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

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

**For reporting on
FFY 2022**

**New Mexico**



**PART B DUE February 1, 2024**

**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 of New Mexico is committed to improving outcomes for children with disabilities in the state. The data in this State Performance Plan (SPP)/Annual Performance Report (APR) reflects upward and downward movement with each indicator, however, demonstrates an overall high level of compliance with the compliance indicators. The State will continue to hold special education at the forefront as it pursues equity and develops strong foundations for children.

The graduation and dropout rates (indicators 1 and 2), since lag year data is used, are reflecting data from school year 2021-2022. These 2 indicators are tied to one another and are reflective of the challenges LEAs had in getting students to return to school after the COVID 19 pandemic. Students who did not return were reported as dropouts. With assessment participation and outcomes (Indicators 3A - 3D) , while the State did not meet the targets set, there were gains made over the prior year. The state revised the suspension and expulsion (Indicators 4A and 4B) calculation methodology to ensure that all LEAs including those which are small, are included in the review of policies, procedures and practices. More students are learning in the least restrictive environment (LRE) as reflected in the number of students being served 80% or more in the LRE (Indicator 5), while those served in more segregated settings decreased. No LEAs are over identifying students (Indicators 9 and 10) however, the state must revise it's methodology whereby small LEAs are not excluded from the review of policies, procedures and practices. Of all initial evaluations (Indicator 11) completed in the state, only 1.4% were not completed within the 60 day timeline. For secondary transition (Indicator 13), 98.37% of the IEPs, based on a sample, contained all the components necessary for a successful transition. The number of students who left high school and went on to employment or to pursue a higher education (Indicator 14) increased from the prior year.

For preschool students with disabilities, there is a correlation between the low outcomes for students and their learning environments . Outcomes (Indicator 7) decreased while the number of students not in regular early childhood programs (Indicator 6) also decreased. Students require more access to regular early childhood programs which may not be readily available in all communities throughout the state, especially for three-year-old students with disabilities. Part C to B transitions (Indicator 12) and the timely development and implementation of IEPs rates slightly declined; however, the State still had a rate of 94.84%.

Mediations (Indicator 16) held that resulted in mediation agreements and hearing requests that went to resolution sessions (Indicator 15) that were resolved through resolution session settlement agreements were within the target ranges. In addition, parent response rates in the parent participation (Indicator 8) survey increased through implemented targeted efforts.

All of the above data is explained in further detail within each indicator section.

**Additional information related to data collection and reporting**

Number of Local Education Agencies (LEAs):
LEA groups in the state are comprised of school districts, state charter schools and State Supported Schools (SSSs). The number of LEAs fluctuates each year due to the number of state charter schools which open, close, or convert to local charter schools in a particular year. In Federal Fiscal Year (FFY) 2022, the number of LEAs increased from 148 to 152, as four additional state charter school opened. The number of school districts and SSSs remained the same. Of the 152 LEAs, 89 were school districts, 57 were state charter schools and 6 were SSSs.

Date Reporting:
State statute identifies the dates LEAs must report data to the State via the Student Teacher Accountability and Reporting System (STARS), which is the State’s database. LEAs are required to report data four times each school year, which the state identifies as the 40-day, 80-day, 120-day and End of Year (EOY) reporting periods. 40-day reporting occurs the second Wednesday in October, 80-day reporting occurs the first Wednesday in December, 120 day occurs the second Wednesday in February and EOY occurs the last day of each LEA’s school year.

Once LEAs submit data into the STARS database, State staff complete a review of the data to ensure there are no errors and the data is valid. The timeliness of the data is also monitored to ensure State established submission timelines are met. These reviews are completed for each of the State’s four reporting periods. A general supervision/monitoring review of the data is also completed to ensure that LEAs are complying with the requirements of the Individuals with Disabilities Education Act (IDEA), Part B, as well as state requirements.

While most data reported to OSEP and the U.S. Department of Education originates from STARS, some of the data is compiled outside of the STARS database, the mandated reporting periods, and outside of the Special Education Division (SED). Various departments within the State Education Agency (SEA) compile and report data on students with disabilities. Graduation and assessment data is compiled and reported by the Accountability Division. Dropout data is compiled and reported by the Information Technology (IT) department. The EdFacts/EdPass Coordinator for our State is a member of the IT team. Resolution Session and Mediation data is compiled by the Office of General Counsel. The SEA also utilizes contractors for Indicators, 4, 9, 8, 10 and 14. The contractors administer the indicator 8 and 14 surveys used for data collection, compile the data, and provide a report to the SED.

