

**State Performance Plan / Annual Performance Report:  
Part B**

**for  
STATE FORMULA GRANT PROGRAMS  
under the  
Individuals with Disabilities Education Act**

**For reporting on  
FFY18**

**New Mexico**



**PART B DUE February 3, 2020**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

### Intro - Indicator Data

#### Executive Summary

The State has an established Integrated Special Education Accountability Systems (ISEAS) to ensure that Local Education Agencies (LEAs) as well as the State, are meeting the requirements of IDEA Part B while improving results for students with disabilities. These systems include general supervision, technical assistance, professional development, stakeholder involvement and reporting to all stakeholders, including the public.

New Mexico's (hereafter New Mexico will be referred to as the State) ISEAS focuses on student performance outcomes and the compliance requirements of the IDEA. In addition, the ISEAS provides structure for oversight and assurance to the Office of Special Education Programs (OSEP) that New Mexico has accountability mechanisms in place, is carrying out its responsibilities and is using quantitative and qualitative data for measuring performance and compliance.

In total, New Mexico had 144 LEAs for Federal Fiscal Year (FFY) 2018. This LEA number is comprised of 89 LEAs, 49 State Charters and 6 State Supported Schools. Each Charter School is unique in the grades they serve, some serve elementary only while others serve high school only. The 6 State Supported Schools serve unique populations and are as follows:

- New Mexico School for the Blind and Visually Impaired
- New Mexico School for the Deaf
- New Mexico Corrections Department
- Juvenile Justice System
- Sequoyah Adolescent Treatment Center
- University of New Mexico Mimbres (Children's Psychiatric Hospital)

In general, data for all indicators may not be applicable for every LEA. Therefore, the total amount of LEAs may vary per indicator.

#### Number of Districts in your State/Territory during reporting year

144

#### General Supervision System

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

New Mexico's general supervision system consist of the following eight (8) areas:

1. State Performance Plan (SPP)
2. Policies, Procedures and 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

LEA data is monitored using the SPP, target and compliance indicators. LEAs are required to submit policies and procedures, when revised, with their annual local IDEA B application and for any instance of non-compliance. The policies and procedures are reviewed by the State's Special Education Bureau (SEB) staff to ensure LEAs are effectively implementing their established policies and procedures, as well as to ensure there are no gaps which could result in future non-compliance for an LEA.

Based on LEA target and compliance data, targeted technical assistance and professional development assistance is provided to LEAs. In general, the State has monthly webinars for all LEAs. Two (2) times per year, a State Special Education Director's conference is held. Local specialized training is also provided to LEAs which may require additional assistance. Regional Education Cooperatives (RECs) and the Center for Technical Assistance for Excellence in Special Education (TAESE) are utilized for providing additional support to LEAs.

Dispute resolution options are shared with parents and are readily available on the SEB website. The SEB has a Parent Liaison who answers questions and works directly with parents to identify dispute resolution options available to them. LEAs are also supported in identifying effective dispute resolution options with parents.

All areas, including fiscal, are monitored by the State. LEAs with any data including fiscal data, which indicate requirements are not being met, are provided with targeted technical assistance to resolve the issue. Integrated monitoring activities assist in identifying LEAs with areas of concern, as well as the ability to resolve any issues before sanctions have to be imposed on an LEA.

For LEAs found to have non-compliance, a corrective action plan (CAP) system is utilized. LEAs are placed on a CAP and are then required to complete action steps designed to correct the issues of non-compliance. LEAs with non-compliance on a particular indicator, must also complete a Root Cause Analysis (RCAs) or Self-Assessment depending on the indicator. Non-compliance is identified through the annual determinations as well as through desk-top and on-site monitoring.

Although the last resort, New Mexico has processes for corrections, incentives and sanctions on LEAs with non-compliance. LEAs with continued non-compliance may have sanctions imposed which may include withholding of IDEA funds, redirecting IDEA funds and suspension of Boards of Education or Governance. Every effort is made to work with LEAs on making improvements before these sanctions must be imposed.

For additional information on New Mexico's comprehensive guide on the provision of general supervision in accordance with the IDEA, the Integrated Special Education Accountability System (ISEAS) manual, go to: <https://webnew.ped.state.nm.us/wp-content/uploads/2018/09/New->

Mexico%E2%80%99s-Integrated-Special-Education-Accountability-System.pdf. See attached upload for active hyperlink.

### **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.**

The goals of the Targeted Technical Assistance provided by the State are as follows:

- Improve program and systems operations.
- Improve and sustain compliance and performance.
- Inform technical assistance and new initiatives.

The data gathered through the various systems (monitoring, self-assessment, Student Teacher Accountability Reporting System (STARS), due process hearings and State complaints) are used to identify LEAs that may be in need of targeted technical assistance. LEA data is examined over time to gain a full understanding of what is happening state-wide and to determine if the issues are isolated problems or systemic issues. Correlations are drawn using multiple data points. This information is also used to develop technical assistance manuals or guidance documents.

Individual LEA data is examined to determine what type of targeted technical assistance is needed. The data examined includes indicator data, self-assessments, RCAs and rubrics. SEB staff work directly with LEAs on how to use data to inform decision-making and the development of improvement strategies to include in a CAP. The level of collaboration and prescriptive technical assistance depends on the LEA's annual determination level. Although the majority of the targeted technical assistance focuses on compliance and the improvement of the State's and LEA's annual determination, the improvement of educational results and functional outcomes for all children with disabilities is also addressed. When an LEA misses a target on a target indicator, targeted technical assistance is provided through the SEB, RECs and/or (TAESE). LEAs may also be referred to other national technical assistance centers such as the National Technical Assistance Center on Transition (NTACT), the National Post School Outcomes Center (NPSO), the National Early Childhood Technical Assistance Center (NECTAC) for promising and evidence-based practices, etc.

Technical Assistance can occur via webinar, conference calls, teleconferencing, etc. On-site visits may also be provided which may include the following:

- An in-depth exposition of non-compliance to include how the non-compliance was determined.
- Explanation, in detail, of results driven accountability (RDA) methodology and include levels of intervention.
- An overview of the State's fiscal deficiencies (if applicable).
- A visit summary highlighting next steps on ideas for improvement.

### **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 professional development at the State level and LEA level. Section 618 data, SPP indicator data, dispute and alternative dispute data are used for planning large-scale professional development opportunities such as Special Education Directors' Academies two times per year and monthly webinars. All webinars are archived for future use at the State and LEA level. The data is also used to develop technical assistance manuals and guidance documents.

The SEB provides financial support to the New Mexico Council for Administrators of Special Education (NMCASE) to provide a mentoring program for new special education directors and the RECs to assist LEAs with State directed activities. Funding for professional development and technical assistance is provided in accordance with 34 CFR Sec. 300.704(b)(4)(ii).

Individual LEAs can also receive additional professional development as needed in accordance with the Levels of Intervention, Tiers of Intervention and Tiers of Sanctions. This is determined by LEA data from the indicators, RCAs, self-assessments, review of policies, procedures and practices, dispute resolution and alternative dispute resolution.

### **Stakeholder Involvement**

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

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

**Apply stakeholder involvement from introduction to all Part B results indicators (y/n)**

YES

### **Reporting to the Public**

**How and where the State reported to the public on the FFY17 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 2017 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 2017 APR in 2019, is available.**

A copy of the PDF version of the FFY 2014 State Performance Plan (SPP) is located at:  
<https://webnew.ped.state.nm.us/bureaus/special-education/>

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/2019/10/APR-2017B-NM.pdf>

Please see attached report for active hyperlinks.

### **Intro - Prior FFY 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.

#### **Response to actions required in FFY 2017 SPP/APR**

(1) The State received technical assistance from the following sources: The National Center for Systemic Improvement (NCSI), The Center for IDEA Fiscal Reporting (CIFR), The Technical Assistance Center for Excellence in Special Education (TAESE), Office of Special Education Programs (OSEP), New Mexico Council of Administrators of Special Education (NMCASE), National Association of State Directors of Special Education (NASDSE) and the State of Utah, Special Education Department.

(2) The actions the State took as a result of the above technical assistance are substantive. NCSI has assisted the State in using data as a tool for making program improvements and for guiding future initiatives. CIFR has assisted in the development of a Maintenance of Effort (MOE) calculator for LEAs to use in calculating their MOE. CIFR staff have also provided MOE, Coordinated Early Intervening Services (CEIS) and IDEA B fiscal requirement trainings which are being included in the State's practices and are made available to LEAs through training sessions. TAESE is utilized in the development of guidance documents and manuals for training State staff as well as LEAs. TAESE also assisted State staff in developing corrective action plans for LEAs found non-compliant with the IDEA B indicators. NMCASE provided mentorship programs to special education directors and support the State in training LEAs on IDEA B requirements. NASDSE has provided samples of guidance documents which the State has used as a template for developing their own for LEAs to use. Information from the State of Utah will be used in developing a strong differentiated monitoring system. The State is actively pursuing opportunities to collaborate with other states and technical assistance centers that will assist the State in improving outcomes for students with disabilities.

#### **Intro - OSEP Response**

The State's determinations for both 2018 and 2019 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 20, 2019 determination letter informed the State that it 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. The State provided the required information.

States were instructed to submit Phase III, Year Four, of the State Systemic Improvement Plan (SSIP), indicator B-17, by April 1, 2020. The State provided the required information. The State provided a target for FFY 2019 for this indicator, and OSEP accepts the target.

#### **Intro - Required Actions**

In the FFY 2019 SPP/APR, the State must report FFY 2019 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 Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (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-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

OSEP notes that one or more of the attachments included in the State's FFY 2018 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

The State's IDEA Part B determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 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 2019 SPP/APR submission, due February 1, 2021, 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.

## Indicator 1: Graduation

### Instructions and Measurement

**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))

#### Data Source

Same data as used for reporting to the Department of Education (Department) under Title I of the Elementary and Secondary Education Act (ESEA).

#### Measurement

States may report data for children with disabilities using either the four-year adjusted cohort graduation rate required under the ESEA or an extended-year adjusted cohort graduation rate under the ESEA, if the State has established one.

#### Instructions

Sampling is not allowed.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2018 SPP/APR, use data from 2017-2018), and compare the results to the target. Provide the actual numbers used in the calculation.

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.

Targets should be the same as the annual graduation rate targets for children with disabilities under Title I of the ESEA.

States must continue to report the four-year adjusted cohort graduation rate for all students and disaggregated by student subgroups including the children with disabilities subgroup, as required under section 1111(h)(1)(C)(iii)(II) of the ESEA, on State report cards under Title I of the ESEA even if they only report an extended-year adjusted cohort graduation rate for the purpose of SPP/APR reporting.

## 1 - Indicator Data

### Historical Data

Baseline	2011	50.50%			
FFY	2013	2014	2015	2016	2017
Target >=	71.80%	73.70%	75.60%	77.40%	77.40%
Data	60.08%	56.49%	59.32%	61.85%	61.54%

### Targets

FFY	2018	2019
Target >=	77.40%	77.40%

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### Prepopulated Data

Source	Date	Description	Data
SY 2017-18 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	10/02/2019	Number of youth with IEPs graduating with a regular diploma	2,410
SY 2017-18 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	10/02/2019	Number of youth with IEPs eligible to graduate	3,674
SY 2017-18 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec FS150; Data group 695)	10/02/2019	Regulatory four-year adjusted-cohort graduation rate table	65.60%

### FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
2,410	3,674	61.54%	77.40%	65.60%	Did Not Meet Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**Graduation Conditions**

**Choose the length of Adjusted Cohort Graduation Rate your state is using:**

4-year ACGR

**If extended, provide the number of years**

**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.**

In order to graduate with a regular high school diploma, youth must meet the conditions to graduate as outlined in New Mexico Administrative Code (NMAC) 6.19.7. Graduation requirements. A copy of the code is attached.

**Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)**

YES

**If yes, explain the difference in conditions that youth with IEPs must meet.**

The conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are outlined in New Mexico Administrative Code (NMAC) 6.29.1.9(K)(13). A copy of the code is attached.

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

The State did not meet the target for FFY 2018, demonstrating an increase of 4.06 percentage points from FFY 2017 (61.54%) to FFY 2018 (65.60%) for Indicator 1.

Over the last nine (9) 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 and support is provided. Along with the Reading Achievement Math and School Culture (RAMS) program at targeted middle-school sites is implemented. RAMS provided technical assistance, instructional support and student intervention in Math and English Language Arts (ELA), along with Positive Behavior Intervention Supports (PBIS).

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 LEA plan implementation and offer technical assistance and professional development on improving school completion for students with disabilities.

**1 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**1 - OSEP Response**

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

**1 - Required Actions**

## Indicator 2: Drop Out

### Instructions and Measurement

**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))

#### Data Source

OPTION 1:

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in EDFacts file specification C009.

OPTION 2:

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

#### Measurement

OPTION 1:

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who left high school (ages 14-21) in the denominator.

OPTION 2:

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

#### Instructions

Sampling is not allowed.

OPTION 1:

Use 618 exiting data for the year before the reporting year (e.g., for the FFY 2018 SPP/APR, use data from 2017-2018). Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) received a certificate; (c) reached maximum age; (d) dropped out; or (e) died.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved, but are known to be continuing in an educational program.

OPTION 2:

Use the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data.

If the State has made or proposes to make changes to the data source or measurement under Option 2, when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012, the State should include a justification as to why such changes are warranted.

Options 1 and 2:

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2018 SPP/APR, use data from 2017-2018), and compare the results to the target.

Provide a narrative that describes what counts as dropping out for all youth and, if different, what counts as dropping out for youth with IEPs. If there is a difference, explain.

## 2 - Indicator Data

### Historical Data

Baseline	2013	24.75%			
FFY	2013	2014	2015	2016	2017
Target <=	24.75%	23.72%	23.22%	22.97%	22.97%
Data	24.75%	23.73%	26.30%	26.94%	22.84%

### Targets

FFY	2018	2019
Target <=	22.97%	22.97%

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### Please indicate the reporting option used on this indicator

Option 1

### Prepopulated Data

Source	Date	Description	Data
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	2,269

Source	Date	Description	Data
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b)	0
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c)	41
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d)	806
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e)	9

**FFY 2018 SPP/APR Data**

Number of youth with IEPs who exited special education due to dropping out	Total number of High School Students with IEPs by Cohort	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
806	3,125	22.84%	22.97%	25.79%	Did Not Meet Target	Slippage

**Has your State made or proposes to make changes to the data source under Option 2, when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012? (yes/no)**

XXX

**If yes, provide justification for the changes below.**

XXX

**Use a different calculation methodology (yes/no)**

XXX

**Change numerator description in data table (yes/no)**

XXX

**Change denominator description in data table (yes/no)**

XXX

**If use a different calculation methodology is yes, provide an explanation of the different calculation methodology**

XXX

**FFY 2018 SPP/APR Data**

Number of youth with IEPs who exited special education due to dropping out	Total number of High School Students with IEPs by Cohort	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX

**Provide reasons for slippage, if applicable**

In FFY 2017, using 16-17 data, 22.84% of students with IEPs dropped out of school. In FFY 2018, using 17-18 data, 25.79% of students with IEPs dropped out of school. Comparing these two rates, the State experienced slippage and a decrease of 2.95 percentage points. The State did not meet the target (22.97%) for FFY 2018 at 25.79%.

The slippage is a result of an increase in the number of students with IEPs in the cohort (denominator) and those that exited special education due to dropping out (numerator). Also, due to the limited number of options LEAs have in selecting when reporting data, LEAs may select the option of exited special education due to dropping out rather than a more appropriate option. The State will conduct training on data reporting to ensure LEAs have a clear understanding of when to use the category of exited special education due to dropping out.

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



The State defines dropout as follows:

STARS Manual (2019)

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? (yes/no)**

NO

**If yes, explain the difference in what counts as dropping out for youth with IEPs below.**

#### **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.

## **2 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

## **2 - OSEP Response**

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

## **2 - Required Actions**

## Indicator 3B: Participation for Students with IEPs

### Instructions and Measurement

**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))

#### Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS185 and 188.

#### Measurement

B. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

#### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Provide separate reading/language arts and mathematics participation rates, inclusive of all ESEA grades assessed (3-8 and high school), for children with IEPs. Account for ALL children with IEPs, in all grades assessed, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

### 3B - Indicator Data

#### Reporting Group Selection

Based on previously reported data, these are the grade groups defined for this indicator.

Group	Group Name	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	HS
A	Overall I	X	X	X	X	X	X	X	X	X	X	X
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												

#### Historical Data: Reading

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
A	Overall	2014	Target >=	98.40%	95.00%	95.00%	95.00%	95.00%
A	Overall	97.75%	Actual	98.71%	97.75%	95.77%	99.44%	95.85%
B			Target >=					
B			Actual					
C			Target >=					

C			Actual					
D			Target >=					
D			Actual					
E			Target >=					
E			Actual					
F			Target >=					
F			Actual					
G			Target >=					
G			Actual					
H			Target >=					
H			Actual					
I			Target >=					
I			Actual					
J			Target >=					
J			Actual					
K			Target >=					
K			Actual					
L			Target >=					
L			Actual					

**Historical Data: Math**

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
A	Overall	2014	Target >=	98.20%	95.00%	95.00%	95.00%	95.00%
A	Overall	97.82%	Actual	98.53%	97.82%	95.41%	99.21%	92.73%
B			Target >=					
B			Actual					
C			Target >=					
C			Actual					
D			Target >=					
D			Actual					
E			Target >=					
E			Actual					
F			Target ≥					
F			Actual					
G			Target >=					
G			Actual					
H			Target >=					
H			Actual					
I			Target >=					
I			Actual					
J			Target >=					
J			Actual					
K			Target >=					
K			Actual					

L			Target >=					
L			Actual					

**Targets**

	Group	Group Name	2018	2019
Reading	A >=	Overall	95.00%	95.00%
Reading	B >=			
Reading	C >=			
Reading	D >=			
Reading	E >=			
Reading	F >=			
Reading	G >=			
Reading	H >=			
Reading	I >=			
Reading	J >=			
Reading	K >=			
Reading	L >=			
Math	A >=	Overall	95.00%	95.00%
Math	B >=			
Math	C >=			
Math	D >=			
Math	E >=			
Math	F >=			
Math	G >=			
Math	H >=			
Math	I >=			
Math	J >=			
Math	K >=			
Math	L >=			

**Targets: Description of Stakeholder Input**

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

**FFY 2018 Data Disaggregation from EDFacts**

**Include the disaggregated data in your final SPP/APR. (yes/no)**

NO

**Data Source:**

SY 2018-19 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

**Date:**

04/08/2020

**Reading Assessment Participation Data by Grade**

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	3,128	3,747	4,147	3,961	3,706	3,643					10,093
b. IEPs in regular assessment with no accommodations	2,898	1,246	1,074	3,002	1,416	701					4,980

Grade	3	4	5	6	7	8	9	10	11	12	HS
c. IEPs in regular assessment with accommodations	12	2,198	2,789	684	2,037	2,640					4,640
f. IEPs in alternate assessment against alternate standards	217	271	252	270	242	274					438

**Data Source:**

SY 2018-19 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

04/08/2020

**Math Assessment Participation Data by Grade**

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	3,236	3,810	4,163	3,976	3,699	3,643					9,352
b. IEPs in regular assessment with no accommodations	2,996	1,251	1,084	3,016	1,413	703					4,738
c. IEPs in regular assessment with accommodations	12	2,253	2,796	686	2,034	2,639					4,129
f. IEPs in alternate assessment against alternate standards	227	275	250	269	241	274					454

**FFY 2018 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Overall	32,425	32,281	95.85%	95.00%	99.56%	Met Target	No Slippage
B							N/A	N/A
C							N/A	N/A
D							N/A	N/A
E							N/A	N/A
F							N/A	N/A
G							N/A	N/A
H							N/A	N/A
I							N/A	N/A
J							N/A	N/A
K							N/A	N/A
L							N/A	N/A

Group	Group Name	Reasons for slippage, if applicable
A	Overall	XXX
B		XXX

Group	Group Name	Reasons for slippage, if applicable
C		XXX
D		XXX
E		XXX
F		XXX
G		XXX
H		XXX
I		XXX
J		XXX
K		XXX
L		XXX

**FFY 2018 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Overall	31,879	31,740	92.73%	95.00%	99.56%	Met Target	No Slippage
B							N/A	N/A
C							N/A	N/A
D							N/A	N/A
E							N/A	N/A
F							N/A	N/A
G							N/A	N/A
H							N/A	N/A
I							N/A	N/A
J							N/A	N/A
K							N/A	N/A
L							N/A	N/A

Group	Group Name	Reasons for slippage, if applicable
A	Overall	XXX
B		XXX
C		XXX
D		XXX
E		XXX
F		XXX
G		XXX
H		XXX
I		XXX
J		XXX
K		XXX
L		XXX

**Regulatory Information**

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in

those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

### Public Reporting Information

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

The FFY 2018 performance data along with data from previous years can be viewed at:

<https://webnew.ped.state.nm.us/bureaus/accountability/achievement-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/accountability/achievement-data/>

Public reporting information hyperlinks are attached.

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

The academic assessments that were administered in spring of 2019 were the Transition Assessment of Math and English Language Arts (TAMELA) for students instructed with the Common Core State Standards and the New Mexico Alternate Performance Assessment (NMAPA) for youth with IEPs with significant cognitive disabilities instructed with alternate academic standards. TAMELA took the place of the Partnership for Assessment of Readiness for College and Careers' (PARCC) as a result of a Governor's Executive Order to eliminate PARCC.

## 3B - Prior FFY Required Actions

None

### Response to actions required in FFY 2017 SPP/APR

## 3B - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

The State did not provide a Web link demonstrating that the State reported publicly on the participation of children with disabilities on statewide assessments with the same frequency and in the same detail as it reports on the assessments of nondisabled children, as required by 34 C.F.R. § 300.160(f). Specifically, the State has not reported the number of children with disabilities participating in regular assessments, and the number of those children who were provided accommodations (that did not result in an invalid score) in order to participate in those assessments at the State, district and school levels. The failure to publicly report as required under 34 C.F.R. § 300.160(f) is noncompliance.

## 3B - Required Actions

Within 90 days of the receipt of the State's 2020 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2018, to the public, on the statewide assessments of children with disabilities in accordance with 34 C.F.R. § 300.160(f). In addition, OSEP reminds the State that in the FFY 2019 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2019.

## Indicator 3C: Proficiency for Students with IEPs

### Instructions and Measurement

**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))

#### Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using EDFacts file specifications FS175 and 178.

#### Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level and alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned)]. Calculate separately for reading and math. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

#### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for reading/language arts and mathematics assessments (combining regular and alternate) for children with IEPs, in all grades assessed (3-8 and high school), including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3C - Indicator Data

### Reporting Group Selection

Based on previously reported data, these are the grade groups defined for this indicator.

