2015: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The State must report, in the FFY 2018 SPP/APR, on the correction of noncompliance that the State identified in FFY 2017 as a result of the review it conducted pursuant to 34 CFR §300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Required Actions**



**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4B: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Compliance indicator: Rates of suspension and expulsion:

- A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Historical Data**

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data						0%	0%	0%	0%	0%	1.37%

FFY	2015	2016
Target	0%	0%
Data	0.68%	0.81%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	0%	0%

**FFY 2017 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 16

Number of districts that have a significant discrepancy, by race or ethnicity	Number of those districts that have policies, procedures, or practices that contribute to the significant discrepancy and do not comply with requirements	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1	0	131	0.81%	0%	0%

All races and ethnicities were included in the review

**State's definition of "significant discrepancy" and methodology**

Data for Indicator 4B were gathered from the Information Collection 1820-0621 (Report of Children with Disabilities Subject to Disciplinary Removal) submitted to OSEP in November 2017 (discipline data from the 2016-17 school year). The LEAs were required to submit their discipline data during the EOY data collection period, which was submitted to the State on June 30, 2017. The suspension and expulsion data was disaggregated by LEA and race and ethnicity to determine if the LEA had a significant discrepancy, by race and ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEP's.

The State has established a minimum "n" size. In order for a LEA to be flagged for possible significant discrepancy, by race and ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEP's, the LEA must meet the following criteria:

- An "n" size of greater than 10 students suspended or expelled for greater than 10 days in a school year; and
- An "n" size of greater than 10 students in any race or ethnicity category; and
- The rate of suspension/expulsions, by race and ethnicity, for children with IEPs is more than 1% greater than the average rate of suspension/expulsions greater than 10 days in a school year for students with IEPs among LEAs in the State.

This represents the first stage (flagging) in the significant discrepancy determination process. In order to determine if the LEA had significant discrepancy by race and ethnicity in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, and to determine if the LEA's policies, procedures, or practices contributed to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, use of positive behavioral interventions and supports, and procedural safeguards, the LEA is required to complete the Indicator 4 self-assessment attached to this indicator. The

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State reviews the self-assessment along with the LEAs policies, procedures and practices, including student data. After that review, it is determined if the deficient or non-compliant policies, procedures, and practices contributed to the significant discrepancy in the rates of suspension and expulsions by race and ethnicity for children with IEPs.

### Actions required in FFY 2016 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### FFY 2016 Identification of Noncompliance

#### Review of Policies, Procedures, and Practices (completed in FFY 2017 using 2016-2017 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

During FFY 2017 (using 2016-2017 data) one (1) LEA in the State was considered to have a significant discrepancy by race and ethnicity in the rates of suspension and expulsions greater than 10 days in a school year of students with IEPs in which the policies, procedures or practices contributed to the significant discrepancy. The one (1) LEA identified had continued non-compliance. The LEA was required to complete the Indicator 4 self-assessment. The Indicator 4 self-assessment is attached to this indicator.

The self-assessment includes the LEA's use of positive behavioral interventions and supports and the implementation of the procedural safeguards. The State also used the self-assessment to review the LEA's policies, procedures and practices relating to the development and implementation of IEPs. In addition, the IEPs were reviewed by the State for all students who were suspended or expelled for greater than 10 days. The IEP checklist is attached to this indicator.

Based upon the review of the policies, procedures and practices, along with the students' IEPs, the State determined the one (1) LEA with continued non-compliance was not meeting the requirements of 34 CFR §170(b). The LEA was notified in writing of the non-compliance in accordance with the ISEAS.

One (1) LEA was found non-compliant. The LEA's policies, procedures and practices were reviewed in the fall of 2018.

The State completed a subsequent review of the EOY data for FFY 2017 (discipline data from 2017-2018 school year submitted June 2018), consistent with the OSEP Memo 09-02, for the one (1) LEA identified with non-compliance. Based on the subsequent review of data submitted by the LEA for FFY 2017, the one (1) LEA with continued non-compliance from FFY 2015 was identified to have a continued finding of non-compliance according to the LEA's STARS data.

In addition to the subsequent data review, the SEB has requested all IEPs that exceeded 10 days of suspension to determine if the policies, procedures and practices are consistent with the initial finding. An additional subsequent data review, consistent with the OSEP Memo 09-02, will be completed with a review of the LEA's data for the 2017-2018 school year for all students with IEPs having over 10 days of suspension from the first day of school until the 120th day of school.

In addition, the SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Regional Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and IAES service provider logs if applicable. The information was then reviewed by Regional Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated.

One (1) LEA was identified with continuing non-compliance. When the State identifies non-compliance with Part B requirements, the LEA is required to revise policies, procedures and practices. The revision includes any areas of non-compliance (development of IEPs, implementation of IEPs, use of positive behavioral interventions and supports, procedural safeguards), which are identified through the self-assessment and are verified by the State through a review of the policies, procedures and practices. Based upon the self-assessment, an LEA is required to develop a corrective action plan. The corrective action plan is monitored by the SEB. The LEAs must meet all conditions of the corrective action plan in a timely manner. All individual cases of non-compliance must be corrected.

The one (1) LEA with continued non-compliance was notified in writing of the non-compliance in accordance with the ISEAS.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum


There were (2) LEAs in the State that were considered to have a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year of students with IEPs in which the policies, procedures, or practices contributed to the significant discrepancy in the 2016-2017 school year. Based upon the review of the policies, procedures, and practices, along with the students' IEPs, the State determined the one (1) LEA with continued non-compliance was not meeting the requirements of 34 CFR §300.170(b), and the other (1) LEA was meeting the requirements and was found to be non-compliant. The one (1) LEA was notified in writing of the non-compliance in accordance with the ISEAS. To verify if the LEAs were in compliance with the 09-02 OSEP Memo, the State took the following steps: The SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. Based upon this review, the State could not determine correction of non-compliance for this LEA consistent to the requirements of the OSEP Memo 09-02.

The State provided/will provide the following technical assistance to the non-compliant LEA:

1. On-site support to the LEA including consultation services to support behavior strategies. The on-site support, provided by TAESE and Southwest Regional Education Cooperative, included observations, recommendations, consultations and follow up. Behavior coaches were hired to support the LEA to implement the behavior strategies by assisting teachers and other service providers. LEA-wide professional development and delivering training was provided to assist the LEA in implementing appropriate behavior support skills including analyzing of behavioral data.
2. Online behavior modules are available for all LEAs. These behavior modules focus on student behavior strategies, in alignment with the SEB document "Addressing Student Behavior: A guide for educators" (<https://webnew.ped.state.nm.us/bureaus/special-education/technical-manuals/>). This asynchronous training is available to all LEAs statewide including the one (1) non-compliant LEA.

The State completed a subsequent review of EOY data for FFY 2017 (discipline data from 2017-2018 school year submitted June 2018), consistent with the OSEP Memo 09-02, for the one (1) LEA identified with non-compliance.

Based on the subsequent data review, consistent with OSEP Memo 09-02, one (1) LEA was identified to have a continued finding of non-compliance according to the LEA's STARS data and (1) one LEA had corrected the finding. In addition to the subsequent data review, the SEB has requested all IEPs that exceeded 10 days of suspension to determine if policies, procedures and practices are consistent with the initial finding. The State determined that the one (1) LEA was not meeting the requirements of 34 CFR §300.170(b). The one (1) non-compliant LEA was placed on a corrective action plan.

 The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
1	1	null	0

**FFY 2016 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

On page 27 of the FFY 2016 APR, the State reported one (1) LEA missed the indicator in FFY 2016 (initial finding).

The one (1) LEA that had the non-compliance has subsequently corrected with 34 CFR §300.170(b) requirements. The SEB examined the LEAs policies, procedures and practices through a self assessment. The self-assessment is used to determine which areas on the polices, procedures, and practices need to be updated. Based upon the review of the policies, procedures, and practices, along with the students' IEPs, the State determined the one (1) LEA is now meeting the requirements of 34 CFR §300.170(b) and the systemic correction of non-compliance has been corrected.

*Describe how the State verified that each individual case of noncompliance was corrected*

The State completed a subsequent review of the data, consistent with the OSEP Memo 09-02 for the one (1) LEA identified with non-compliance for FFY 2016. Based on the subsequent review of data submitted by the LEA, it was determined that the LEA did not have a finding, having corrected the non-compliance. In addition to the subsequent data review, the SEB has reviewed all IEPs that exceeded 10 days of suspension and expulsion to determine if policies, procedures and practices were corrected. It was determined that the LEA has met the requirements of 34 CFR §300.170(b).