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

152

**General Supervision System:**

**The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions).**

In the State of New Mexico, the New Mexico Public Education Department (NMPED) is the State Education Agency (SEA) and is responsible for implementing the requirements of the Individuals with Disabilities Education Act (IDEA), Part B. This responsibility is carried out mainly by the Special Education Division (SED), within the NMPED. The SED also collaborates with other divisions and departments in serving students with disabilities. These collaborations ensure that all requirements are implemented, including the oversight of Local Education Agencies (LEAs) and improved outcomes for students with disabilities are supported.

The State has systems established to ensure that the IDEA Part B requirements are met. The main monitoring system is data reviews of LEA data. Reviews are completed four times each school year for all the compliance indicators and many of the results indicators. The STARS system, the State’s database, has business rules built in to identify violations or potential violations of the requirements of IDEA Part B and the state’s requirements by causing errors or warnings in reports to occur for each indicator. When an error is identified during the data monitoring reviews, LEAs must immediately address the issue(s), either by correcting the data in STARS or providing an explanation for the error. Some are data entry issues, and the LEA corrects the issue within the timeframe allotted, while others are issues of non-compliance. Once non-compliance is identified, the LEA must demonstrate correction of the individual case of non-compliance, as well as compliance with the regulatory requirements, as soon as possible and at the maximum, within one year.

Non-compliance is also identified through the dispute resolution processes, desk-top monitoring, reviews of Individualized Education Programs (IEPs) and reviews conducted by other divisions or bureaus within the NMPED. Once non-compliance is identified, regardless of the source, LEAs enter into a cycle of correcting the individual case of non-compliance and the regulatory requirements. The correction cycle consists of the following: LEAs are asked to complete a Root Cause Analysis (RCA) or Self-Assessment (SA) depending on the indicator the LEA is non-compliant with. Once the LEA submits the completed RCA or SA, SED staff review the information in the RCA to get a complete picture of the issues which may be causing the non-compliance. SED staff then develop a corrective action plan (CAP) which identifies the steps the LEA must take to correct the issues causing non-compliance with the regulatory requirements. In addition, a review of LEAs updated data is completed to verify that the individual case of non-compliance is corrected, and subsequent data is reviewed to confirm that the regulatory requirements are being properly implemented.

The CAP also identifies technical assistance and professional development the LEA may need and sets timelines for the LEA to ensure the needed support is received. This is important to ensure that LEAs have a full understanding of the requirements and are appropriately implementing the requirements. CAP items must also be completed for the LEA to demonstrate they are meeting the regulatory requirements. Additional information specific to each indicator can be found in each section of this SPP/APR.

**Technical Assistance System:**

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

The State’s Targeted Technical Assistance System (TTAS) is designed to ensure timely delivery of high quality, evidence-based technical assistance, and support to LEAs. The goals of the State’s TTAS are to improve LEA special education programs, systems and operations while sustaining compliance and cultivating performance. The TTAS is also designed to inform the need for other technical assistance and new initiatives to respond to LEA needs.

Data gathered through the various systems (monitoring, self-assessment, Student Teacher Accountability Reporting System (STARS), due process hearings, state complaints, etc.) are used to identify the need for specific statewide technical assistance. Data are examined by State SED staff to identify statewide trends and to determine the type of technical assistance needed. Statewide technical assistance is provided regionally with the support of Regional Education Cooperatives (RECs), which provide evidence-based targeted technical assistance to LEAs within each REC region.

Individual LEA data is also examined by State SED staff to determine LEA specific issues which require targeted technical assistance. The LEA’s annual determination along with any issues with significant disproportionality, are key factors in determining an LEA’s need for targeted technical assistance. Once an LEA's need is determined, State staff identify evidence-based technical assistance to provide to the LEA and include this information within a CAP if the LEA has one, or otherwise a technical assistance plan is developed. The State has many state and national organizations that provide technical assistance on evidence-based practices to draw support from. State SED staff work with the LEA to coordinate these efforts and monitor the supports provided to ensure the technical assistance needed by LEAs is received.