Group	Group Name	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	HS
A	Overall	X	X	X	X	X	X	X	X	X	X	X
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												

### Historical Data: Reading

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
A	Overall	2014	Target >=	56.70%	5.13%	65.30%	65.30%	65.30%
A	Overall	5.13%	Actual	16.33%	5.13%	6.41%	11.83%	9.28%
B			Target >=					
B			Actual					
C			Target >=					



C			Actual					
D			Target >=					
D			Actual					
E			Target >=					
E			Actual					
F			Target >=					
F			Actual					
G			Target >=					
G			Actual					
H			Target >=					
H			Actual					
I			Target >=					
I			Actual					
J			Target >=					
J			Actual					
K			Target >=					
K			Actual					
L			Target >=					
L			Actual					

**Historical Data: Math**

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
A	Overall	2014	Target >=	50.00%	5.66%	60.00%	60.00%	60.00%
A	Overall	5.66%	Actual	13.48%	5.66%	6.89%	9.50%	7.69%
B			Target >=					
B			Actual					
C			Target >=					
C			Actual					
D			Target >=					
D			Actual					
E			Target >=					
E			Actual					
F			Target >=					
F			Actual					
G			Target >=					
G			Actual					
H			Target >=					

H			Actual					
I			Target >=					
I			Actual					
J			Target >=					
J			Actual					
K			Target >=					
K			Actual					
L			Target >=					
L			Actual					

**Targets**

	Group	Group Name	2018	2019
Reading	A >=	Overall	65.30%	65.30%
Reading	B >=			
Reading	C >=			
Reading	D >=			
Reading	E >=			
Reading	F >=			
Reading	G >=			
Reading	H >=			
Reading	I >=			
Reading	J >=			
Reading	K >=			
Reading	L >=			
Math	A >=	Overall	60.00%	60.00%
Math	B >=			
Math	C >=			
Math	D >=			
Math	E >=			
Math	F >=			
Math	G >=			
Math	H >=			
Math	I >=			
Math	J >=			
Math	K >=			
Math	L >=			

**Targets: Description of Stakeholder Input**

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

**FFY 2018 Data Disaggregation from EDFacts**

**Include the disaggregated data in your final SPP/APR. (yes/no)**

NO

**Data Source:**

SY 2018-19 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

**Reading Proficiency Data by Grade**

<b>Grade</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>HS</b>
a. Children with IEPs who received a valid score and a proficiency was assigned	3,210	3,791	4,151	3,957	3,689	3,632	0				10,067
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	105	74	54	50	38	34					134
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	67	88	113	106	90	112					452
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	145	200	209	243	219	254					340

**Data Source:**

SY 2018-19 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/08/2020

**Math Proficiency Data by Grade**

<b>Grade</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>HS</b>
a. Children with IEPs who received a valid score and a proficiency was assigned	3,229	3,798	4,160	3,967	3,685	3,631					9,336
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	257	125	68	73	43	37					120
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	0	99	85	26	45	69					43
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	67	130	135	195	174	209					320

**FFY 2018 SPP/APR Data: Reading Assessment**

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Overall	32,497	3,127	9.28%	65.30%	9.62%	Did Not Meet Target	No Slippage
B							N/A	N/A
C							N/A	N/A
D							N/A	N/A
E							N/A	N/A
F							N/A	N/A
G							N/A	N/A
H							N/A	N/A
I							N/A	N/A
J							N/A	N/A
K							N/A	N/A
L							N/A	N/A

Group	Group Name	Reasons for slippage, if applicable
A	Overall	XXX
B		XXX
C		XXX
D		XXX
E		XXX
F		
G		XXX
H		XXX
I		XXX
J		XXX
K		XXX
L		XXX

**FFY 2018 SPP/APR Data: Math Assessment**

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Overall	31,806	2,320	7.69%	60.00%	7.29%	Did Not Meet Target	Slippage
B							N/A	N/A
C							N/A	N/A
D							N/A	N/A
E							N/A	N/A
F							N/A	N/A
G							N/A	N/A
H							N/A	N/A
I							N/A	N/A

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
J							N/A	N/A
K							N/A	N/A
L							N/A	N/A

Group	Group Name	Reasons for slippage, if applicable
A	Overall	
B		XXX
C		XXX
D		XXX
E		XXX
F		XXX
G		XXX
H		XXX
I		XXX
J		XXX
K		XXX
L		XXX

**Regulatory Information**

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

**Public Reporting Information**

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

The FFY 2018 performance data along with data from previous years can be viewed at

<https://webnew.ped.state.nm.us/bureaus/accountability/achievement-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. This data can be viewed at:

<https://webnew.ped.state.nm.us/bureaus/accountability/achievement-data/>

Please see attached report for hyperlinks for the State Public Reporting Information.

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

The State did not meet the target for Indicator 3C for Math Assessment and demonstrated a decrease of 0.40 percentage points from FFY 2017 (7.69%) to FFY 2018 (7.29%). The State did not demonstrate slippage for Indicator 3C.

The academic assessments that were administered in Spring 2019 were the Transition Assessment of Math and English Language Arts (TAMELA) for students instructed with the Common Core State Standards and the New Mexico Alternate Performance Assessment (NMAPA) for youth with IEPs with significant cognitive disabilities instructed with alternate academic standards. TAMELA took Partnership for Assessment of Readiness for College and Careers' (PARCC) place as a result of Governor's Executive Order to eliminate PARCC.

File FS178 was not submitted by the time the snapshot was taken for the 2018-2019 Annual Performance Report. This is the reason for the Reading Proficiency Data by Grade section being empty. ED will be pulling another snapshot on March 25, 2020 at which time the reading proficiency data for the state will be submitted. Corrections to file FS178 are still being made at this point, so the data originally submitted will no longer be valid. The State will provide additional information if needed during the April, 2020 submission.

**3C - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**3C - OSEP Response**

The State provided targets for FFY 2019, and OSEP accepts those targets.

**3C - Required Actions**

## Indicator 4A: Suspension/Expulsion

### Instructions and Measurement

**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

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

#### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

#### Measurement

Percent = [(# of districts that meet the State-established n size (if applicable) that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State that meet the State-established n size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

#### Instructions

If the State has established a minimum n size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n size. If the State used a minimum n size requirement, report the number of districts excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2018 SPP/APR, use data from 2017-2018), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

Indicator 4A: Provide the actual numbers used in the calculation (based upon districts that met the minimum n size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the district with discrepancies had policies, procedures or practices that contributed to the significant discrepancy and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with the Office of Special Education Programs (OSEP) Memorandum 09-02, dated October 17, 2008.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for 2017-2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 4A - Indicator Data

### Historical Data

Baseline	2016	0.81%			
FFY	2013	2014	2015	2016	2017
Target <=	1.96%	1.93%	1.90%	0.81%	0.81%
Data	0.00%	1.37%	0.68%	0.81%	0.76%

### Targets

FFY	2018	2019
Target <=	0.80%	0.80%

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### FFY 2018 SPP/APR Data

**Has the state established a minimum n-size requirement? (yes/no)**

YES

If yes, 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.

22

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n size	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	122	0.76%	0.80%	0.00%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**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

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

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 using unique student identification numbers. The data was verified through 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 2017-18 due in November 2018. 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.

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

During FFY 2018 (using 2017-2018 data), zero (0) LEAs in the State were found to have 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 State met the target at 100%.

Sixteen (16) LEAs were not included from the calculation as a result of the "n" size requirement. Six (6) State Support Schools (SSSs) are not included in the Indicator 4A calculation as they never meet the "n" size requirement due to the the unique populations served at each SSS. The total not included from the calculation is twenty-two (22).

One hundred twenty-two (122) LEAs out of one hundred forty-four (144) met the "n" size of greater than 10 suspensions and expulsions of students with disabilities for greater than 10 days in a school year. Twenty-two (22) LEAs, which includes the six (6) SSSs, 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. The six (6) SSSs are always excluded from the Indicator 4A calculation because they never meet the "n" size requirement due to the nature of the population they serve. These populations include those with low-incidence disabilities of deaf/hard of hearing and blind/visually impaired. The other populations of SSSs are those students that are incarcerated in the juvenile justice system or adult prisons, as well as those being treated in mental health facilities.

**Review of Policies, Procedures, and Practices (completed in FFY 2018 using FFY17- FFY18 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.**

There were no LEAs found to be non-compliant with Indicator 4A. In the event that non-compliance is identified for an LEA, the non-compliant LEA(s) is required to complete the following actions:

- Correct each individual case of noncompliance. LEAs must submit evidence to the State which reflect the individual issue causing the non-compliance has been resolved. The SEB sends out a list of students to the LEA who were a part of the significant discrepancy finding. The LEA(s) is required to submit the following documents for review for each identified student: completed IEP checklist, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and any Interim Alternative Educational Setting (IAES) service provider logs if applicable.

- Complete a self-assessment to determine if the LEA has in effect strong policies and procedures to avoid further issues which cause non-compliance. Any areas where improvement is required will be identified by the State and the LEA must, if necessary, LEAs will be required to amend their policies and procedures.

- Correctly implement the specific regulatory requirements and the LEAs policies and procedures. The State will review updated data such as data to include on-site monitoring data, student discipline file reviews for a new group of students and/or a review of data collected through the State's data system. This will assist the State in determining if the LEA's revised policies, procedures and practices, including the use of PBIS and Procedural



Safeguards in accordance with meeting the regulatory requirements of 34 CFR § 300.170(b).

- The State will provide technical assistance and supports to the LEA until the issues of non-compliance are resolved.
- Non-compliance must be corrected as soon as possible but in no case, no more than one year from identification.

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

**The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP Memorandum 09-02, dated October 17, 2008. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.**

XXX  
**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.**

XXX

**Correction of Findings of Noncompliance Identified in FFY 2017**

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		0

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

On page 22 of the FFY 2017 APR, the State reported one (1) LEA missed the indicator in FFY 2017 (initial finding).

To determine if the one (1) LEA found non-compliant, is now correctly implementing regulatory requirements, the State completed a subsequent review of data. End of year (EOY) discipline data, from the 2018-2019 school year submitted through STARS, the State's data system was reviewed. Based on the review of EOY data, the data did not indicate that the district had significant discrepancy in the rate of suspensions and expulsions of greater than 10 days for that particular reporting period.

In addition, the LEA was required to complete a self-assessment. Based on the information gathered from the self-assessment, especially any identified areas of concern, a corrective action plan was developed by the State. The CAP includes actions which must be completed by the LEA, documentation which must be submitted to support the correction of non-compliance and timelines for completing each action. Required actions in the CAP can include technical assistance and professional development requirements. The State concluded the LEA has corrected any issues causing the non-compliance and is correctly implementing regulatory requirements.

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

The Special Education Bureau (SEB) completed a review of all IEPs that exceeded 10 days of suspension and expulsion for the one (1) LEA found to be non-compliant with the requirements of 34 CFR §170(b). To verify the correction of each individual case of non-compliance, SEB staff completed the following actions: IEPs were reviewed for each student found to be a source of the LEAs non-compliance, an IEP checklist for each student was completed, all discipline referrals were reviewed, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident were reviewed, and Interim Alternative Educational Setting (IAES) service provider logs if applicable were also reviewed. After the completion of reviews, it was determined that the individual cases of non-compliance were corrected and the LEA met the requirements of 34 CFR §170(b).

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	1	0

**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 25 of the FFY 2017 APR, the State reported one (1) LEA missed the indicator in FFY 2015 and demonstrated continued non-compliance.