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Based upon the review of the policies, procedures, and practices, along with the students' IEPs, the State determined the one (1) LEA with continued non-compliance is now meeting the requirements of 34 CFR §300.170(b). The one (1) LEA was notified in writing of the non-compliance in accordance with the ISEAS. To verify if the LEAs were in compliance and had corrected the individual cases of non-compliance with the 09-02 OSEP Memo, the State took the following steps: The SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit subsequent data of the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. Based upon this review, the State determined correction of non-compliance for this LEA consistent to the requirements of the OSEP Memo 09-02 and all individual case of non-compliance were corrected.

### FFY 2015 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

On page 30 of last year's FFY 2016 APR, the State reported that one (1) LEA missed the indicator in FFY 2015.

Based upon the review of the policies, procedures, and practices, along with the students' IEPs, the State determined the one (1) LEA with continued non-compliance was not meeting the requirements of 34 CFR §300.170(b). The one (1) LEA was notified in writing of the non-compliance in accordance with the ISEAS. To verify if the LEAs were in compliance with the 09-02 OSEP Memo, the State took the following steps: The SEB sent out a list of students to the LEA who flagged in the significant discrepancy finding. The LEA was required to submit the following documents so that a review could be completed by Region Education Cooperative #6: completed IEP checklist for each student, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and Interim Alternative Educational Setting (IAES) service provider logs if applicable. The information was reviewed by Region Education Cooperative #6 to help determine what portions of the LEA's policies, procedures, and practices needed to be updated. Based upon this review, the State could not determine correction of non-compliance for this LEA consistent to the requirements of the OSEP Memo 09-02.

For the one (1) non-compliant LEA, in addition to the above described procedures, additional data points were reviewed to assist with the validation. The STARS templates built by the State allowed the LEA to monitor its progress throughout the year. In addition, the non-compliant LEA was required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEA was placed on corrective action plan. The LEA is being monitored by SEB staff.

### OSEP Response

In its calculation, the State used the total number of districts from 2017-18 in the denominator. OSEP notes that the measurement table requires that States examine data for the year before the reporting year (e.g., for the FFY 2017 APR, use data from 2016-2017). When reporting the total number of districts in the State under this indicator, the State should use the total number of districts for the year before the reporting year (e.g., for the FFY 2017 APR, use data from 2016-2017).

OSEP's response to the State's FFY 2016 SPP/APR required the State to include in the FFY 2017 SPP/APR that it has verified that each district with remaining noncompliance identified in FFY 2015 and FFY 2014: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. The State did not provide the required information.

When reporting on the correction of the remaining noncompliance identified in FFY 2014, the State reported in the data table that there were zero findings of noncompliance not yet verified as corrected in its FFY 2016 APR. However, in its FFY 2016 APR submission, the State reported that one remaining finding of noncompliance identified in FFY 2014 was not corrected. The State did not provide an explanation of the data overwrite. OSEP notes that the State reported that the one remaining finding of noncompliance in FFY 2015 has not been corrected.

The State reported that noncompliance identified in FFY 2015 as a result of the review it conducted pursuant to 34 CFR §300.170(b) was not corrected. When reporting on the correction of this noncompliance, the State must demonstrate, in the FFY 2018 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2015: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

### Required Actions

The State reported that noncompliance identified in FFY 2016, FFY 2015 and FFY 2014 as a result of the review it conducted pursuant to 34 CFR §300.170(b) was partially corrected. When reporting on the correction of noncompliance, the State must demonstrate, in the FFY 2018 APR, that it has verified that each district with remaining noncompliance identified in FFY 2015 and FFY 2014: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Educational Environments (children 6-21)**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2005	Target ≥			54.00%	58.00%	62.00%	66.00%	60.00%	60.00%	60.00%	60.00%	50.00%
		Data		50.00%	51.00%	52.48%	53.10%	54.89%	53.84%	52.35%	50.40%	49.74%	50.61%
B	2005	Target ≤			18.50%	17.00%	15.50%	14.00%	15.00%	17.00%	11.00%	11.00%	20.00%
		Data		19.00%	19.00%	18.80%	19.50%	20.19%	20.26%	20.63%	20.60%	20.68%	19.64%
C	2005	Target ≤			2.01%	2.00%	1.99%	1.98%	1.97%	1.96%	1.95%	1.95%	1.95%
		Data		1.60%	2.02%	1.34%	1.50%	1.36%	1.15%	1.10%	1.09%	0.93%	0.91%

	FFY	2015	2016
A	Target ≥	50.00%	53.00%
	Data	49.80%	49.82%
B	Target ≤	19.00%	18.00%
	Data	19.19%	18.62%
C	Target ≤	1.90%	0.91%
	Data	0.91%	0.87%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A ≥	53.00%	53.00%
Target B ≤	18.00%	18.00%
Target C ≤	0.91%	0.91%

Key:

**Explanation of Changes**

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicator 5. The targets for FFY 2017 have been set at 53% for Target A and 18% for Target B. The targets for FFY 2018 have been set at 53% for Target A and 18% for Target B. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	<a href="#">Total number of children with IEPs aged 6 through 21</a>	48,425	null

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	<a href="#">A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day</a>	24,181	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	<a href="#">B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day</a>	8,783	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	<a href="#">c1. Number of children with IEPs aged 6 through 21 in separate schools</a>	206	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	<a href="#">c2. Number of children with IEPs aged 6 through 21 in residential facilities</a>	77	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	<a href="#">c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements</a>	99	null

**FFY 2017 SPP/APR Data**

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	24,181	48,425	49.82%	53.00%	49.93%
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	8,783	48,425	18.62%	18.00%	18.14%
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	382	48,425	0.87%	0.91%	0.79%

**Provide additional information about this indicator (optional)**

**Actual Target Data for FFY 2017:**

Indicator 5A-Target Not Met. The State did not meet the target of 53% of students with IEPs aged 6-21 served inside the regular class 80% or more of the day. Actual data for FFY 2017 was 49.93%.

Indicator 5B-Target Not met. The State did not meet the target of 18% of students with IEPs aged 6-21 served inside the regular class less than 40% of the day. Actual data for FFY 2017 was 18.14%.

Indicator 5C-Target Met. The State exceeded the target of 0.91% of students with IEPs aged 6-21 served in separate schools, residential facilities, or homebound/hospital placements. Actual data for FFY 2017 was 0.79%.

The State did not meet the target for Indicator 5A by 3.07% demonstrating a slight increase from FFY 2016 of 0.11%. The State did not meet the target for Indicator 5B by 0.14% and showed a slight decrease from FFY 2016 of 0.48%. The State exceeded the target for Indicator 5C.

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State revised its targets for this indicator, and OSEP accepts those targets.

**Required Actions**



**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 6: Preschool Environments**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3 through 5 attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.

(20 U.S.C. 1416(a)(3)(A))

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2011	Target ≥									48.80%	48.80%	50.00%
		Data								47.70%	44.70%	43.20%	44.90%
B	2011	Target ≤									32.00%	32.00%	30.00%
		Data								33.50%	36.90%	40.30%	41.73%

	FFY	2015	2016
A	Target ≥	50.00%	52.00%
	Data	43.86%	41.57%
B	Target ≤	28.00%	26.00%
	Data	42.26%	43.75%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A ≥	52.00%	52.00%
Target B ≤	26.00%	26.00%

Key:

**Explanation of Changes**

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicator 6. The target for FFY 2017 for Target A has been set at 52% and the target for Target B has been set at 26%. The target for FFY 2018 for Target A has been set at 52% and the target for Target B has been set at 26%. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	<a href="#">Total number of children with IEPs aged 3 through 5</a>	4,413	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	<a href="#">a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</a>	1,947	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	<a href="#">b1. Number of children attending separate special education class</a>	1,521	null

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	<a href="#">b2. Number of children attending separate school</a>	266	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	<a href="#">b3. Number of children attending residential facility</a>	n	null

**FFY 2017 SPP/APR Data**

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	1,947	4,413	41.57%	52.00%	44.12%
B. Separate special education class, separate school or residential facility	1,787	4,413	43.75%	26.00%	40.49%

Use a different calculation methodology

Provide additional information about this indicator (optional)

**Actual Target Data for FFY 2017:**

Indicator 6A-Target Not Met. The State did not meet the target of 52% of students with IEPs aged 3-5 served in a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program. Actual data for FFY 2017 was 44.12%.

Indicator 6B-Target Not met. The State did not meet the target of 26% of students with IEPs aged 3-5 served in a separate special education class, separate school or residential facility. Actual data for FFY 2017 was 40.49%.