In collaboration with the Indian Education Division, the SED has created and is implementing a statewide special education teacher mentorship program. The aim of this program is to assign new special education teachers, that have been teaching for less than 1 year, up to 3 years, with a mentor. This program is designed to make available support to new teachers to help guide them and be a support when needed in navigating teaching and other requirements.
As another resource of technical assistance for LEAs, the State develops numerous manuals and guidance documents to assist LEAs in implementing the requirements of IDEA Part B. These manuals are available on the SED website.

**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 children with disabilities.**

The State’s professional development system provides opportunities for LEA staff, serving students with disabilities, to gain skills to effectively provide services that improve results for students with disabilities. The topics of the professional development provided are targeted to areas of need identified, to ensure LEA staff acquire knowledge and develop appropriate skills. Professional development is provided year-round for special education directors, special education teachers, and related service providers. Training courses are usually held as webinars. When possible, webinars are recorded and made available on the website for LEA staff to refer to as needed or view if they did not have the opportunity to participate during the live session.

The SED also collaborates with other divisions and departments with the NMPED to deliver professional development opportunities to LEA staff, which is especially important as students with disabilities are integrated into all areas. The State also contracts with the RECs and other professionals to provide professional development to all LEAs or targeted as necessary.
Two Special Education Director Conferences are held each year. This is usually done in person; however, due to the continued effects of the COVID-19 pandemic, these conferences were held online via Zoom. A year-long webinar series is held on various special education topics. If staff are unable to attend a particular webinar or if any would like to refer to the information, the presentations are recorded and available to be accessed at a later time. Each year, a STARS data training on special education data is provided at the annual STARS conference.

LEAs also have the opportunity to request training from the SED. This can be provided as an individual training specifically to the LEA or can be offered to all LEAs depending on the need and preference of the requesting LEA.

**Stakeholder Engagement:**

**The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

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

YES

**Number of Parent Members:**

12

**Parent Members Engagement:**

**Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Parents were invited to all Stakeholder Engagement meetings described in the previous section. The staff at the two Parent Training Centers (PTCs), the Education for Parents of Indian Children with Special Needs (EPICS) and Parents Reaching Out (PRO) assisted state staff in disseminating meeting information to parents. This was done through PTC newsletters and social media. PTC staff were also invited to attend all stakeholder meetings. Parent members of the IDEA Panel, the State’s advisory panel, were invited to participate in the stakeholder meetings. LEAs were also asked to disseminate meeting information to their parents. Flyers were developed for all partners to share with parents. In addition, the state has created a website for stakeholder to access meeting information including Zoom links.

Meetings were held in hybrid format, via Zoom and in person. This allowed parents who were unable to travel to the meeting site to have access to participate in meetings. All parents that participated in the stakeholder meetings were engaged in setting targets, analyzing data, developing improvement strategies and evaluating progress. These activities were completed at each stakeholder meeting. At the beginning of each meeting, the indicator and data were explained. Next, stakeholders had the opportunity to analyze data, evaluate progress, develop improvement strategies and set targets. At every meeting, parents are always given the opportunity to speak first. If no parent has input, the floor is then opened to the rest of the stakeholders.

Parents who could not attend the meeting had the opportunity to access materials on the State’s Stakeholder website. In addition, a Google form was available for stakeholders to submit input.

**Activities to Improve Outcomes for Children with Disabilities:**

**The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.**

The state conducted the following activities to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities:
- The state held a parent summit. The summit included various training sessions for increasing parents' capacity and knowledge of special education and parental rights.
- Two Parent Training Center conferences were funded in part by the State. State staff participated in the conference and disseminated information about special education services.
- During each stakeholder meeting, the data was presented and explained prior to the input sessions allowing parents to build capacity.
- Information is posted on the Special Education Division website for parents to review on the State Performance Plan/Annual Performance Report and refer to.
- An email "sed.support" was created for parents to use to seek direct assistance from State special education staff. The website is monitored and parents receive feedback and information requested.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

On April 25 and September 9, 2023, the State held hybrid meetings to solicit public input. The mechanisms for soliciting input were hybrid meetings held in person and via Zoom. At each meeting, the public had the opportunity to review data, set targets, analyze data, develop improvement strategies, and evaluate progress.