To determine if the one (1) LEA found non-compliant, is now correctly implementing regulatory requirements, the State completed a subsequent review of data. End of year (EOY) discipline data, from the 2018-2019 school year submitted through STARS, the State's data system was reviewed. Based on

the review of EOY data, the data did not indicate that the district had significant discrepancy in the rate of suspensions and expulsions of greater than 10 days for that particular reporting period.

In addition, the LEA was required to complete a self-assessment. Based on the information gathered from the self-assessment, especially any identified areas of concern, a corrective action plan was developed by the State. The CAP includes actions which must be completed by the LEA, documentation which must be submitted to support the correction of non-compliance and timelines for completing each action. Required actions in the CAP can include technical assistance and professional development requirements. The State concluded the LEA has corrected any issues causing the non-compliance and is correctly implementing regulatory requirements.

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

The Special Education Bureau (SEB) completed a review of all IEPs that exceeded 10 days of suspension and expulsion for the one (1) LEA found to be non-compliant with the requirements of 34 CFR §170(b). To verify the correction of each individual case of non-compliance, SEB staff completed the following actions: IEPs were reviewed for each student found to be a source of the LEAs non-compliance, an IEP checklist for each student was completed, all discipline referrals were reviewed, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident were reviewed, and Interim Alternative Educational Setting (IAES) service provider logs if applicable were also reviewed. After the completion of reviews, it was determined that the individual cases of non-compliance were corrected and the LEA met the requirements of 34 CFR §170(b).

FFY 2015

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**4A - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**4A - OSEP Response**

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

The State used the total number of districts from FFY 2018 to calculate the denominator for this indicator. OSEP notes that the measurement table requires that States examine data for the year before the reporting year (e.g., for the FFY 2018 APR, use data from 2017-2018). When reporting the total number of districts in the State under this indicator, the State should use the total number of districts reported in the FFY 2017 APR.

**4A - Required Actions**

## Indicator 4B: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results Indicator:** Rates of suspension and expulsion:

- 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))

#### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

#### Measurement

Percent = [(# of districts that meet the State-established n size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year of 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) divided by the (# of districts in the State that meet the State-established n size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

#### Instructions

If the State has established a minimum n size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n size. If the State used a minimum n size requirement, report the number of districts excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2018 SPP/APR, use data from 2017-2018), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons

- The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

Indicator 4B: Provide the following: (a) the number of districts that met the State-established n size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) the number of those districts in which policies, procedures or practices 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.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the district with discrepancies had policies, procedures or practices that contributed to the significant discrepancy and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with the Office of Special Education Programs (OSEP) Memorandum 09-02, dated October 17, 2008.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for 2017-2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

## 4B - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

Provide an explanation of why it is not applicable below:

### Historical Data

<b>Baseline</b>	2016	0.81%			
<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target	0%	0%	0%	0%	0%
Data	0.00%	1.37%	0.68%	0.81%	0.00%

### Targets

FFY	2018	2019
Target	0%	0%

**FFY 2018 SPP/APR Data**

**Has the state established a minimum n-size requirement? (yes/no)**

YES

**If yes, 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.**

22

Number of districts that have a significant discrepancy, by race or ethnicity	Number of those districts that have policies procedure, 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	0	122	0.00%	0%	0.00%	Met Target	No Slippage

**Provide reasons for slippage, if not applicable**

XXX

**Were all races and ethnicities included in the review?**

YES

**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 2018 (discipline data from the 2017-18 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, 2018. 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. The State reviews the self-assessment along with the LEA's 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.

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

During FFY 2018 (using 2017-2018 data), zero (0) LEAs in the State were found to have significant discrepancy, by race or ethnicity, 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 State met the target at 100%.

Sixteen (16) LEAs were not included in the calculation as a result of the "n" size requirement. Six (6) State Support Schools (SSSs) are not included in the Indicator 4B calculation as they never meet the "n" size requirement due to the the unique populations served at each SSS. The total not included from the calculation is twenty-two (22).

One hundred twenty-two (122) LEAs out of one hundred forty-four (144) met the "n" size of greater than 10 suspensions and expulsions of students with disabilities for greater than 10 days in a school year. Twenty-two (22) LEAs, which includes the 6 State Supported Schools (SSSs), 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. The six (6) SSSs are not included in the Indicator 4B calculation because they do not meet the "n" size requirement due to the nature of the population they serve. These populations include those with low-incidence disabilities of deaf/hard of hearing and blind/visually impaired. The other populations of SSSs are those students that are incarcerated in the juvenile justice system or adult prisons, as well as those being treated in mental health facilities.

**Review of Policies, Procedures, and Practices (completed in FFY 2018 using 2017-2018 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.**

There were no LEAs found to be non-compliant with indicator 4B. In the event, the State identifies non-compliance for an LEA, the non-compliant LEA(s) is required to complete the following actions:

- Correct each individual case of noncompliance, if applicable. LEAs must submit evidence to the State which reflect the individual issue causing the non-compliance has been resolved. The SEB sends out a list of students to the LEA who were a part of the significant discrepancy finding. The LEA(s) is required to submit the following documents for review for each identified student: completed IEP checklist, all discipline referrals, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident, and any Interim Alternative Educational Setting (IAES) service provider logs if applicable.
- Complete a Self-Assessment to determine if the LEA has in effect strong policies and procedures to avoid further issues which cause non-compliance. Any areas where improvement is required will be identified by the State and the LEA must, if necessary, LEAs will be required to amend their policies and procedures.
- Correctly implement the specific regulatory requirements and the LEAs policies and procedures. The State will review updated data such as data to include on-site monitoring data, student discipline file reviews for a new group of students and/or a review of data collected through the State's data system. This will assist the State in determining if the LEA's revised policies, procedures and practices, including the use of PBIS and Procedural Safeguards in accordance with meeting the regulatory requirements of 34 CFR § 300.170(b).
- The State will provide technical assistance and supports to the LEA until the issues of non-compliance are resolved.
- Non-compliance must be corrected as soon as possible but in no case, no more than one year from identification.

The State DID NOT 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.

**The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP Memorandum 09-02, dated October 17, 2008. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.**

XXX  
**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.**

XXX

**Correction of Findings of Noncompliance Identified in FFY 2017**

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	0	0

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

To determine if the one (1) LEA found non-compliant, is now correctly implementing regulatory requirements, the State completed a subsequent review of data. End of year (EOY) discipline data, from the 2018-2019 school year submitted through STARS, the State's data system was reviewed. Based on the review of EOY data, the data did not indicate that the district had significant discrepancy in the rate of suspensions and expulsions of greater than 10 days for that particular reporting period.

The LEA's policies, procedures and practices were also reviewed in the fall of 2018. 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. The LEA was not required to revised their policies and procedures.

In addition, the LEA was required to complete a self-assessment. Based on the information gathered from the self-assessment, especially any identified areas of concern, a CAP was developed by the State. The CAP included actions which must be completed by the LEA, documentation which must be submitted to support the correction of non-compliance and timelines for completing each action. Required actions in the CAP included technical assistance and professional development requirements. The State concluded the LEA has corrected any issues causing the non-compliance and is correctly implementing regulatory requirements.

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

The SEB completed a review of all IEPs that exceeded 10 days of suspension and expulsion for the one (1) LEA found to be non-compliant with the requirements of 34 CFR §170(b). To verify the correction of each individual case of non-compliance, SEB staff completed the following actions: IEPs were reviewed for each student found to be a source of the LEAs non-compliance, an IEP checklist for each student was completed, all discipline referrals were reviewed, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident were reviewed, and Interim Alternative Educational Setting (IAES) service provider logs if applicable were also reviewed. After the completion of reviews, it was determined that the individual cases of non-compliance were corrected and the LEA met the requirements of 34 CFR §170(b).

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
FFY 2015	1	1	0

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 30 of the FFY 2017 APR, the State reported one (1) LEA missed the indicator in FFY 2015 (initial finding).

To determine if the one (1) LEA found non-compliant, is now correctly implementing regulatory requirements, the state completed a subsequent review of data. End of year (EOY) discipline data, from the 2018-2019 school year submitted through STARS, the state's data system was reviewed. Based on the review of EOY data, the data did not indicate that the district had significant discrepancy in the rate of suspensions and expulsions of greater than 10 days for that particular reporting period.

The LEA's policies, procedures and practices were also reviewed in the fall of 2018. 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. The LEA was not required to revised their policies and procedures.

In addition, the LEA was required to complete a self-assessment. Based on the information gathered from the self-assessment, especially any identified areas of concern, a CAP was developed by the State. The CAP includes actions which must be completed by the LEA, documentation which must be submitted to support the correction of non-compliance and timelines for completing each action. Required actions in the CAP can include technical assistance and professional development requirements. The state concluded the LEA has corrected any issues causing the non-compliance and is correctly implementing regulatory requirements.

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

The SEB completed a review of all IEPs that exceeded 10 days of suspension and expulsion for the one (1) LEA found to be non-compliant with the requirements of 34 CFR §170(b). To verify the correction of each individual case of non-compliance, SEB staff completed the following actions: IEPs were reviewed for each student found to be a source of the LEAs non-compliance, an IEP checklist for each student was completed, all discipline referrals were reviewed, data collection tools used to monitor student's behavior, FBAs, BIPs, IEP at the time of the incident were reviewed, and Interim Alternative Educational Setting (IAES) service provider logs if applicable were also reviewed. After the completion of reviews, it was determined that the individual cases of non-compliance were corrected and the LEA met the requirements of 34 CFR §170(b).

FFY 2015

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

## 4B - Prior FFY 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.

### Response to actions required in FFY 2017 SPP/APR

On pages 29 and 30 of the FFY 2017 APR, the State reported that one (1) LEA was found to having continuing non-compliance with Part B requirements having demonstrated continuing non-compliance from FFY 2015 and FFY 2014.

The State took the following actions:

After reviewing of the LEAs policies, procedures, and practices, along with the students' IEPs, the State determined that one (1) LEA with continued non-compliance was not meeting the requirements of 34 CFR §300.170(b) in FFY 2017. The one (1) LEA was notified in writing of the non-compliance in accordance with the ISEAS.

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 LEA was placed on a corrective action plan that included technical assistance in each area identified.

To verify regulatory requirements are being implemented, the LEA was required to submit the for review: 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 to determine if the LEA's policies, procedures, and practices needed to be revised. The State could not verify correction of non-compliance for this LEA.

In addition, the State provided 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 was provided by Technical Assistance for Excellence in Special Education (TAESE) and Southwest Regional Education Cooperative, and included observations, recommendations, consultations and follow up.
2. Behavior coaches were hired to support the LEA to implement the behavior strategies by assisting teachers and other service providers. LEA-wide professional development was provided to assist the LEA in implementing appropriate behavior support skills including analyzing of behavioral data.
3. The State completed a subsequent review of EOY data for FFY 2017 (discipline data from 2017-2018 school year submitted June 2018).

## 4B - OSEP Response

The State used the total number of districts from FFY 2018 to calculate the denominator for this indicator. OSEP notes that the measurement table requires that States examine data for the year before the reporting year (e.g., for the FFY 2018 APR, use data from 2017-2018). When reporting the total number of districts in the State under this indicator, the State should use the total number of districts reported in the FFY 2017 APR.

## 4B- Required Actions

## Indicator 5: Education Environments (children 6-21)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Education environments (children 6-21): 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))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS002.