The State did not meet the target for Indicator 6A by 7.88% and demonstrated an increase from FFY 2016 of 2.55%. The State did not meet the target for Indicator 6B by 14.49% and showed a decrease from FFY 2016 of 3.26%.

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State revised its targets for this indicator, and OSEP accepts those targets.

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: Preschool Outcomes**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A1	2014	Target ≥						74.90%	75.00%	75.00%	75.20%	75.20%	
		Data					74.70%	71.40%	78.30%	76.50%	74.00%	72.58%	77.73%
A2	2014	Target ≥						66.10%	66.20%	66.20%	66.40%	66.40%	
		Data					64.90%	59.60%	68.20%	37.10%	58.30%	44.34%	54.43%
B1	2014	Target ≥						74.70%	74.80%	74.80%	75.00%	75.00%	
		Data					74.60%	73.00%	75.60%	77.50%	76.00%	72.77%	76.49%
B2	2014	Target ≥						62.80%	62.90%	62.90%	63.10%	63.10%	
		Data					62.70%	62.10%	61.70%	34.20%	54.00%	49.30%	50.31%
C1	2014	Target ≥						74.40%	74.50%	74.50%	74.70%	74.70%	
		Data					74.30%	73.40%	76.30%	76.60%	75.70%	71.30%	76.85%
C2	2014	Target ≥						71.90%	72.00%	72.00%	72.20%	72.20%	
		Data					71.70%	71.00%	71.90%	46.00%	65.20%	58.01%	62.15%

	FFY	2015	2016
A1	Target ≥	77.73%	77.73%
	Data	78.41%	75.95%
A2	Target ≥	54.43%	54.43%
	Data	54.33%	51.10%
B1	Target ≥	76.49%	76.49%
	Data	77.68%	73.70%
B2	Target ≥	50.31%	50.31%
	Data	49.89%	49.54%
C1	Target ≥	76.85%	76.85%
	Data	78.37%	76.84%
C2	Target ≥	62.15%	62.33%
	Data	62.33%	60.28%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A1 ≥	77.73%	77.80%
Target A2 ≥	54.43%	54.50%
Target B1 ≥	76.49%	76.50%
Target B2 ≥	50.31%	50.35%
Target C1 ≥	76.85%	76.86%
Target C2 ≥	62.33%	62.35%

Key:

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**FFY 2017 SPP/APR Data**

Number of preschool children aged 3 through 5 with IEPs assessed	3,864
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**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	64	1.66%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	588	15.22%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,287	33.31%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,047	27.10%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	878	22.72%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. (c+d)/(a+b+c+d)	2334.00	2986.00	75.95%	77.73%	78.16%
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. (d+e)/(a+b+c+d+e)	1925.00	3864.00	51.10%	54.43%	49.82%

**Reasons for A2 Slippage**

The State did not meet the target for Indicator A2 and demonstrated slippage of 1.28 percentage points from FFY 2016 (51.10%) to FFY 2017 (49.82%). The number of preschool children aged 3 through 5 with IEPs increased in FFY 2017 (3864) from FFY 2016 (2961) by 903; therefore having an impact on the indicator calculations due to a larger denominator.

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	78	2.02%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	692	17.91%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,348	34.89%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,001	25.91%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	745	19.28%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
B1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. (c+d)/(a+b+c+d)	2349.00	3119.00	73.70%	76.49%	75.31%
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. (d+e)/(a+b+c+d+e)	1746.00	3864.00	49.54%	50.31%	45.19%

**Reasons for B2 Slippage**

The State did not meet the target for Indicator B2 and demonstrated slippage of 4.35 percentage points from FFY 2016 (49.54%) to FFY 2017 (45.19%). The number of preschool children aged 3 through 5 with IEPs increased in FFY 2017 (3864) from FFY 2016 (2961) by 903; therefore having an impact on the indicator calculations due to a larger denominator.

**Outcome C: Use of appropriate behaviors to meet their needs**

	Number of Children	Percentage of Children
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**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	65	1.68%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	505	13.07%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,046	27.07%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,028	26.60%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,220	31.57%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
C1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. $(c+d)/(a+b+c+d)$	2074.00	2644.00	76.84%	76.85%	78.44%
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. $(d+e)/(a+b+c+d+e)$	2248.00	3864.00	60.28%	62.33%	58.18%

**Reasons for C2 Slippage**

The State did not meet the target for Indicator C2 and demonstrated slippage of 2.10 percentage points from FFY 2016 (60.28%) to FFY 2017 (58.18%). The number of preschool children aged 3 through 5 with IEPs increased in FFY 2017 (3864) from FFY 2016 (2961) by 903; therefore having an impact on the indicator calculations due to a larger denominator.

**Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years?** Yes

**Was sampling used?** No

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?** Yes

**List the instruments and procedures used to gather data for this indicator.**

The data is collected through STARS. Ongoing training and support are provided by the SEB to LEAs on data collection procedures for Early Childhood Outcomes.

**Actions required in FFY 2016 response**

none

**OSEP Response**

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8: Parent involvement**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

Do you use a separate data collection methodology for preschool children? No

**Historical Data**

Baseline Data: 2010

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target ≥			86.50%	87.00%	87.50%	88.00%	80.80%	81.30%	81.80%	81.80%	82.00%
Data		86.00%	89.50%	75.30%	83.90%	80.30%	80.20%	84.70%	82.90%	84.81%	82.69%

FFY	2015	2016
Target ≥	83.00%	84.00%
Data	86.17%	82.45%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target ≥	84.00%	84.00%

Key:

**Explanation of Changes**

The targets for FFY 2017 and FFY 2018 were revised based on stakeholder input for Indicator 8. The target for FFY 2017 has been set at 84% and the target for FFY 2018 has been set at 84%. The targets were revised to be in alignment with ESSA.

**Targets: Description of Stakeholder Input**

In FFY 2017, a stratified random number of 15,315 parents was generated from all parents who had students age 3-21 receiving special education services during the 2017-18 school year. These parents were mailed a survey. A total of 972 were returned for a response rate of 6.4%.

To determine the State's Overall Parental Involvement Percentage, the percentage of parents who agreed, strongly agreed, or very strongly agreed to the question "The school facilitated parent involvement as a means of improving services for my child(ren)" was calculated. (Sixteen (16) parents did not answer the survey question used to calculate parent involvement; thus the parent involvement percentage is based on nine hundred fifty-six (956) parents.)

The Parental Involvement Percentage increased 1.76 percentage points from 2016-17 to 2017-18 (from 82.45% to 84.21%). The State met the target of 84.00%.

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Display 8-1: Percent of Parents Who Report that the School Facilitated Their Involvement, Results Over Time**

	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017
Total number of Parent respondents	598	914	1243	1284	1278	1140	1784	1501	1259	1373	1003	957
Number who reported school facilitated their involvement	535	688	1043	1031	1025	966	1479	1273	1236	1345	827	805

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Percentage who reported school facilitated their involvement	89.5%	75.3%	83.9%	80.3%	80.2%	84.7%	82.9%	84.8%	82.7%	86.2%	82.5%	84.2%
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**FFY 2017 SPP/APR Data**

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
805	956	82.45%	84.00%	84.21%

The number of parents to whom the surveys were distributed.	6.24%	15315.00
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The percentage shown is the number of respondent parents divided by the number of parents to whom the survey was distributed.

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

Parents of all students with disabilities, including preschool students with disabilities, are given an opportunity to complete the survey. Parents of students at all grade levels, including preschool, received and responded to the survey.

In FFY 2017, the survey was distributed to a stratified, representative number of 15,315 parents of children receiving special education services, including parents of preschool children. A total of 972 surveys were returned for a response rate of 6.4%. Out of the 972 parents who responded to the overall survey, 805 of the 972 parents responded specifically to the question reporting how the schools facilitated parent involvement as a means of improving services and results for children with disabilities for a response rate of 6.2% for that specific question. The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of all special education students. This comparison indicates the results are representative (1) by geographic region where the child attends school and (2) by the grade level of the child. Preschool children are identified as a target group in the survey (See attached Parent Survey for demographic questions that include preschool as a reporting option). Data are analyzed specific to grade level. Preschool parents represented seven percent (7%) of the total respondents, with sixty-eight (68) parents responding.

Was sampling used? No

Was a survey used? Yes

Is it a new or revised survey? No

The demographics of the parents responding are representative of the demographics of children receiving special education services. Yes

Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of all special education students. This comparison indicates the results are generally representative (1) by geographic region where the child attends school; (2) by the grade level of the child; and (3) by primary disability of the child.

In FFY 2017, the survey was distributed to a stratified, representative number of 15,315 parents of children receiving special education services. A total of 972 surveys were returned for a response rate of 6.4%. The representativeness of the surveys was assessed by examining the demographic characteristics of the children of the parents who responded to the survey to the demographic characteristics of all special education students.