Information for each of the meetings including topics, dates, times and links to each of the five meetings was made available on the stakeholder engagement webpage of the State’s stakeholder website. Identified stakeholders such as parent advocacy groups, associations and other stakeholders such as LEA staff were sent invitations to the meeting and asked for support in advertising the meetings.

Stakeholders who could not attend the meeting had the opportunity to access materials on the State’s Stakeholder website. In addition, a Google form was available for stakeholders to submit input.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

All the data collected over the course of the stakeholder engagement process, is available on the Special Education Division's, Stakeholder Engagement webpage https://webnew.ped.state.nm.us/bureaus/special-education/stakeholder-engagement/. This site includes PowerPoint presentations and other information for stakeholders to access.

**Reporting to the Public**

**How and where the State reported to the public on the FFY 2021 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 2021 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/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2021 APR in 2023, is available.**

The State has a District Profile Reporting System (DPRS) for publicly reporting the performance of each LEA on the targets in the SPP/APR. The system contains two levels of data, one level is the general public view which contains suppressed (masked) data for indicators with less than 10 students reported. The public can look at this level of data for each LEA. The second level of data views is the LEA view. This view requires a login and password as the data is not suppressed (unmasked). Having non-suppressed data available for LEAs is beneficial as they can track the LEA's performance over time and can analyze data for program improvement purposes.

Once on the DPRS site, public users must click on General Public Data View. In the General Public Data View, users can select a Local Education Agency (LEA) to view data for that LEA. Once the LEA is selected, there are two buttons available, a Results Indicator Button and a Compliance Indicator Button. When the Results Indicator button is clicked, the data for the results (target) indicators are displayed. When the Compliance Indicator button is clicked, the data for the compliance indicators will be displayed. Each indicator contains the state target, district (LEA) rate and if the State target was met.

The DPRS can be found at: http://webed.ped.state.nm.us/sites/DPR/SitePages/DPRHome.aspx. To access the site, go to the New Mexico Public Education Department website. Once on the website, click on Offices/Programs in the banner at the top of the page, click on Special Education, then click on the gold button labeled "Visit the District Profile Reporting System" in the middle of the Special Education page. FFY2022 data will be made available in the DPR site within 120 days following the submission of this SPP/APR.

A complete copy of the FFY2022 SPP/APR will also be posted on the SED webpage located at: https://webnew.ped.state.nm.us/bureaus/special-education/district-data/. To get to the site, go the New Mexico Public Education Department Website, click on Offices/Programs in the banner at the top of the page, click on Special Education, on the left banner, click on District Data, click on FFY2022 Annual Performance Report.

## Intro - Prior FFY Required Actions

While the State has publicly reported on the FFY 2020 (July 1, 2020-June 30, 2021) performance of each LEA located in the State on the targets in the State's performance plan as required by section 616(b)(2)(C)(ii)(I) of IDEA, those reports did not contain, as specified in the OSEP Response, all of the required information. With its FFY 2022 SPP/APR, the State must provide a Web link demonstrating that the State has fully reported to the public on the performance of each LEA located in the State on the targets in the SPP/APR for FFY 2020. In addition, the State must report, with its FFY 2022 SPP/APR, how and where the State reported to the public on the FFY 2021 performance of each LEA located in the State on the targets in the SPP/APR.

The State's IDEA Part B determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 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 2022 SPP/APR submission, due February 1, 2024, 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.

**Response to actions required in FFY 2021 SPP/APR**

The State met with the OSEP state lead on two occasions in which a walk-trough of the data posted on the website was completed. It was indicated by the OSEP state lead that the data was there and met the requirements, the issue however is the number of clicks it took to get to the data. The State is working with the internal website team to resolve this issue and is creating buttons to remove this barrier to accessing the data.

Improving performance is a priority of the state. The State continues to work with the IDEA Data Center (IDC). The data supervisor has monthly check-ins and requests supports when needed. IDC was integral in the re-design of the state's methodology for Indicators 4A and 4B. IDC also connected the state to other technical assistance providers such as the DaSy center for support with Indicator 7. The National Center for Systemic Improvement (NCSI) also provided support on implementing the Prong 1 verification of correction of non-compliance processes for complaints and mediated agreements. State staff also participate in IDC's Data Quality Peer Group and the SPP/APR Group.