#### Measurement

Percent = [(# of children with IEPs aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Percent = [(# of children with IEPs aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Percent = [(# of children with IEPs aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

## 5 - Indicator Data

### Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2005	Target >=	60.00%	50.00%	50.00%	53.00%	53.00%
A	50.00%	Data	49.74%	50.61%	49.80%	49.82%	49.93%
B	2005	Target <=	11.00%	20.00%	19.00%	18.00%	18.00%
B	19.00%	Data	20.68%	19.64%	19.19%	18.62%	18.14%
C	2005	Target <=	1.95%	1.95%	1.90%	0.91%	0.91%
C	1.60%	Data	0.93%	0.91%	0.91%	0.87%	0.79%

### Targets

FFY	2018	2019
Target A >=	53.00%	53.00%
Target B <=	18.00%	18.00%
Target C <=	0.91%	0.91%

#### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	Total number of children with IEPs aged 6 through 21	47,389
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	23,195



Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	8,371
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	c1. Number of children with IEPs aged 6 through 21 in separate schools	222
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	c2. Number of children with IEPs aged 6 through 21 in residential facilities	76
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	106

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

Provide an explanation below

**FFY 2018 SPP/APR Data**

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	23,195	47,389	49.93%	53.00%	48.95%	Did Not Meet Target	No Slippage
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	8,371	47,389	18.14%	18.00%	17.66%	Met Target	No Slippage
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	404	47,389	0.79%	0.91%	0.85%	Met Target	No Slippage

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	XXX	XXX	XXX	XXX	XXX	XXX	XXX
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	XXX	XXX	XXX	XXX	XXX	XXX	XXX
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Use a different calculation methodology (yes/no)

NO

Please explain the methodology used to calculate the numbers entered above.

Part	Reasons for slippage, if applicable
A	XXX
B	XXX
C	XXX

Provide additional information about this indicator (optional)

### 5 - Prior FFY Required Actions

None

Response to actions required in FFY 2017 SPP/APR

### 5 - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

### 5 - Required Actions

## Indicator 6: Preschool Environments

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Preschool environments: Percent of children aged 3 through 5 with IEPs 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))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in EDFacts file specification FS089.

#### Measurement

Percent = [(# of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

Percent = [(# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

#### Instructions

Sampling from the State's 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

## 6 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

Provide an explanation of why it is not applicable below.

### Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2011	Target >=	48.80%	50.00%	50.00%	52.00%	52.00%
A	47.70%	Data	43.20%	44.90%	43.86%	41.57%	44.12%
B	2011	Target <=	32.00%	30.00%	28.00%	26.00%	26.00%
B	33.50%	Data	40.30%	41.73%	42.26%	43.75%	40.49%

### Targets

FFY	2018	2019
Target A >=	52.00%	52.00%
Target B <=	26.00%	26.00%

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	Total number of children with IEPs aged 3 through 5	6,607
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	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	3,048

Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	b1. Number of children attending separate special education class	1,287
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	b2. Number of children attending separate school	155
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	b3. Number of children attending residential facility	244

**FFY 2018 SPP/APR Data**

	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	3,048	6,607	44.12%	52.00%	46.13%	Did Not Meet Target	No Slippage
B. Separate special education class, separate school or residential facility	1,686	6,607	40.49%	26.00%	25.52%	Met Target	No Slippage

Use a different calculation methodology (yes/no)

NO

Please explain the methodology used to calculate the numbers entered above.

Provide reasons for slippage for A

Part	Reasons for slippage, if applicable
A	XXX
B	XXX

Provide additional information about this indicator (optional)

**6 - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**6 - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**6 - Required Actions**

## Indicator 7: Preschool Outcomes

### Instructions and Measurement

**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))

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- 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.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by (# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by (the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

In the measurement 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.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

## 7 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

**Provide an explanation of why it is not applicable below.**

**Historical Data**

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2014	Target >=	75.20%		77.73%	77.73%	77.73%
A1	77.73%	Data	72.58%	77.73%	78.41%	75.95%	78.16%
A2	2014	Target >=	66.40%		54.43%	54.43%	54.43%
A2	54.43%	Data	44.34%	54.43%	54.33%	51.10%	49.82%
B1	2014	Target >=	75.00%		76.49%	76.49%	76.49%
B1	76.49%	Data	72.77%	76.49%	77.68%	73.70%	75.31%
B2	2014	Target >=	63.10%		50.31%	50.31%	50.31%
B2	50.31%	Data	49.30%	50.31%	49.89%	49.54%	45.19%
C1	2014	Target >=	74.70%		76.85%	76.85%	76.85%
C1	76.85%	Data	71.30%	76.85%	78.37%	76.84%	78.44%
C2	2014	Target >=	72.20%		62.15%	62.33%	62.33%
C2	62.15%	Data	58.01%	62.15%	62.33%	60.28%	58.18%

**Targets**

FFY	2018	2019
Target A1 >=	77.80%	77.80%
Target A2 >=	54.50%	54.50%
Target B1 >=	76.50%	76.50%
Target B2 >=	50.35%	50.35%
Target C1 >=	76.86%	76.86%
Target C2 >=	62.35%	62.35%

**Targets: Description of Stakeholder Input**

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

**FFY 2018 SPP/APR Data**

**Number of preschool children aged 3 through 5 with IEPs assessed**

3,852

**Outcome A: Positive social-emotional skills (including social relationships)**

	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	94	2.44%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	739	19.18%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,279	33.20%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	953	24.74%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	787	20.43%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,232	3,065	78.16%	77.80%	72.82%	Did Not Meet Target	Slippage
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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,740	3,852	49.82%	54.50%	45.17%	Did Not Meet Target	Slippage

**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	96	2.49%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	772	20.04%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,443	37.46%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	906	23.52%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	635	16.48%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
B1. Of those children who entered or exited the 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,349	3,217	75.31%	76.50%	73.02%	Did Not Meet Target	Slippage
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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,541	3,852	45.19%	50.35%	40.01%	Did Not Meet Target	Slippage

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

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	82	2.13%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	612	15.89%

	Number of Children	Percentage of Children
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,115	28.95%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	940	24.40%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,103	28.63%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
C1. Of those children who entered or exited the 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.	2,055	2,749	78.44%	76.86%	74.75%	Did Not Meet Target	Slippage
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.	2,043	3,852	58.18%	62.35%	53.04%	Did Not Meet Target	Slippage

Part	Reasons for slippage, if applicable
A1	The State did not meet the target for Indicator A1 and demonstrated slippage of 5.34 percentage points from FFY 2017 (78.16%) to FFY 2018 (72.82%). The teacher turnover among preschool teachers in the State is high. This requires the State to keep retraining staff in providing quality instruction around social-emotional skills. LEAs have also changed their social-emotional curriculums and are retraining staff on the curriculum.
A2	The State did not meet the target for Indicator A2 and demonstrated slippage of 4.65 percentage points from FFY 2017 (49.82%) to FFY 2018 (45.17%). The teacher turnover among preschool teachers in the State is high. This requires the State to keep retraining staff in providing quality instruction around social-emotional skills. LEAs have also changed their social-emotional curriculums and are retraining staff on the new curriculum.
B1	The State did not meet the target for Indicator B1 and demonstrated slippage of 2.29 percentage points from FFY 2017 (75.31%) to FFY 2018 (73.02%). The teacher turnover among preschool teachers in the State is high. This requires the State to keep retraining staff in providing quality educational instruction. The State also changed the licensure requirement for teachers serving students with disabilities to ensure they are appropriately trained to work with the special population they serve.
B2	The State did not meet the target for Indicator B2 and demonstrated slippage of 5.18 percentage points from FFY 2017 (45.19%) to FFY 2018 (40.01%). The teacher turnover among preschool teachers in the state is high. This requires the State to keep retraining staff in providing quality educational instruction. The State also changed the licensure requirement for teachers serving students with disabilities to ensure they are appropriately trained to work with the special population they serve on the new curriculum.
C1	The State did not meet the target for Indicator C1 and demonstrated slippage of 3.69 percentage points from FFY 2017 (78.44%) to FFY 2018 (74.75%). The teacher turnover among preschool teachers in the State is high. This requires the State to keep retraining in staff in providing quality instruction around social-emotional skills. LEAs have also changed their social-emotional curriculums and are retraining staff on the new curriculum.
C2	The State did not meet the target for Indicator C2 and demonstrated slippage of 5.14 percentage points from FFY 2017 (58.18%) to FFY 2018 (53.04%). The teacher turnover among preschool teachers in the State is high. This requires the State to keep retraining staff in providing quality instruction around social-emotional skills. LEAs have also changed their social-emotional curriculums and are retraining staff on the new curriculum.

**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/no)**

YES

**Please explain why the State did not 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 / No
Was sampling used?	NO
If yes, has your previously-approved sampling plan changed?	
If the plan has changed, please provide sampling plan	



**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

YES

**If no, provide the criteria for defining “comparable to same-aged peers.”**

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

The data is collected through STARS, the states data system. Ongoing training and support are provided by the SEB to LEAs on data collection procedures for Early Childhood Outcomes (ECO). LEAs submit ECO data into STARS at the states 40, 80, 120 and EOY reporting periods. SEB staff review the data. If there are any errors in the reporting, LEAs are asked to correct and/or reconcile the error if it cannot be corrected. Correction of data will occur when the LEA resubmits correct data. The SEB then verifies correction. If the error cannot be corrected, the error is reconciled by the LEA submitting documentation to prove these data cannot be corrected and is accurate as reported.

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

The State is currently undertaking pre-school program improvements for improving outcomes for preschool students with disabilities. Among these improvements are increasing licensure requirements for those serving students with disabilities, having available coaches to provide direct assistance at pre-school sites, and providing teacher training to staff, as well as financial support, through scholarships, to non-certified staff that would like become certified to serve students with disabilities.

## **7 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

## **7 - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

## **7 - Required Actions**

## Indicator 8: Parent involvement

### Instructions and Measurement

**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))

#### Data Source

State selected data source.

#### Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

#### Instructions

Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 2 for additional instructions on sampling.)

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed.

Include the State's analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States should consider categories such as race and ethnicity, age of the student, disability category, and geographic location in the State.

If the analysis shows that the demographics of the parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

### 8 - Indicator Data

	Yes / No
Do you use a separate data collection methodology for preschool children?	NO
If yes, will you be providing the data for preschool children separately?	XXX

#### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

In FFY 2018, a stratified random number of 15,651 parents was generated from all parents who had students age 3-21 receiving special education services during the 2018-2019 school year. These parents were mailed a survey. A total of nine hundred forty-eight (948) were returned for a response rate of 6.06%.

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. (Seven (7) parents did not answer the survey question used to calculate parent involvement; thus, the parent involvement percentage is based on nine hundred forty-one (941) parents.)

The Parental Involvement Percentage decreased 2.49 percentage points from FFY 2017 to FFY 2018 (from 84.21% to 81.72%). The State did not meet the target of 84.0%.

#### Historical Data

Baseline	2010	80.20%			
FFY	2013	2014	2015	2016	2017
Target >=	81.80%	82.00%	83.00%	84.00%	84.00%
Data	84.81%	82.69%	86.17%	82.45%	84.21%

#### Targets

FFY	2018	2019
Target >=	84.00%	84.00%

**FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
770	941	84.21%	84.00%	81.83%	Did Not Meet Target	Slippage

**The number of parents to whom the surveys were distributed.**

15,651

**Percentage of respondent parents**

6.01%

**Provide reasons for slippage, if applicable**

The State did not meet the target for Indicator 8 and demonstrated slippage of 2.38 percentage points from FFY 2017 (84.21%) to FFY 2018 (81.83%).