This comparison indicates the results are generally representative (1) by geographic region where the child attends school; and (2) by the age/grade level of the child. However, parents of students with a specific learning disability were under-represented; and parents of Hispanic students were under-represented. Twenty percent (20%) of the parents who responded reported having a child who had a specific learning disability whereas forty-three percent (43%) of students in the sample had a specific learning disability. Forty-seven percent (47%) of the parents who responded reported having a child who was Hispanic whereas sixty percent (60%) of students in the sample were Hispanic. However, please note that parent respondents self-report primary disability and ethnicity.

The SEB Management Analyst is going to compare the response rates by LEA to determine which LEAs have a relatively high response rate and will follow-up with these LEAs to see what they are doing to encourage parents to complete the survey. The SEB will then

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

present the information to the Director's at the Special Education Director's Academy to encourage more participation. The SEB will then follow-up with phone calls to the LEAs with low response rates to encourage participation.

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State revised its targets for this indicator, and OSEP accepts those targets.

**Required Actions**



**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Disproportionate Representation**

Monitoring Priority: Disproportionate Representation

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

**Historical Data**

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		7.90%	0%	0%	0%	0%	0%	0%	0%	0%	0%

FFY	2015	2016
Target	0%	0%
Data	0%	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	0%	0%

**FFY 2017 SPP/APR Data**

Has the State established a minimum n and/or cell size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 16

Number of districts with disproportionate representation of racial and ethnic groups in special education and related services	Number of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1	0	131	0%	0%	0%

Were all races and ethnicities included in the review?  Yes  No

Define “disproportionate representation.” Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

In order that a LEA be considered to have disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification, the following criteria must be met:

- An “n” size of greater than 10 students or more in the racial and ethnic groups; and
- Risk Ratio (RR) and Alternate Risk Ratio (ARR) of 3.0 or above (over-representation) for students aged 6 – 21; and
- Deficient policies, procedures, and/or practices.

Out of one hundred forty-seven (147) LEAs, sixteen (16) LEAs were excluded from the calculation because the LEA did not meet the minimum “n” size. In other words, the LEA did not have greater than 10 students in any of the seven racial/ethnic categories. One hundred thirty-one (131) LEAs met the State's minimum “n” size.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Using the criteria established above, the State determined that one (1) LEA was flagged for possible disproportionate representation. In other words, the LEA had a “n” size of greater than 10 and a risk ratio and alternate risk ratio of 3.0 or above (over-representation).

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The LEA was notified in writing of the possible disproportionate representation and was required to complete the Indicator 9 self-assessment tool. The self-assessment tool is attached to this indicator. The purpose of the self-assessment is to determine if the LEA has deficient policies, procedures, and practices. The SEB examined the self-assessment to determine if the policies, procedures, and practices are deficient and contributed to the inappropriate identification. The SEB then contacted the Special Education Director and interviewed him/her based upon the self-assessment information, which includes the policies, procedures, and practices. Upon conclusion of this process, it was determined that the one (1) LEA was not non-compliant for this Indicator.

In addition, the SEB sends out a list of students to the LEA who flagged in the "possible disproportionality" finding. The LEA is then required to submit the following documents so that a review can be completed by Regional Education Cooperative #6: Student Assistance Team (SAT) paperwork for each flagged student, reason for referral, length of time in SAT, interventions implemented, reason student was sent for testing/evaluation, diagnostic report, and/or REED (Review of Existing Evaluation Data). The information is reviewed by the Regional Education Cooperative #6 to help determine what portion(s) of the LEA's policies, procedures, and practices need to be updated.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**OSEP Response**

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 10: Disproportionate Representation in Specific Disability Categories**

Monitoring Priority: Disproportionate Representation

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

**Historical Data**

Baseline Data: 2016

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			0%	0%	0%	0%	0%	0%	0%	0%	0%
Data		7.90%	5.60%	3.30%	5.37%	3.92%	3.28%	0.78%	0.71%	0%	0%

FFY	2015	2016
Target	0%	0%
Data	0%	0%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	0%	0%

**FFY 2017 SPP/APR Data**

Has the State established a minimum n and/or cell size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 16

Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
9	0	131	0%	0%	0%

Were all races and ethnicities included in the review?  Yes  No

Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

In order that a LEA be considered to have disproportionate representation of racial and ethnic groups in a specific disability category that was the result of inappropriate identification, the following criteria must be met:

- An "n" size of greater than 10 students or more in the racial and ethnic groups and the specific disability category; and
- A risk ratio (RR) and alternate risk ratio (ARR) of 3.0 or above (over representation) for students aged 6 – 21; and
- Deficient policies, procedures, and/or practices.

Out of one hundred forty-seven (147) LEAs, sixteen (16) LEAs were excluded from the calculation because the LEA did not meet the minimum "n" size. In other words, the LEA did not have greater than 10 students in any of the seven racial/ethnic categories. One hundred thirty-one (131) LEAs met the State's minimum "n" size.

Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Using the criteria established above, the State identified nine (9) LEAs with flags for possible disproportionate representation in specific disability categories out of the one hundred thirty-one (131) LEAs who met the minimum "n" size requirement. In other words, the LEAs had an "n" size of greater than 10 and a risk ratio and alternate risk ratio of 3.0 or above. The nine (9) LEAs flagged for possible

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occurrences of over representation and were required to complete a self-assessment. The completed self-assessment was submitted to the SEB for review. The SEB also reviewed the LEA's policies, procedures, and practices. Desk audits were completed of the self-assessments, policies, procedures, and practices. In addition, the SEB sends out a list of students to the LEA who flagged in the "possible disproportionality" finding. The LEA is then required to submit the following documents so that a review can be completed by Regional Education Cooperative #6: SAT paperwork for each flagged student, reason for referral, length of time in SAT, interventions implemented, reason student was sent for testing/evaluation, diagnostic report, and/or REED (Review of Existing Evaluation Data). The information is reviewed by the Regional Education Cooperative #6 to help determine what portion(s) of the LEA's policies, procedures, and practices need to be updated. The self-assessment tool is attached to this indicator.

Based upon the findings obtained through the process described above, no LEAs were found to have disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification. The nine (9) LEAs were found to be correctly implementing the regulatory requirements.

- 34 CFR § 300.111 (Child Find)
- 34 CFR § 300.300 (Parental Consent)
- 34 CFR § 300.131 (Child Find for Parentally Placed Private School Children With Disabilities)
- 34 CFR § 300.321 (IEP Team)
- 34 CFR § 300.304(b)(4) (Use of a Variety of Assessment Tools and Strategies)
- 34 CFR § 300.304(c) (Assessments are not Discriminatory and Administered in the Child's Native Language)
- 34 CFR § 300.301 through 300.306(b)(iii) (Initial Evaluations - Limited English Proficiency)

None of the nine (9) LEAs were considered to have disproportionate representation due to inappropriate identification.

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
0	0	0	0

**OSEP Response**

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: Child Find**

Monitoring Priority: Effective General Supervision Part B / Child Find

Compliance indicator: Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		80.00%	37.10%	97.10%	98.90%	99.30%	99.20%	98.20%	98.10%	98.77%	99.34%

FFY	2015	2016
Target	100%	100%
Data	99.40%	99.06%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
8,510	8,481	99.06%	100%	99.66%

Number of children included in (a), but not included in (b) [a-b]	29
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Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Twenty-nine (29) student evaluations from eight (8) LEAs went beyond the 60-day timeline. However, all of the students had their evaluations completed 1-255 days beyond the 60-day timeline. All of the individual cases of non-compliance identified in FFY 2017 have been corrected and the Prong 1 criteria has been met. This was validated through the review of the twenty-nine (29) student files in STARS and included review of the consent dates, evaluation dates, eligibility determination and IEP information for those students who qualified for special education and related services. Four (4) of the eight (8) LEAs had initial findings with four (4) LEAs having continued non-compliance.

**Indicate the evaluation timeline used**

- The State used the 60 day timeframe within which the evaluation must be conducted.
- The State established a timeline within which the evaluation must be conducted.

**What is the source of the data provided for this indicator?**

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

LEAs were required to submit data on initial evaluations for special education and related services each reporting period into STARS. In FFY 2017, the reporting periods were the second Wednesdays in October, December and February and the EOY. In addition to the 3/3/2020

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student’s demographic data and information, LEAs were required to enter the date of parental consent and the date the evaluation was completed. STARS then automatically calculated the number of days between parental consent and the initial evaluation. If the number of days was beyond 60, the individual file was “red flagged” and the LEA was required to enter a code indicating the reason for the delay in the completion of the evaluation. The only reasons for delay that were considered compliant with the IDEA were those included in 34 CFR § 300.301(d): the parent repeatedly fails or refuses to produce the child for the evaluation or the child enrolls in a school of another LEA after the timeframe for the initial evaluation has begun. Any other reason for a delay was considered non-compliant with 34 CFR § 300.301 (c)(1)(i).