## Intro - OSEP Response

The State's determinations for both 2022 and 2023 were Needs Assistance. Pursuant to Section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 23, 2023 determination letter informed the State that it must report with its FFY 2022 SPP/APR submission, due February 1, 2024, 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.

## Intro - Required Actions

The State's IDEA Part B determination for both 2023 and 2024 is Needs Assistance. In the State's 2024 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 2023 SPP/APR submission, due February 1, 2025, 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) exiting special education due to graduating 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 under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

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 2022 SPP/APR, use data from 2021-2022), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

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.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2017 | 72.83% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 77.40% | 77.40% | 77.40% | 73.33% | 73.83% |
| Data | 61.54% | 65.60% | 64.66% | 86.46% | 90.98% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 74.83% | 76.33% | 78.33% | 80.83% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 2,020 |
| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |  |
| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 0 |
| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 13 |
| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 794 |

**FFY 2022 SPP/APR Data**

| **Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma** | **Number of all youth with IEPs who exited special education (ages 14-21)**  | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,020 | 2,827 | 90.98% | 74.83% | 71.45% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Following the COVID-19 pandemic, LEAs experienced difficulties in getting students to return back to school. In addition, many families choose to homeschool their students instead of immediately returning to the classroom. As a result, LEAs reported students who did not return as dropouts. Therefore, the State experienced a large increase in the total number of students reported as dropouts, which also impacted the graduation rate for the state.

**Graduation Conditions**

**Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.**

The New Mexico statute 22-13-1.1 establishes the requirements for graduating from high school with a regular high school diploma. A cohort system is used which is based on the year a student enters grade nine, for both coursework and competency in five content areas: reading, writing, mathematics, science, and social studies. Students must complete 24 credits of high school coursework in math (4), English (4), science (3), social studies (3.5), PE (1), career or foreign language(1), and electives (7.5). Beginning in school year 2019-2020, students may demonstrate competency by any of the methods from approved options which include: grade 11 required assessments (e.g., SBA, Transition, PARCC scores from previous years, the SAT in spring 2020 and beyond); nationally recognized tests like ACT, ACCUPLACER, ASVAB, AP, etc. For Cohorts 2020 and 2021, school districts may use locally determined demonstrations of competency. New Mexico Administrative Code 6.19.7 and 6.29.1.9 provides the specific requirements.

**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.**

Students with Disabilities have three graduation options. These graduation options enable IEP teams to develop a program of study that is the most appropriate for preparing a student to achieve post-secondary goals and maintain the integrity of the high school diploma. The first graduation option is the Standard Option as described in the previous section. The second is the Modified Option. Students on the Modified Option will take general assessments, with accommodations as indicated in the student’s IEP. The students IEP team will also establish individualized passing scores for determining demonstration of competency. End of Course (EoC) exams can be used to demonstrate graduation competency. The third is the Ability Option. Students following the Ability Option will take the state’s alternative assessment as the academic achievement assessment rather than the general assessment. IEP teams will set individualized cut scores for demonstrating competency.

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

In New Mexico, Local Education Agencies (LEAs) are able to issue students with disabilities a diploma through either one of three programs of study to obtain a high school diploma as determined by the students IEP team:

1) standard program of study- which is a program of study that requires a student to meet or exceed all requirements for graduation based on the New Mexico Standards of Excellence as well as any other requirements of the respective local education agencies;

2) modified program of study- which is an alternative program of study in which a student may demonstrate competency on state assessments by achieving individualized passing scores and earning course credit based on performance standards determined by the IEP team; and,

3) ability program of study- which is an alternative program of study for students with significant cognitive disabilities or severe mental health issues. The program of study involves functional curriculum coursework as well as the IEP team determining the level of competency on state examinations or alternate assessments.

In the past, Federal and State law have differed in how a diploma through one of the three New Mexico programs of study had been treated. State provisions had treated diplomas obtained through each of the programs of study as regular high school diplomas. In contrast, the federal regulation, 34 C.F.R. § 300.102(a)(3)(i), defines a regular high school diploma as “the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards.”