The State examined results by LEA to determine which LEAs had the lowest Parent Involvement rate. In addition, the State examined the LEA parent involvement rates from 2017-18 to 2018-19. Across all LEAs, thirty-nine per cent (39%) saw a decrease in their parent involvement score; thirty-two per cent (32%) saw an increase; and twenty-nine (29%) had no change. LEAs get a detailed report of their results, as well as a detailed report of their school results and are encouraged to examine the data and make improvement plans for targeting parent involvement.

The State also examined the results by item and noted those items that had the lowest levels of agreement and the biggest decreases from 2017-18 to 2018-19:

20. My child's school provides my child with all the services documented on my child's IEP.

\*Decreased by 3.56 percentage points from 83.08% in 1718 to 79.52% in 1819.

11. General education and special education teachers work together to assure that my child's IEP is being implemented.

\*Decreased by 3.43 percentage points from 82.84% in 1718 to 79.41% in 1819.

9. I was given information about organizations that offer support for parents of students with disabilities.

\*Decreased by 3.29 percentage points from 58.70% in 1718 to 55.41% in 1819.

These items as well as LEA scores over time will be examined thoroughly by the State to determine if any technical assistance is needed.

**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 a representative sample of 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 2018, the survey was distributed to a stratified, representative number of 15,651 parents of children receiving special education services, including parents of preschool children. A total of nine hundred forty-eight (948) surveys were returned for a response rate of 6.06%. Out of the nine hundred forty-eight (948) parents who responded to the overall survey, nine hundred forty-one (941) of the nine hundred forty-eight (948) 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 6.01% for that specific question. 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 5.49% of the total respondents, with 52 parents responding. Results are weighted by LEA to make sure that the overall state parent involvement percentage is an accurate reflection of the experiences of parents of students with disabilities age 3 to 21.

**Historical Data**

	Baseline	FFY	2013	2014	2015	2016	2017
Preschool	XXX	Target >=	XXX	XXX	XXX	XXX	XXX
Preschool	XXX	Data	XXX	XXX	XXX	XXX	XXX
School age	XXX	Target >=	XXX	XXX	XXX	XXX	XXX

School age	XXX	Data	XXX	XXX	XXX	XXX	XXX
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**Targets**

FFY	2018	2019
Target A >=	XXX	XXX
Target B >=	XXX	XXX

**FFY 2018 SPP/APR Data: Preschool Children Reported Separately**

	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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
Preschool	XXX	XXX	XXX	XXX	XXX	XXX	XXX
School age	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Provide reasons for slippage, if applicable

XXX

The number of School-Age parents to whom the surveys were distributed.

XXX

Percentage of respondent School-Age parents

XXX

	Yes / No
Was sampling used?	YES
If yes, has your previously-approved sampling plan changed?	NO
If yes, provide sampling plan.	XXX

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

The sampling plan was previously approved by OSEP. Sampling is done at the LEA and school level. A stratified, random sample of students with disabilities is selected from each school within each LEA. When calculating state-level results, responses are weighted by the student with disability population size (e.g., a LEA that has four times the number of students with disabilities as another LEA will receive four times the weight in computing overall state results.) Because the sampling plan is based on a representative sample from each and every LEA, and because the proper weighting is done in the analysis, the State is assured that the Indicator 8 results are reliable and valid.

	Yes / No
Was a survey used?	YES

	Yes / No
If yes, is it a new or revised survey?	NO
If yes, provide a copy of the survey.	XXX
The demographics of the parents responding are representative of the demographics of children receiving special education services.	YES

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

**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. Please note that parent respondents self-report ethnicity and primary disability.

In FFY 2018, the survey was distributed to a stratified, representative sample of 15,651 parents of children receiving special education services. A total of 948 surveys were returned for a response rate of 6.06%. 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; as well as parents of Hispanic students. 16% of the parents who responded reported having a child who had a specific learning disability whereas 44% of students in the sample had a specific learning disability. 47% of the parents who responded reported having a child who was Hispanic whereas 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 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.

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

In the FFY 2017 APR, the State reported in error that sampling was not used. In the FFY 2018 APR, the State has corrected.

**8 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**8 - OSEP Response**

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

**8 - Required Actions**

## Indicator 9: Disproportionate Representation

### Instructions and Measurement

**Monitoring Priority:** Disproportionality

**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))

#### Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

#### Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "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).

Based on its review of the 618 data for FFY 2018, 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 as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2018 reporting period (i.e., after June 30, 2019).

#### Instructions

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 9 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

Provide an explanation of why it is not applicable below.

#### Historical Data

Baseline	2016	0.00%			
FFY	2013	2014	2015	2016	2017
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

#### Targets

FFY	2018	2019
Target	0%	0%

**FFY 2018 SPP/APR Data**

**Has the state established a minimum n and/or cell size requirement? (yes/no)**

YES

**If yes, 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 excluded from the calculation as a result of the requirement.**

18

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 and/or cell size	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	0	126	0.00%	0%	0.00%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**Were all races and ethnicities included in the review?**

YES

**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.

**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.**

No LEAs were identified as demonstrating possible disproportionate representation of racial and ethnic groups in special education and related services. If an LEA(s) were identified, then the LEA(s) would be notified in writing of the possible disproportionate representation and then would be required to complete the Indicator 9 self assessment tool. The purpose of the self-assessment is to determine if the LEA(s) has deficient policies, procedures, and practices. The SEB would examine the self-assessment to determine if the policies, procedures, and practices are deficient and contributed to the inappropriate identification. The SEB then conducts an interview with the LEAs Special Education Director and interviews him/her based upon the self-assessment information, which includes the policies, procedures, and practices. Upon conclusion of this process, the SEB determines if the identified LEA(s) is non-compliant for this Indicator.

In addition, the SEB would send out a list of students to the LEA(s) who may have been inappropriately identified in the "possible disproportionality" finding. The LEA(s) is then required to submit the following documents for a review: 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 to determine what portion(s) of the LEA's policies, procedures, and practices need to be updated.

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

Out of one hundred forty-four (144) LEAs, eighteen (18) LEAs were not included in the calculation because the LEAs 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 twenty-six (126) LEAs met the State's minimum "n" size. In FFY 2018, zero (0) LEAs were considered to have disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. The State met the target at 100%.

Eighteen (18) LEAs, which includes the 6 State Supported Schools (SSSs), did not meet the "n" size. The six (6) SSSs are not included in the Indicator 9 calculation because they never meet the "n" size requirement due to the nature of the population they serve. These populations include those with low-incidence disabilities of deaf/hard of hearing and blind/visually impaired. The other populations of SSSs are those students that are incarcerated in the juvenile justice system or adult prisons, as well as those being treated in mental health facilities.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**9 - Prior FFY Required Actions**

None

Response to actions required in FFY 2017 SPP/APR

**9 - OSEP Response**



## 9 - Required Actions

# Indicator 10: Disproportionate Representation in Specific Disability Categories

## Instructions and Measurement

**Monitoring Priority:** Disproportionality

**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))

### Data Source

State's analysis, based on State's Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

### Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "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).

Based on its review of the 618 data for FFY 2018, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2018 reporting period (i.e., after June 30, 2019).

### Instructions

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 10 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

Provide an explanation of why it is not applicable below

### Historical Data

Baseline	2016	0.00%			
FFY	2013	2014	2015	2016	2017
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

### Targets

FFY	2018	2019
Target	0%	0%

**FFY 2018 SPP/APR Data**

**Has the state established a minimum n and/or cell size requirement? (yes/no)**

YES

**If yes, 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 excluded from the calculation as a result of the requirement.**

18

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 and/or cell size	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	0	126	0.00%	0%	0.00%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**Were all races and ethnicities included in the review?**

YES

**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 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.

**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 did not identify any LEAs with possible disproportionate representation in specific disability categories out of the one hundred twenty-six (126) LEAs who met the minimum “n” size requirement. In other words, of the one hundred and twenty-six (126) LEAs that had an “n” size of greater than 10, zero had a risk ratio and alternate risk ratio of 3.0 or above.

All 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)

However, if an LEA(s) had possible occurrences of over representation, they would be required to complete a self-assessment. The completed self-assessment would be submitted to the SEB for review. The SEB would also review the LEA’s policies, procedures, and practices. Desk audits would be completed including a review of policies, procedures, and practices. In addition, the SEB would send out a list of students to the LEA who were included in the “possible disproportionality” finding. The LEA is then required to submit the following documents so that a review can be completed. 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 to help determine what portion(s) of the LEA’s policies, procedures, and practices need to be updated.

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

Out of one hundred forty-four (144) LEAs, eighteen (18) LEAs were excluded from the calculation because the LEAs 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 twenty-six (126) LEAs met the State’s minimum “n” size. In FFY 2018, zero (0) LEAs were considered to have disproportionate representation with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification). The State met the target at 100%.

The eighteen (18) LEAs, which includes the 6 State Supported Schools (SSSs), that did not meet the “n” size. The six (6) SSSs are not included from the Indicator 10 calculation because they never meet the “n” size requirement due to the nature of the population they serve. These populations include those with low-incidence disabilities of deaf/hard of hearing and blind/visually impaired. The other populations of SSSs are those students that are incarcerated in the juvenile justice system or adult prisons, as well as those being treated in mental health facilities.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

Actions taken if noncompliance not corrected

XXX

**10 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**10 - OSEP Response**

**10 - Required Actions**

## Indicator 11: Child Find

### Instructions and Measurement

**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))

#### Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

#### Measurement

- a. # of children for whom parental consent to evaluate was received.
- b. # of children whose evaluations were completed within 60 days (or State-established timeline).  
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.

Percent = [(b) divided by (a)] times 100.

#### Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. 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. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 11 - Indicator Data

### Historical Data

Baseline	2005	80.00%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	98.77%	99.34%	99.40%	99.06%	99.66%

### Targets

FFY	2018	2019
Target	100%	100%

### FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
9,167	9,134	99.66%	100%	99.64%	Did Not Meet Target	No Slippage

#### Provide reasons for slippage

XXX

#### Number of children included in (a) but not included in (b)

33

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.

Thirty-three (33) student evaluations from eleven (11) LEAs went beyond the 60-day timeline. However, all of the thirty-three students had an evaluation completed as reported in STARS, the system in which LEAs report data to the State. Notification of non-compliance was issued to the eleven (11) LEAs on December 20, 2019. The individual cases of non-compliance identified are currently undergoing the Prong 1 process, which will include a review of signed parental consent, evaluation dates, eligibility determination and IEP information for those students who qualified for special education and related services. Of the eleven (11) LEAs with findings for this indicator, four (4) LEAs had continued non-compliance.

**Indicate the evaluation timeline used:**

The State used the 60 day timeframe within which the evaluation must be conducted

**What is the State’s timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).**

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

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 2018, 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 sixty (60) days, 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 time frame for the initial evaluation has begun. Any other reason for a delay was considered non-compliant with 34 CFR § 300.301 (c)(1)(i).

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3		1

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

On page 45 of last year’s FFY 2017 APR, the State reported that eight (8) LEAs missed the indicator in FFY 2017 with four (4) of the LEAs having initial findings and four (4) LEAs having continued findings.

Three (3) of the four (4) LEAs with initial findings in FFY 2017 corrected the non-compliance as soon as possible and in no case later than one year after the State’s identification. Based on the State’s review of updated data, such as data from subsequent on-site monitoring or data collected through STARS, three (3) out of the four (4) LEAs with initial findings from FFY 2017 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

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

LEAs were required to submit data on initial evaluations for special education and related services each reporting period into STARS. In FFY 2017 and FFY 2018, 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 time frame 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 three (3) of the four (4) LEAs with initial findings in FFY 2017 corrected all individual cases of non-compliance.