**Actions required in FFY 2016 response**

none

Note: Any actions required in last year’s response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State’s only actions required in last year’s response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	11	0	2

**FFY 2016 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

On page 47 of last year’s FFY 2016 APR, the State reported that twenty-two (22) LEAs missed the indicator in FFY 2016 with thirteen (13) of the LEAs having initial findings and nine (9) LEAs having continued findings.

Based on the State’s review of updated data, such as data from subsequent on-site monitoring or data collected through STARS, eleven (11) out of the thirteen (13) LEAs from FFY 2016 were found to be correctly implementing the following specific regulatory requirements:

- 34 CFR § 300.300
- 34 CFR § 300.301
- 34 CFR § 300.304
- 34 CFR § 300.305
- 34 CFR § 300.307
- 34 CFR § 300.309
- 34 CFR § 300.310

Eleven (11) of the thirteen (13) LEAs with initial findings corrected the non-compliance as soon as possible and in no case later than one year after the State’s identification.

Additional data points were reviewed to assist with the validation. These included following up with STARS to determine if the LEA’s membership count report increased to account for the new students. The students’ initial IEP dates were also verified.

In addition to the continuous monitoring by SEB staff, the STARS templates built by the State allowed the LEAs to monitor their progress throughout the year. LEAs were required to submit data on initial evaluations for special education and related services each reporting period into STARS. In FFY 2016 and FFY 2017, the reporting periods were the second Wednesdays in October, December and February and the end-of-year. In addition to the student’s demographic data and information, LEAs were required to enter the date of parental consent and the date the evaluation was completed. STARS then automatically calculated the number of days between parental consent and the initial evaluation. If the number of days was beyond 60, the individual file was “red flagged” and the LEA was required to enter a code indicating the reason for the delay in the completion of the evaluation. The only reasons for delay that were considered compliant with the IDEA were those included in 34 CFR § 300.301(d): the parent repeatedly fails or refuses to produce the child for the evaluation or the child enrolls in a school of another LEA after the timeframe for the initial evaluation has begun. Any other reason for delay was considered non-compliant with 34 CFR § 300.301 (c)(1)(i).

*Describe how the State verified that each individual case of noncompliance was corrected*

The State monitors Indicator 11 data through ongoing desk top monitoring at each reporting period (40th, 80th, 120th, and EOY). LEAs complete a root causes analysis and are placed on corrective action plans to correct Prong 1 and Prong 2 when non-compliance is found. Based on this review eleven (11) of the thirteen (13) LEAs with initial findings in FFY 2016 corrected all individual cases of non-compliance.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using the

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State's data system and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by SEB staff. In addition, the LEAs are required to submit their district's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

### FFY 2016 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

For the two (2) non-compliant LEAs, in addition to the above described procedures, additional data points were reviewed to assist with the validation. These included following up with STARS to determine if the LEA's membership count report increased to account for the new students. The students' initial IEP dates were also verified. The STARS templates built by the State allowed the LEAs to monitor their progress throughout the year. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans. Both LEAs are being monitored by SEB staff.

### FFY 2015 Findings of Noncompliance Verified as Corrected

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

On page 48 of the FFY 2016 APR, the State reported that in FFY 2015 there were six (6) LEAs that had continued non-compliance. Four (4) LEAs corrected the non-compliance in a timely manner but in no case later than one year from identification of the non-compliance with two (2) LEAs having continued non-compliance. In addition to continuous monitoring by SEB staff, the STARS templates built by the State allowed the LEAs to monitor their progress through the year. LEAs were required to submit data on initial evaluations for special education and related services each reporting period into STARS. In FFY 2016 and FFY 2017, the reporting periods were the second Wednesdays in October, December and February and the end-of-year. In addition to the student's demographic data and information, LEAs were required to enter the date of parental consent and the date the evaluation was completed. STARS then automatically calculated the number of days between parental consent and the initial evaluation. If the number of days was beyond 60, the individual file was "red flagged" and the LEA was required to enter a code indicating the reason for the delay in the completion of the evaluation. The only reasons for delay that were considered compliant with the IDEA were those included in 34 CFR § 300.301(d): the parent repeatedly fails or refuses to produce the child for the evaluation or the child enrolls in a school of another LEA after the timeframe for the initial evaluation has begun. Any other reason for delay was considered non-compliant with 34 CFR § 300.301 (c)(1)(i).

*Describe how the State verified that each individual case of noncompliance was corrected*

The State monitors Indicator 11 data through ongoing desk top monitoring at each reporting period (40th, 80th, 120th, and EOY). LEAs complete a root cause analysis and are placed on corrective action plans to correct Prong 1 and Prong 2 when non-compliance is found. Based on this review, the two (2) LEAs with continued non-compliance from FFY 13 and the one (1) LEA with continued non-compliance from FFY 2012 corrected all individual cases of non-compliance and four (4) of the six (6) LEAs with continuing non-compliance from FFY 2015 corrected all individual cases of non-compliance. This was validated through the review of all the individual student files in STARS and included review of the consent dates, evaluation dates, eligibility determination and IEP information for those students who qualified for special education and related services to verify Prong 1 from OSEP Memo 09-02 was met. To verify Prong 2 from OSEP Memo 09-02, the SEB staff reviewed the root causes analysis, the practices, procedures, and policies from the non-compliant LEAs and had the LEA revise if necessary.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using the State's data system and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by SEB staff. In addition, the LEAs are required to submit their district's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic compliance of non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

### FFY 2015 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

The two (2) non-compliant LEAs with initial findings in FFY 2015 were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs are being monitored by SEB staff and are being provided with technical assistance and professional development for Indicator 11. In addition, the two (2) remaining LEAs were placed on a corrective action plan with specific strategies to address areas found in the root cause analyses, are receiving on-site monitoring, and were assigned a Special Education Technical Assistance Team through TAESE. The continued and longstanding non-compliance was considered in the LEA's annual determination.

The State monitors Indicator 11 data through ongoing desk top monitoring at each reporting period (40th, 80th, 120th, and EOY). LEAs

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complete a root cause analysis and are placed on corrective action plans to correct Prong 1 and Prong 2 when non-compliance is found.

The two (2) LEAs with continuing non-compliance were placed on a corrective action plan and are being monitored by the SEB staff.

**FFY 2013 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

On page 49 of the FFY 2016 APR, the State reported that in FFY 2013 there were two (2) LEAs that had continued non-compliance and one (1) LEA from FFY 2012 with continued non-compliance for a total of three (3) LEAs with continued non-compliance. The three (3) LEAs corrected the non-compliance in a timely manner but in no case later than one year from identification of the non-compliance. In addition to continuous monitoring by SEB staff, the STARS templates built by the State allowed the LEAs to monitor their progress through the year. LEAs were required to submit data on initial evaluations for special education and related services each reporting period into STARS. In FFY 2016 and FFY 2017, the reporting periods were the second Wednesdays in October, December and February and the EOY. In addition to the student’s demographic data and information, LEAs were required to enter the date of parental consent and the date the evaluation was completed. STARS then automatically calculated the number of days between parental consent and the initial evaluation. If the number of days was beyond 60, the individual file was “red flagged” and the LEA was required to enter a code indicating the reason for the delay in the completion of the evaluation. The only reasons for delay that were considered compliant with the IDEA were those included in 34 CFR § 300.301(d): the parent repeatedly fails or refuses to produce the child for the evaluation or the child enrolls in a school of another LEA after the timeframe for the initial evaluation has begun. Any other reason for delay was considered non-compliant with 34 CFR § 300.301 (c)(1)(i).

*Describe how the State verified that each individual case of noncompliance was corrected*

The State monitors Indicator 11 data through ongoing desk top monitoring at each reporting period (40th, 80th, 120th, and EOY). LEAs complete a root cause analysis and are placed on corrective action plans to correct Prong 1 and Prong 2 when non-compliance is found. Based on this review, the two (2) LEAs with continued non-compliance from FFY 13 and the one (1) LEA with continued non-compliance from FFY 2012 corrected all individual cases of non-compliance and four (4) of the six (6) LEAs with continuing non-compliance from FFY 2015 corrected all individual cases of non-compliance. This was validated through the review of all the individual student files in STARS and included review of the consent dates, evaluation dates, eligibility determination and IEP information for those students who qualified for special education and related services to verify Prong 1 from OSEP Memo 09-02 was met. To verify Prong 2 from OSEP Memo 09-02, the SEB staff reviewed the root causes analysis, the practices, procedures, and policies from the non-compliant LEAs and had the LEA revise if necessary.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using the State’s data system and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by SEB staff. In addition, the LEAs are required to submit their district’s policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic compliance of non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. In addition, the State must demonstrate, in the FFY 2018 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2016 and the remaining two uncorrected findings of noncompliance identified in FFY 2015 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2017 and each LEA with remaining noncompliance identified in FFY 2016 and FFY 2015: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

**Required Actions**

[Empty text box for Required Actions]



**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 12: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

(20 U.S.C. 1416(a)(3)(B))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data		94.40%	97.20%	95.20%	99.10%	99.30%	97.70%	98.50%	83.20%	94.29%	97.90%

FFY	2015	2016
Target	100%	100%
Data	96.73%	96.06%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	1,428
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.	54
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	1,158
d. Number of children for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	73
e. Number of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.	137
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. $[c/(a-b-d-e-f)] \times 100$	1,158	1,164	96.06%	100%	99.48%

Number of children who have been served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f	6
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Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Six (6) students did not have their eligibility determined, IEP developed and implemented by their third birthday. The range of days beyond the students' third birthday was 2-189. This was due to the LEA missing timelines.

What is the source of the data provided for this indicator?

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

Every preschool student served in Part C and referred for Part B eligibility determinations were submitted into the STARS data warehouse by the LEA. Each LEA is monitored on this indicator every year. Students who did not qualify were entered into the Student

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Template of STARS, and students who did qualify were entered into the Special Education Template of STARS. As part of additional data validation, other important information about the students was required to be entered into the Special Education Template. This included the date of the transition conference, date of parental consent, evaluation completion date, date of eligibility determination and the date of the initial IEP. Indicator 11 and 12 were correlated to determine the accuracy of the data. All fields must be completed. If data were missing, the LEA was required to correct the data within the specified period of time. The LEA was required to enter compliance or non-compliance codes pertaining to the eligibility determination and IEP development if it went beyond the student's third birthday. The STARS template automatically calculated the number of days beyond the student's birthday, using the student's birth date.

**Provide additional information about this indicator (optional)**

The State did not meet the target. The FFY 2017 percentage was 99.48% resulting in an increase of 3.42% from FFY 2016 (96.06%) to FFY 2017 (99.48%). Five (5) LEAs missed the target for the first time (initial findings) in FFY 2017. One (1) LEA had continuing non-compliance from FFY 2015.

Regarding the number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR§303.211 or a similar State option: Effective July 1, 2012, the option for families to stay in the Family Infant Toddler (FIT) early intervention system beyond their child's third birthday is no longer available due to the change in New Mexico Statutes made during the 2011 Legislative Session (Senate Bill 330). After July 1, 2012, children will transition from FIT program when they turn three years old.

**Actions required in FFY 2016 response**

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Responses to actions required in FFY 2016 response, not including correction of findings**

There were no required responses to the FFY 2016 APR.

**Correction of Findings of Noncompliance Identified in FFY 2016**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
13	13	0	0

**FFY 2016 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

In FFY 2016, thirteen (13) LEAs missed the indicator for the first time. Thirteen (13) LEAs with initial findings in FFY 2016 met the target of 100% for FFY 2017. In order to determine if the LEA's corrected previous findings, a review of data occurred in FFY 2017 of every preschool student served in Part C and referred for Part B eligibility determinations that were submitted into the STARS data warehouse by LEA. Each LEA is monitored on this indicator every year. Students who did not qualify were entered into the Student Template of STARS, and students who did qualify were entered into the Special Education Template of STARS. As part of additional data validation other important information about the students were required to be entered into the Special Education Template. This included the date of the transition conference, date of parental consent, evaluation completion date, date of eligibility determination and the date of the initial IEP. Indicator 11 and 12 were correlated to determine the accuracy of the data. All fields must be completed. If data were missing, the LEA was required to correct the data within the specified period of time. The LEA was required to enter compliance or non-compliance codes pertaining to the eligibility determination and IEP development if it went beyond the student's third birthday. The STARS template automatically calculated the number of days beyond the student's birthday, using the student's birth date.

*Describe how the State verified that each individual case of noncompliance was corrected*

The State conducted Prong 1 and Prong 2 reviews with subsequent data. In other words, the State verified that the LEAs are: 1) correctly implementing the specific regulatory requirements for 34 CFR §300.124(b) (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through the STARS; and, 2) have corrected each individual case of non-compliance consistent with OSEP Memo 09-02, unless the child is no longer within the jurisdiction of the LEA. This was validated through IEP implementation date data in STARS.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using STARS and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by

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SEB staff. In addition, the LEAs are required to submit their district's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

**FFY 2015 Findings Not Yet Verified as Corrected**

*Actions taken if noncompliance not corrected*

On page 52 of the FFY 2016 APR, one (1) LEA demonstrated continuing non-compliance from FFY 2015. In order to determine if the LEA corrected previous findings, a review of data occurred in FFY 2017 of every preschool student served in Part C and referred for Part B eligibility determinations that were submitted into STARS by the LEA. Each LEA is monitored on this indicator every year. Students who did not qualify were entered into the Student Template of STARS, and students who did qualify were entered into the Special Education Template of STARS. As part of additional data validation other important information about the students was required to be entered into the Special Education Template. This included the date of the transition conference, date of parental consent, evaluation completion date, date of eligibility determination and date of the initial IEP. Indicator 11 and 12 were correlated to determine the accuracy of the data. All fields must be completed. If data were missing, the LEA was required to correct the data within the specified period of time. The LEA was required to enter compliance or non-compliance codes pertaining to the eligibility determination and IEP development if it went beyond the student's third birthday. The STARS template automatically calculated the number of days beyond the student's birthday, using the student's birth date.

**FFY 2015 Findings Not Yet Verified as Corrected:**

The one (1) LEA with continued non-compliance had a subsequent review of data in November 2018. Through that on-site review, it was determined that the LEA continues to be out of compliance. The LEA that missed Indicator 12 in FFY 2015 completed a root cause analysis to determine the cause of continuing non-compliance. The length of time the problem existed along with the LEA's response to the issue was considered in the LEA's annual determination.

In addition to the above, the LEA received on-site monitoring and were assigned a Special Education Technical Assistance Team through TAESE.

The LEA that demonstrated continuing non-compliance was placed on a corrective action plan. Training for C to B transition procedures have been provided to every LEA in the State. Targeted technical assistance will be provided to the LEA with continuing non-compliance. The non-compliant cases will be reviewed to ensure the IEPs have been implemented subsequently and compensatory services provided, if applicable.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. In addition, the State must demonstrate, in the FFY 2018 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2015 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2017 and each LEA with remaining noncompliance identified in FFY 2015 : (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

**Required Actions**

[Empty text box for required actions]

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 13: Secondary Transition**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

**Historical Data**

Baseline Data: 2009

FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Target			100%	100%	100%	100%	100%	100%	100%	100%	100%
Data						98.45%	95.48%	96.86%	91.56%	94.04%	96.36%

FFY	2015	2016
Target	100%	100%
Data	87.35%	93.08%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target	100%	100%

**FFY 2017 SPP/APR Data**

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
1,301	1,357	93.08%	100%	95.87%

What is the source of the data provided for this indicator?

- State monitoring
- State database that includes data for the entire reporting year

Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.

The State did not meet the indicator for FFY 2017. The indicator percentage increased 2.79% from 93.08% in FFY 2016 to 95.87% in FFY 2017. A total of one hundred twenty-four (124) LEAs submitted IEP data for youth aged 16 or above into STARS. A random sample of students from the one hundred twenty-four (124) LEAs was selected via the STARS database. A total of one thousand three hundred fifty-seven (1357) IEPs were reviewed and fifty-six (56) IEPs were considered non-compliant. All fifty-six (56) IEPs have been reviewed and fifty-three (53) individual cases of non-compliance have been corrected, while three (3) individual cases of non-compliance remain. In order to ensure that the LEAs were correctly implementing the specific regulatory requirements, the random sample of IEPs were reviewed using the National Secondary Transition Technical Assistance Center (NSTTAC) checklist. The NSTTAC Indicator 13 checklist is attached to this indicator. A total of six (6) LEAs were considered non-compliant with Indicator 13 in FFY 2017.

Four (4) LEAs missed the indicator for the first time in FFY 2017.