The verification of the correction of non-compliance was completed as required by the OSEP Memo 09-02. A review of the data entered into the State’s data system was completed 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 policies, procedures, and practices to the SEB for review and revisions if necessary. The SEB reviewed

documents to identify any areas causing systemic non-compliance. The State confirmed 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 also has verified that the LEA is currently correctly implementing the specific regulatory requirement.

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

For the one (1) non-compliant LEA, in addition to the above described procedures, additional data points were reviewed to assist with the correction verification process. The students' initial IEP dates were also verified. 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 a corrective action plan. The LEA is monitored by SEB.. staff.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	2	1	1
FFY 2015	2	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 46 of the FFY 2017 APR, the State reported that in FFY 2016 there were two (2) LEAs that had continued non-compliance. One (1) LEA corrected the non-compliance within one year from the identification of the non-compliance, with one (1) LEA having continued non-compliance. LEAs were required to submit data on initial evaluations for special education and related services each reporting period into STARS. In FFY 2017 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 must 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 time frame 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 verification of the correction of non-compliance was 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. 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 2016

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The one (1) non-compliant LEA with initial findings in FFY 2016 was required to complete a root cause analysis to assist with determining the cause of the continued non-compliance. The LEA is being monitored by SEB staff and is being provided with technical assistance and professional development for Indicator 11. In addition, the one (1) remaining LEA was 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 a factor considered for 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 complete a root cause analysis and are placed on corrective action plans to ensure any areas of non-compliance are corrected.

The one (1) LEA with continuing non-compliance was placed on a corrective action plan and 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**

XXX

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

XXX

FFY 2015

**Findings of Noncompliance 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 complete a root cause analysis and are placed on corrective action plans to correct any area of non-compliance.

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

#### **Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

#### **Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

### **11 - Prior FFY Required Actions**

None

#### **Response to actions required in FFY 2017 SPP/APR**

### **11 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. In addition, the State must demonstrate, in the FFY 2019 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2017, the remaining one uncorrected finding of noncompliance identified in FFY 2016, and the remaining two uncorrected findings of noncompliance identified in FFY 2015 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2018 and each LEA with remaining noncompliance identified in FFY 2017, 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

### **11 - Required Actions**

## Indicator 12: Early Childhood Transition

### Instructions and Measurement

**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))

#### Data Source

Data to be taken from State monitoring or State data system.

#### Measurement

- # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- # of those found eligible who have an IEP developed and implemented by their third birthdays.
- # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- # 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.

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.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

#### Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. 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. Provide the actual numbers used in the calculation.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 12 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

Provide an explanation of why it is not applicable below.

#### Historical Data

Baseline	2005	94.40%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	94.29%	97.90%	96.73%	96.06%	99.48%

#### Targets

FFY	2018	2019
Target	100%	100%

#### FFY 2018 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	1,243
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	65
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	870

d. Number 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.	12
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	129
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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
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.	870	1,037	99.48%	100%	83.90%	Did Not Meet Target	Slippage

**Provide reasons for slippage, if applicable**

The reason for the slippage is due in part to the lack of licensed diagnosticians and other related service providers necessary for completing evaluations. The State is currently experiencing a shortage of these key personnel necessary in providing the data required for completing eligibility determinations. These shortages are especially impacting LEAs in rural areas where recruiting and retention are difficult due to their remote locations.

**Number of children who served in part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f**

167

**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.**

One (1) day to two hundred sixty-one (261) days is the range of days beyond the third birthday that eligibility was determined and an IEP was developed for the students not included in (a). The reasons for the delay are related to the shortage of related service staff, especially those LEAs in rural areas.

**Attach PDF table (optional)**

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

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.**

Data for preschool students served in Part C and referred for Part B eligibility determinations are submitted into the STARS data warehouse by the LEA. Data for each student, in each of the following areas is reported to the State: student's third birthdate, transition conference date, parental consent for evaluation date, initial evaluation date, Part B eligibility determination, eligibility determination date, IEP implementation date. Data fields must be completed for each of these areas. If data is missing, the LEA is required to submit the missing data within a specified period of time. Compliance and/or non-compliance reason codes are required to be submitted for areas which do not meet the required timelines or specifications. The STARS template calculates the number of days beyond the student's birthday, using the student's birth date. Also, to ensure accuracy, the STARS system correlates Indicators 11 and 12.

Data is monitored for Indicator 12 at each of the four (4) State reporting periods, the forty (40), eighty (80), one-hundred twenty (120) day and end of year by SEB staff. SEB staff follow-up on any discrepancies to ensure the issues are addressed at each reporting period. At the end of the year, any student's that are listed in an exception report, produced by the STARS system are reconciled. The reconciliation process requires the LEA to submit documentation for each area of Indicator 12, in which they are required to report to the State. The documentation is reviewed by SEB staff and a final determination is made if the LEA met or missed the indicator.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	4	0	1

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

In FFY 2017, five (5) LEAs missed the indicator for the first time. Four (4) LEAs with initial findings in FFY 2017 met the target of 100% for FFY 2018. To ensure LEAs are correctly implementing the regulatory requirements, the State uses a two (2) prong process. The State's process for determining if an LEA found to have non-compliance, is correctly implementing regulatory requirements, begins with the LEA completing a root cause analysis (RCA). The LEAs completed RCA is submitted to the SEB. SEB staff review the RCA to determine if the LEA has identified causes for the non-compliance. SEB staff develops a corrective action plan (CAP), to include any identified causes of non-compliance from the RCA. The CAP includes actions which must be completed by the LEA, documentation which must be submitted to support the correction of non-compliance and timelines for completing each action. In addition, the LEAs may be requested to submit their district's policies, procedures, and practices to the SEB staff for review when it appears there may be a systematic break-down. LEAs may also be required, through the CAP process, to make revisions if necessary, to their policies and

procedures. The State's review of updated data consists of a review of the most recent data entered in STARS by the LEA. SEB staff review to determine if the LEA is at 100% compliance. An LEA is considered to have completed the Prong 2 process and is found to be correctly implementing regulatory requirements, once all the CAP actions have been determined as complete by SEB staff and current STARS data indicate 100% compliance.

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

The State completes the Prong 1 process of verifying that each individual case of non-compliance is corrected, unless the child is no longer within the jurisdiction of the LEA. Although, it is not possible for a missed timeline to be corrected, the State has a systematic process to determine if the required actions have been completed. The STARS system will identify each student, via a unique student identification number, in which the LEA did not develop an IEP by the student's third birthday, if the student met the Part B eligibility requirements. The following documentation is then requested from the LEA for each individual student where the timeline was not met, transition conference, parental consent, evaluation completion date, eligibility determination and the initial IEP. These documents are reviewed to ensure that although not timely, the required events occurred and the student has in effect a current IEP. For students that are no longer in the jurisdiction of the LEA, LEAs are still requested to provide documentation such as withdrawal forms, exit documents, revocation of consent, to demonstrate the student is no longer in the educational jurisdiction, does not qualify or has exited special education. Once this information is verified for each individual student where the timeline was not met, each individual case of non-compliance is considered to be corrected.

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

One (1) LEA demonstrated continuing non-compliance from FFY 2017. In order to determine if the LEA corrected previous findings, a review of data occurred in FFY 2018 of every preschool student served in Part C and referred for Part B eligibility determination. The data submitted into STARS was reviewed for this purpose. The date of the transition conference, date of parental consent, evaluation completion date, date of eligibility determination and date of the initial IEP were entered into STARS by the LEA. Data for all required fields must be entered. If data was missing, the LEA was required to correct the data within a specified period of time. The LEA was required to enter compliance or non-compliance codes if the timelines 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.

The one (1) LEA with continued non-compliance had a subsequent review of data in November 2019. 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 2017 completed a root cause analysis to determine the cause(s) 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 was 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2015	1	1	0

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 51 of FFY 2017 APR, one (1) LEA demonstrated continued non-compliance from FFY 2015. To ensure the LEA is correctly implementing the regulatory requirements, the State uses a two (2) prong process. The State's process for determining if an LEA found to have non-compliance, is correctly implementing regulatory requirements, begins with the LEA completing a root cause analysis (RCA). The LEAs completed RCA is submitted to the SEB. SEB staff review the RCA to determine if the LEA has identified causes for the non-compliance. SEB staff develops a corrective action plan (CAP), to include any identified causes of non-compliance from the RCA. The CAP includes actions which must be completed by the LEA, documentation which must be submitted to support the correction of non-compliance and timelines for completing each action. In addition, the LEAs may be requested to submit their district's policies, procedures, and practices to the SEB staff for review when it appears there may be a systematic breakdown. LEAs may also be required, through the CAP process, to make revisions if necessary, to their policies and procedures. The State's review of updated data consists of a review of the most recent data entered in STARS by the LEA. SEB staff review to determine if the LEA is at 100% compliance. An LEA is considered to have completed the Prong 2 process and is found to be correctly implementing regulatory requirements, once all the CAP actions have been determined as complete by SEB staff and current STARS data indicate 100% compliance.

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

The State completes the Prong 1 process of verifying that each individual case of non-compliance is corrected, unless the child is no longer within the jurisdiction of the LEA. Although, it is not possible for a missed timeline to be corrected, the State has a systematic process to determine if the required actions have been completed. The STARS system will identify each student, via a unique student identification number, in which the LEA did not develop an IEP by the student's third birthday, if the student met the Part B eligibility requirements. The following documentation is then requested from the LEA for each individual student where the timeline was not met, transition conference, parental consent, evaluation completion date, eligibility determination and the initial IEP. These documents are reviewed to ensure that although not timely, the required events occurred and the student has in effect a current IEP. For students that are no longer in the jurisdiction of the LEA, LEAs are still requested to provide documentation such as withdrawal forms, exit documents, revocation of consent, to demonstrate the student is no longer in the educational jurisdiction, does not qualify or has exited special education. Once this information is verified for each individual student where the timeline was not met, each individual case of non-compliance is considered to be corrected.

FFY 2015

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**12 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**12 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. In addition, the State must demonstrate, in the FFY 2019 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2017 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2018 and each LEA with remaining noncompliance identified in FFY 2017: (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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

**12 - Required Actions**

## Indicator 13: Secondary Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Compliance indicator:** Secondary transition: 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))

#### Data Source

Data to be taken from State monitoring or State data system.

#### Measurement

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) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

#### Instructions

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. 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. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 13 - Indicator Data

### Historical Data

Baseline	2009	98.45%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	94.04%	96.36%	87.35%	93.08%	95.87%

### Targets

FFY	2018	2019
Target	100%	100%

### FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
1,285	1,334	95.87%	100%	96.33%	Did Not Meet Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

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

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 data is collected at the State level for each LEA with students age sixteen (16) and above. A sample is drawn from the LEAs 40 day student data reported in STARS, the State's data system. LEAs are requested to submit IEPs to the State for the sample drawn. The State has a secure Special Education Monitoring site, where LEAs upload the IEPs. The State reviews the IEPs to determine if each of the required eight (8) components for compliance are documented in the student's IEP. IEPs that are compliant and those that are non-compliant are identified through this process.