Two (2) LEAs had continued non-compliance identified in FFY 2016.

Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?

- Yes
- No

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### Actions required in FFY 2016 response

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Responses to actions required in FFY 2016 response, **not including correction of findings**

There were no required responses to the FFY 2016 APR.

### Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	8	null	2

### FFY 2016 Findings of Noncompliance Verified as Corrected

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

In order to ensure that full correction was made and that the LEAs were correctly implementing the specific regulatory requirements, an updated reasonable sample of IEPs were reviewed using the NSTTAC checklist. The NSTTAC Indicator 13 checklist is attached to this indicator. The reasonable samples of students' IEPs aged 16 or above were selected from STARS. The SEB staff requested the IEPs from the LEAs for review. Based upon those subsequent reviews, it was determined that eight (8) out of the ten (10) LEAs that missed the indicator for the first time in FFY 2016 were in compliance with 34 CRF §300.320(b) and 300.321(b) in FFY 2017. In other words, the State verified that the LEAs are correctly implementing the specific regulatory requirements for 34 CRF §300.320(b) and 300.321(b) (i.e., achieved 100% compliance) based upon a review of updated data subsequently collected through the STARS and have corrected each individual case of non-compliance, unless the child is no longer within the jurisdiction of the LEA.

*Describe how the State verified that each individual case of noncompliance was corrected*

In FFY 2016, a total of one hundred twenty-seven (127) LEAs submitted IEP data for youth aged 16 or above into STARS. The STARS data included all of the required transition elements that are a part of the checklist prepared by the NSTTAC. A random sample of students' IEPs from the one hundred twenty-seven (127) LEAs was selected. A total of one thousand two hundred eighty-seven (1287) IEPs were reviewed and eighty-nine (89) IEPs were considered non-compliant. All eighty-nine (89) IEPs have been reviewed and considered corrected and the individual cases of non-compliance have been corrected. Ten (10) LEAs missed the indicator for the first time in FFY 2016. In FFY 2017, eight (8) of the ten (10) non-compliant LEAs met the target of 100% for Indicator 13.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using the State's data system and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by SEB staff. In addition, the LEAs are required to submit their district's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

### FFY 2016 Findings Not Yet Verified as Corrected

*Actions taken if noncompliance not corrected*

Two (2) of the ten (10) non-compliant IEPs for FFY 2016 had continuing non-compliance for FFY 2017. Based upon the findings obtained through the process above, the State took specific action against the two (2) LEAs identified as non-compliant with Indicator 13 in FFY 2016. The LEAs had to completed an updated root cause analysis to determine the causes of the continued non-compliance. Each LEA was placed on a corrective action plan with specific strategies to address areas found in the root cause analysis. The length of time the problem existed along with the LEAs' response to the issue was considered in the LEAs' annual determination. The LEAs will continue to be monitored by SEB staff to provide them with technical assistance and professional development.

### FFY 2015 Findings of Noncompliance Verified as Corrected

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

The one (1) LEA from FFY 2015 that had continuing non-compliance in FFY 2016 met the target at 100% in FFY 2017. This was determined through the review of the corrected and updated IEPs. In order to ensure that full correction was made and that each LEA was correctly implementing the specific regulatory requirements, an updated reasonable sample of IEPs were reviewed using the NSTTAC checklist. The reasonable sample of students' IEPs, aged 16 or above, was selected from the STARS. The SEB staff members requested the IEPs from both LEAs for review. Based upon those subsequent reviews, it was determined that both LEAs were in compliance with 34 CRF §300.320(b) and 300.321(b) (i.e., achieved 100% compliance) based on a review of updated data

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subsequently collected through STARS and have corrected each individual case of non-compliance, unless the child is no longer within the jurisdiction of the LEA.

*Describe how the State verified that each individual case of noncompliance was corrected*

All of the individual cases of non-compliance were corrected. This was determined through the review of the corrected and updated IEPs as described above.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using the State's data system and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by SEB staff. In addition, the LEAs are required to submit their district's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

**FFY 2013 Findings of Noncompliance Verified as Corrected**

*Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements*

The one (1) LEA from FFY 2013 that had continuing non-compliance in FFY 2016 met the target at 100% in FFY 2017. This was determined through the review of the corrected and updated IEPs. In order to ensure that full correction was made and that each LEA was correctly implementing the specific regulatory requirements, an updated reasonable sample of IEPs were reviewed using the NSTTAC checklist. The reasonable sample of students' IEPs, aged 16 or above, was selected from the STARS. The SEB staff members requested the IEPs from both LEAs for review. Based upon those subsequent reviews, it was determined that both LEAs were in compliance with 34 CRF §300.320(b) and 300.321(b) (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through STARS and have corrected each individual case of non-compliance, unless the child is no longer within the jurisdiction of the LEA.

*Describe how the State verified that each individual case of noncompliance was corrected*

All of the individual cases of non-compliance were corrected. This was determined through the review of the corrected and updated IEPs as described above.

The verification of the correction of non-compliance was verified consistent with OSEP Memo 09-02. The data was reviewed using the State's data system and through desktop monitoring. In addition, the non-compliant LEAs were required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEAs were placed on corrective action plans and were monitored by SEB staff. In addition, the LEAs are required to submit their district's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance. The State confirmed with the correction of non-compliance that each LEA has corrected each individual instance of child-specific non-compliance, unless the child is no longer within the jurisdiction of the LEA. The State has verified that the LEA is currently correctly implementing the specific regulatory requirement.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. In addition, the State must demonstrate, in the FFY 2018 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2016 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2017 and each LEA with remaining noncompliance identified in FFY 2016: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2018 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 14: Post-School Outcomes**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Results indicator: Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

**Historical Data**

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2009	Target ≥							48.50%	48.50%	49.00%	49.00%	49.00%
		Data						48.00%	47.30%	47.30%	40.80%	43.83%	43.26%
B	2009	Target ≥							75.50%	75.50%	76.00%	76.00%	76.00%
		Data						75.00%	71.50%	74.30%	71.50%	74.92%	76.10%
C	2009	Target ≥							79.50%	79.50%	80.00%	80.00%	80.00%
		Data						79.00%	75.20%	81.30%	79.00%	81.17%	80.71%

	FFY	2015	2016
A	Target ≥	49.00%	49.00%
	Data	42.85%	41.13%
B	Target ≥	76.00%	76.00%
	Data	75.34%	76.39%
C	Target ≥	80.00%	80.00%
	Data	81.37%	80.94%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017	2018
Target A ≥	49.00%	49.00%
Target B ≥	76.00%	76.00%
Target C ≥	80.00%	80.00%

Key:

**Targets: Description of Stakeholder Input**

The chart below represents the three measurable categories. The current year is in black, the previous year is in blue, and the target for the current year is in red.

A. Enrolled in higher education (%)	B. Enrolled in higher education or competitively employed (%)	C. Enrolled in higher education competitively employed or in some other training or employment (%)
40.01%	75.47%	82.82%
41.13%	76.39%	80.94%
49.00%	76.00%	80.00%

Continuing a trend from FFY 2016, there was a decrease (1.12%) in students reporting enrollment in higher education in FFY 2017. The target was not met for Indicator 14A. In FFY 2017, there was a decrease (0.92%) in students reporting enrollment in higher education or competitive employment from FFY 2016. The target was not met for Indicator 14B. There was an increase (1.88%) in students reporting enrollment in higher education or competitive employment or some other postsecondary education/training or other employment from FFY 2016 to FFY 2017. The target for Indicator 14C was met.

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**FFY 2017 SPP/APR Data**

Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	1537.00
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	615.00
2. Number of respondent youth who competitively employed within one year of leaving high school	545.00
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	65.00
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	48.00

	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Enrolled in higher education (1)	615.00	1537.00	41.13%	49.00%	40.01%
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1160.00	1537.00	76.39%	76.00%	75.47%
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	1273.00	1537.00	80.94%	80.00%	82.82%

**Please select the reporting option your State is using:**

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: Report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

**Reasons for A Slippage**

The State did not meet the indicator for 14A. The State experienced slippage of 1.12 percentage points from FFY 2016. The State demonstrated an increase in the number of youth enrolled in higher education (+54) from FFY 2016 (561) to FFY 2017 (615). The State has seen a steady decline (7.29 percentage points) in college enrollment for students who had IEPs in the past eight (8) years. This corresponds to a rise (3.97 percentage points) in the number of former students who reported competitive employment. Although, no recent research data is available in our State, the drop in postsecondary education outcomes is likely influenced by increasing college costs, uncertainty of getting a good job after a degree is attained, and lack of short term career training options that match the needs of employers. In the State's current environment, work is a more attractive option than college for many of the State's students.