	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?	NO
If yes, at what age are youth included in the data for this indicator	

**If no, please explain**

The State is in the process of developing a plan for fourteen year old students with disabilities and the requirements for secondary transition. The first phase of this plan is to include fourteen year old students in the data gathered for Indicator 13 in STARS. The first phase was implemented for FFY 2018. For FFY 2019, IEPs for students ages fourteen to fifteen will be reviewed. The State has chosen to exclude fourteen year old students from the baseline data because it is not a Federal requirement.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	2	0	2

**FFY 2017 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 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 two (2) out of the four (4) LEAs that missed the indicator for the first time in FFY 2017 were in compliance with 34 CRF §300.320(b) and 300.321(b) in FFY 2018. Based upon a review of updated data subsequently collected, 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).

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 a corrective action plan and were monitored by SEB staff. The LEAs were required to submit their LEA's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance.

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

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 it was determined the individual cases of non-compliance have been corrected. Four (4) LEAs missed the indicator for the first time in FFY 2017. In FFY 2018, two (4) of the four (4) non-compliant LEAs met the target of 100% for Indicator 13.

The verification of correction for each fifty-six (56) individual cases of non-compliance was completed. LEAs were required within 10 days of notification to review the issues causing non-compliance and revise, amend, update each IEPs to meet the requirements of this indicator. The fifty-six IEPs were submitted to the State for review. The State confirmed that each individual case of non-compliance was corrected, unless the child is no longer within the jurisdiction of the LEA.

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

Two (2) of the four (4) non-compliant IEPs for FFY 2017 had continuing non-compliance for FFY 2018. 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 2017. The LEAs 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 and will be provided with ongoing technical assistance and professional development.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	2	2	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of PFFY01 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

FFY 2016

**Findings of Noncompliance Verified as Corrected**

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

The two (2) LEAs from FFY 2016 that had continuing non-compliance in FFY 2017 met the target at 100% in FFY 2018. 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 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 two (2) out of the four (4) LEAs that missed the indicator for the first time in FFY 2017 were in compliance with 34 CRF §300.320(b) and 300.321(b) in FFY 2018. Based upon a review of updated data subsequently collected, 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).

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 a corrective action plan and were monitored by SEB staff. The LEAs were required to submit their LEA's policies, procedures, and practices to the SEB staff for review and revisions if necessary. The SEB checked for systemic non-compliance.

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

The verification of correction for each fifty-six (56) individual cases of non-compliance was completed. LEAs were required within 10 days of notification to review the issues causing non-compliance and revise, amend, update each IEPs to meet the requirements of this indicator. The fifty-six IEPs were submitted to the State for review. The State confirmed that each individual case of non-compliance was corrected, unless the child is no longer within the jurisdiction of the LEA.

FFY 2016

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**Findings of Noncompliance Verified as Corrected**

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

XXX

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

XXX

**Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

XXX

**13 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**



### **13 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. In addition, the State must demonstrate, in the FFY 2019 SPP/APR, that the remaining two uncorrected finding of noncompliance identified in FFY 2017 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2018 and each LEA with remaining noncompliance identified in FFY 2017: (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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

### **13 - Required Actions**

## Indicator 14: Post-School Outcomes

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

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

Enrolled in higher education within one year of leaving high school.

Enrolled in higher education or competitively employed within one year of leaving high school.

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))

#### Data Source

State selected data source.

#### Measurement

- A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

#### Instructions

*Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 2 for additional instructions on sampling.)*

Collect data by September 2019 on students who left school during 2017-2018, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2017-2018 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

#### I. Definitions

*Enrolled in higher education* as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

*Competitive employment* as used in measures B and C: States have two options to report data under “competitive employment” in the FFY 2018 SPP/APR, due February 2020:

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: States 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.

*Enrolled in other postsecondary education or training* as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

*Some other employment* as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services, etc.).

#### II. Data Reporting

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. 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);
4. 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).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

#### III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school must be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

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. States should consider categories such as race and ethnicity, disability category, and geographic location in the State.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data

### Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A	2009	Target >=	49.00%	49.00%	49.00%	49.00%	49.00%
A	48.00%	Data	43.83%	43.26%	42.85%	41.13%	40.01%
B	2009	Target >=	76.00%	76.00%	76.00%	76.00%	76.00%
B	75.00%	Data	74.92%	76.10%	75.34%	76.39%	75.47%
C	2009	Target >=	80.00%	80.00%	80.00%	80.00%	80.00%
C	79.00%	Data	81.17%	80.71%	81.37%	80.94%	82.82%

### FFY 2018 Targets

FFY	2018	2019
Target A >=	49.00%	49.00%
Target B >=	76.00%	76.00%
Target C >=	80.00%	80.00%

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### FFY 2018 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	1,731
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	637
2. Number of respondent youth who competitively employed within one year of leaving high school	628
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)	46
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).	35

	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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Enrolled in higher education (1)	637	1,731	40.01%	49.00%	36.80%	Did Not Meet Target	Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,265	1,731	75.47%	76.00%	73.08%	Did Not Meet Target	Slippage
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)	1,346	1,731	82.82%	80.00%	77.76%	Did Not Meet Target	Slippage

Part	Reasons for slippage, if applicable
<b>A</b>	<p>The State did not meet the target of 49% for FFY 2018 for Indicator 14A and demonstrated slippage. There was a decrease of 3.21 percentage points in students who reported they were enrolled in higher education within one year of leaving high school from FFY 2017 (40.01%) to FFY 2018 (36.80%).</p> <p>The number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school increased in FFY 2018 (1731) from FFY 2017 (1537) by 194. The number of respondent youth who indicated they were enrolled in higher education increased in FFY 2018 (637) from FFY 2017 (615) by 22. Therefore, the overall proficiency percentage was impacted by the larger numerator and denominator.</p>
<b>B</b>	<p>The State did not meet the target of 76% for FFY 2018 for Indicator 14B and demonstrated slippage. There was a decrease of 2.39 percentage points in students who reported they were enrolled in higher education or competitively employed within one year of leaving high school from FFY 2017 (75.47%) to FFY 2018 (73.08%).</p> <p>The number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school increased in FFY 2018 (1731) from FFY 2017 (1537) by 194. The number of respondent youth who reported they were enrolled in higher education or competitively employed within one year of leaving high school in FFY 2018 (1265) from FFY 2017 (1160) by 105. Therefore, the overall proficiency percentage was impacted by the larger numerator and denominator.</p>
<b>C</b>	<p>The State did not meet the target of 80% for FFY 2018 for Indicator 14C and demonstrated slippage. There was a decrease of 5.06 percentage points in youth who reported they were enrolled in higher education, or in some other post secondary education or training program; or competitively employed or in some other employment within one year of leaving high school from FFY 2017 (82.82%) to FFY 2018 (77.76%).</p> <p>The number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school increased in FFY 2018 (1731) from FFY 2017 (1537) by 194. The number of respondent youth who reported they were enrolled in higher education, or in some other post secondary education or training program; or competitively employed or in some other employment within one year of leaving high school increased in FFY 2018 (1346) from FFY 2017 (1273) by 73. Therefore, the overall proficiency percentage was impacted by the larger numerator and denominator.</p>

**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.

	Yes / No
Was sampling used?	NO
If yes, has your previously-approved sampling plan changed?	
If yes, provide sampling plan.	

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO
If yes, attach a copy of the survey	XXX

**Include the State's analyses 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 State completed an analysis on the extent to which the response data were representative of the demographics of youth who are no longer in secondary schools and had IEPs in effect at the time they left school, 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 2018. This data indicated the results were 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-select to respond to contact by the LEA regarding this Indicator.

Of the three thousand three hundred seventy-one (3,371) students that received special education services for disabilities, and exited high schools in the State in the 2017-2018 school year, survey responses were obtained from one thousand seven hundred thirty-one (1,731), a return rate of 51.35%. The attached table 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. (See attached table for demographic breakdown.)

	Yes / No
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

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

**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 2017-2018 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 2018. 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 2017-2018, and had been out of high school for a minimum of one year were interviewed beginning in May 2019 and September 2019. 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 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.

State category Traumatic Brain Injury (TBI) was added to Intellectually Disabled (ID), State category Orthopedically Impaired (OI) was added to Other Health Impaired (OHI) as OSEP categories did not include these exceptionalities.

## 14 - Prior FFY Required Actions

None

**Response to actions required in FFY 2017 SPP/APR**

## 14 - OSEP Response

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

## 14 - Required Actions

## Indicator 15: Resolution Sessions

### Instructions and Measurement

**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))

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline, targets and improvement activities, and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

## 15 - Indicator Data

**Select yes to use target ranges**

Target Range is used

### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1 Number of resolution sessions	1
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1(a) Number resolution sessions resolved through settlement agreements	1

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**

NO

**Provide an explanation below.**

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### Historical Data

Baseline	2005	100.00%			
FFY	2013	2014	2015	2016	2017
Target >=	75.00% - 85.00%	55.00% - 70.00%	55.00% - 70.00%	55.00% - 70.00%	55.00% - 70.00%
Data	59.09%	100.00%	100.00%	100.00%	

### Targets

FFY	2018	2019
Target >=	XXX	XXX

**FFY 2018 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX

**Targets**

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	55.00%	70.00%	55.00%	70.00%

**FFY 2018 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
1	1		55.00%	70.00%	100.00%	Met Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**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 2018, the State held one (1) resolution session.

**15 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**15 - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

The State reported fewer than ten resolution sessions held in FFY 2018. The State is not required to meet its targets until any fiscal year in which ten or more resolution sessions were held.

**15 - Required Actions**

## Indicator 16: Mediation

### Instructions and Measurement

**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)))

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent = (2.1(a)(i) + 2.1(b)(ii)) divided by 2.1 times 100.

#### Instructions

Sampling is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline, targets and improvement activities, and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

## 16 - Indicator Data

**Select yes to use target ranges**

Target Range is used

### Prepopulated Data

Source	Date	Description	Data
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	36
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	18
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.b.i Mediations agreements not related to due process complaints	10

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**

NO

**Provide an explanation below**

### Targets: Description of Stakeholder Input

The State IDEA-Part B Advisory Panel provided input on indicator targets on September 12, 2019. The information, including revised targets, will also be presented to the Local Education Agencies and Regional Education Cooperative Directors at the statewide meeting on March 3, 2020.

### Historical Data

Baseline	2005	61.30%			
FFY	2013	2014	2015	2016	2017
Target >=	80.00% - 85.00%	75.00% - 85.00%	75.00% - 85.00%	75.00% - 85.00%	75.00% - 85.00%
Data	75.68%	75.86%	72.50%	78.05%	68.29%

### Targets

FFY	2018	2019
Target >=	XXX	XXX

### FFY 2018 SPP/APR Data



2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**Targets**

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	75.00%	85.00%	75.00%	85.00%

**FFY 2018 SPP/APR Data**

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
18	7	35	68.29%	75.00%	85.00%	71.43%	Did Not Meet Target	No Slippage

**Provide reasons for slippage, if applicable**

XXX

**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 available through State-approved and funded mediators. LEAs and parents are encouraged to participate in Facilitated Individualized Education Program (FIEP), when concerns or disputes arise. A FIEP can be provided, at State expense, to assist both parties in resolving formal complaints.

**16 - Prior FFY Required Actions**

None

**Response to actions required in FFY 2017 SPP/APR**

**16 - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**16 - Required Actions**

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

#### **Certify**

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.

#### **Select the certifier's role:**

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.**

##### **Name:**

Deborah Dominguez-Clark

##### **Title:**

New Mexico Director of Special Education

##### **Email:**

deborah.clark@state.nm.us

##### **Phone:**

505-827-1457

##### **Submitted on:**