Was sampling used? No

Was a survey used? No

**Include the State's analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.**

The representativeness of the State's analysis and the extent to which the response data are representative of the demographics of youth who are no longer in secondary schools and had IEPs in effect at the time they left school was assessed by examining the demographic characteristics of the youth and/or of the parents who responded to the contact from the LEA to the demographic characteristics of all youth who are no longer in secondary schools and had IEPs in effect at the time they left school for FFY 2017. This comparison indicates the results are generally representative (1) by gender; (2) by race/ethnicity; and (3) by primary disability of the youth. Please note that youth and/ or parent respondents self-elect to respond to contact by the LEA regarding this Indicator.

Of the 3,057 students that received special education services for disabilities, and exited high schools in the State in the 2016-2017 school year, survey responses were obtained from 1,537, a return rate of 50.3%. The table below demonstrates that the collected data is representative of the sub-groups in the complete state data in major categories, including gender, race/ethnicity and exceptionality.

STARS data (%)      Collected data (%)      Difference (%)



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Male	65.7	63.1	2.6
Female	34.3	36.9	2.6
Asian	.5	.4	.1
African American	2.9	2.2	.7
Caucasian	21.3	23.3	2.0
Hispanic	60.5	58.9	1.6
Native American	13.0	13.5	.5
Multi-Racial	1.7	1.6	.1
Autistic	5.8	5.7	.1
DB	0	0	0
ID	8.1	8.7	.6
ED	7.3	5.3	2.0
Other Health Impair.	10.3	9.7	.7
SLD	60.0	63.2	3.2
Speech Language	3.2	2.5	.7
MD	2.2	1.9	.3
Hearing Impaired	1.3	1.4	.1
Visually Impaired	.5	.5	0
Orthopedic Impair.	.3	.3	0
Traumatic Brain Inj	1.0	.7	.3

Are the response data representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school? Yes

 Provide additional information about this indicator (optional)

The State's post-school outcomes data collection was designed as a census of former students with disabilities who received special education services and exited high school in the 2016-2017 school year, including graduates and those who dropped out in grades 9-12. The current data collection method is designed to efficiently collect the data as specified by OSEP requirements in FFY 2017. The State utilized the definitions of employment, post-secondary education and other employment, other post-secondary education or training specified in the OSEP definition (May 2010). The data collection is assembled, conducted and analyzed through a contract with the Northeast Regional Education Cooperative.

Students who received special education services under the IDEA Part B, had exited in 2016-2017, and had been out of high school for a minimum of one year were interviewed beginning in May 2018 and September 2018. LEAs were instructed to appoint a coordinator for the data collection efforts to assume responsibility for accurate completion of the data collection and reporting. Staff assigned by the LEA conducted phone and in-person FFY 2017 Part B SPP/APR interviews of former students or family members and entered responses on the online form; which were then downloaded to a database. Survey data were submitted electronically via an online site for compilation and analysis.

**Actions required in FFY 2016 response**

none

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

**OSEP Response**

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 15: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

(20 U.S.C. 1416(a)(3(B)))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005			2006			2007			2008		
Target			-			-			-			-	
Data		100%						0%			100%		

FFY	2009			2010			2011			2012		
Target		-			-		75.00%	-	85.00%	75.00%	-	85.00%
Data	100%			100%			100%			42.31%		

FFY	2013			2014			2015			2016		
Target	75.00%	-	85.00%	55.00%	-	70.00%	55.00%	-	70.00%	55.00%	-	70.00%
Data	59.09%			100%			100%			100%		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017			2018		
Target	55.00%	-	70.00%	55.00%	-	70.00%

Key:

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State’s IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	<a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a>	n	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	<a href="#">3.1 Number of resolution sessions</a>	n	null

**FFY 2017 SPP/APR Data**

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
0	0	100%	55.00% - 70.00%	

**Provide additional information about this indicator (optional)**

OSEP has indicated that the State is not required to meet its target until any fiscal year in which ten (10) or more resolution sessions were held. In FFY 2017, the State held zero (0) resolution sessions.

**Actions required in FFY 2016 response**

none

**OSEP Response**

The State reported fewer than ten resolution sessions held in FFY 2017. The State is not required to meet its targets until any fiscal year in which ten or more resolution sessions were held.

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 16: Mediation**

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B))

**Historical Data**

Baseline Data: 2005

FFY	2004	2005			2006			2007			2008		
Target			-			-		63.00%	-	70.00%	70.00%	-	75.00%
Data		61.30%			63.14%						89.20%		

FFY	2009			2010			2011			2012		
Target	70.00%	-	75.00%	75.00%	-	80.00%	75.00%	-	80.00%	80.00%	-	85.00%
Data	80.65%			78.13%			86.96%			100%		

FFY	2013			2014			2015			2016		
Target	80.00%	-	85.00%	75.00%	-	85.00%	75.00%	-	85.00%	75.00%	-	85.00%
Data	75.68%			75.86%			72.50%			78.05%		

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

FFY	2017			2018		
Target	75.00%	-	85.00%	75.00%	-	85.00%

Key:

**Targets: Description of Stakeholder Input**

The indicator data for FFY 2016 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 2016 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Prepopulated Data**

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1.a.i Mediations agreements related to due process complaints</a>	13	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1.b.i Mediations agreements not related to due process complaints</a>	15	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	<a href="#">2.1 Mediations held</a>	41	null

**FFY 2017 SPP/APR Data**

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
13	15	41	78.05%	75.00% - 85.00%	68.29%

**Reasons for Slippage**

The State did not meet the target for this Indicator demonstrating a decrease of 9.76% from 78.05% in FFY 2016 to 68.29% in FFY 2017. The State demonstrated slippage on Indicator 16 due to the guidance received from EDFacts Metadata and Process System (EMAPS) on how to report on this Indicator. The information received by the State indicated that the State should be reporting all written, signed

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complaints including those that came through due process hearings and state level complaints.

**Provide additional information about this indicator (optional)**

The State has a Continuum of Dispute Resolution Options for parents and LEAs. Third-party assisted intervention and mediation is provided by State-approved and funded mediators. LEAs and parents are encouraged to participate in Facilitated Individualized Education Program (FIEP), at LEA expense, when concerns or disputes arise. A FIEP can be provided, at State expense, to assist both parties in resolving formal complaints or due process complaints. See the attached "Continuum of Dispute Resolution Options in Special Education" document for further explanation.

**Actions required in FFY 2016 response**

none

**OSEP Response**

**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 17: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

Results indicator: The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Reported Data**

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017
Target ≥		34.50%	36.50%	38.50%	40.50%
Data	32.50%	33.00%	33.80%	41.70%	39.90%

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
Blue – Data Update

**FFY 2018 Target**

FFY	2018
Target ≥	42.50%

Key:

**Description of Measure**

**Targets: Description of Stakeholder Input**

The indicator data for FFY 16 were presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on September 19-21, 2018. The indicator data for FFY 16 were presented to the State's IDEA Advisory Panel on October 11-12, 2018. After the indicator data were reviewed, the Advisory Panel provided input on targets. The information, including revised targets, will also be presented to the Local Education Agency, State Charter Schools and Regional Education Cooperative Directors at the statewide meeting on February 7-8, 2019.

**Overview**

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Children with Disabilities, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., LEA, region, race/ethnicity, gender, disability category, placement, etc.). As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in LEAs to implement, scale up, and sustain the use of evidence-based practices to improve results for children with disabilities. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and initiatives, including special and general education improvement plans and initiatives, and describe the extent that these initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

**State-identified Measurable Result(s) for Children with Disabilities**

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified result(s) must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified result(s) must be clearly based on the Data and State Infrastructure Analyses and must be a child-level outcome in contrast to a process outcome. The State may select a single result (e.g., increasing the graduation rate for children with disabilities) or a cluster of related results (e.g., increasing the graduation rate and decreasing the dropout rate for children with disabilities).

Statement

Description

**Selection of Coherent Improvement Strategies**

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified result(s). The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support LEA implementation of evidence-based practices to improve the State-identified Measurable Result(s) for Children with Disabilities. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build LEA capacity to achieve the State-identified Measurable Result(s) for Children with Disabilities.

**Theory of Action**

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in LEAs, and achieve improvement in the State-identified Measurable Result(s) for Children with Disabilities.

**Submitted Theory of Action:** No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

**Infrastructure Development**

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

**Support for EIS programs and providers Implementation of Evidence-Based Practices**

- (a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.
- (c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

**Evaluation**

- (a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.
- (b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.
- (c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).
- (d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

**Technical Assistance and Support**

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.





**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

**Selected:** Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

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