The distinction between state and federal provisions is significant because a student’s right to FAPE and receipt of special education and related services terminates once the student receives a regular high school diploma as that term is defined in federal law. The amended state rule provisions update the language allowing for a special education student earning a diploma through the modified or ability programs of study to continue receiving FAPE.

The following substantive amendments were made to the New Mexico Administrative Code after public notice and acceptance of both written and oral comment and became effective on July 31, 2023:
• Explicitly stating that a diploma obtained through a standard program of study is a regular high school diploma as defined in federal regulations and a student’s entitlement to FAPE ends upon graduating with that diploma.
• Clarifying that a diploma obtained through the modified and ability programs of study is NOT a regular high school diploma under federal regulations and a student may continue to receive special education and related services (right to FAPE) until the student meets the requirements of the standard program of study or at the end of the academic school year in which the student turned 22 years of age.

Notably, a vast majority of New Mexico LEAs maintained policies and practices that were consistent with these amendments and Federal law. The amendments were made to ensure that New Mexico regulations were consistent with these compliant practices and also to bring LEAs that may have not operated in this way into compliance.

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Drop Out

**Instructions and Measurement**

Monitoring Priority: FAPE in the LRE

**Results indicator**: Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

Measurement

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 exited special education (ages 14-21) in the denominator.

Instructions

*Sampling is not allowed.*

Data for this indicator are “lag” data. Describe the results of the State’s examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2022 SPP/APR, use data from 2021-2022), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a

state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

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.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 24.75% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target <= | 22.97% | 22.97% | 22.97% | 23.75% | 22.75% |
| Data | 22.84% | 25.79% | 23.78% | 10.57% | 7.21% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target <= | 21.75% | 20.75% | 19.75% | 18.75% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 2,020 |
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| SY 2021-22 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/24/2023 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 794 |

**FFY 2022 SPP/APR Data**

| **Number of youth with IEPs (ages 14-21) who exited special education due to dropping out** | **Number of all youth with IEPs who exited special education (ages 14-21)**  | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 794 | 2,827 | 7.21% | 21.75% | 28.09% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

Following the COVID-19 pandemic, LEAs experienced difficulties in getting students to return back to school. In addition, many families choose to homeschool their students instead of immediately returning to the classroom. As a result, LEAs reported students who did not return as dropouts. Therefore, the State experienced a large increase in the total number of students reported as dropouts.

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

The New Mexico Administrative Code (NMAC), 6.29.1.9(K)(13)(j), Procedural Requirements defines a dropout as a student who does not return to complete the program of study.

For data collection purposes, the state includes students in the following categories as a dropout: 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 students who exited from special education without a valid exit reason.

**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.**

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3A: Participation for Children with IEPs

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

3A. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS185 and 188.

**Measurement**

A. 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. Calculate separately for grades 4, 8, and high school. 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 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, 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.

## 3A - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 6.50% |
| Reading | B | Grade 8 | 2020 | 6.17% |
| Reading | C | Grade HS | 2020 | 4.06% |
| Math | A | Grade 4 | 2020 | 7.71% |
| Math | B | Grade 8 | 2020 | 6.23% |
| Math | C | Grade HS | 2020 | 4.07% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 95.00% | 95.00%  | 95.00% | 95.00% |
| Reading | B >= | Grade 8 | 95.00% | 95.00% | 95.00% | 95.00% |
| Reading | C >= | Grade HS | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | A >= | Grade 4 | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | B >= | Grade 8 | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | C >= | Grade HS | 95.00% | 95.00% | 95.00% | 95.00% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
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**FFY 2022 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

**Date:**

01/10/2024

**Reading Assessment Participation Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs (2) | 4,632 | 4,517 | 3,310 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 1,194 | 1,242 | 732 |
| c. Children with IEPs in regular assessment with accommodations (3) | 3,027 | 2,705 | 1,913 |
| d. Children with IEPs in alternate assessment against alternate standards  | 296 | 316 | 254 |

**Data Source:**

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

01/10/2024

**Math Assessment Participation Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs (2) | 4,632 | 4,517 | 3,310 |
| b. Children with IEPs in regular assessment with no accommodations (3) | 1,170 | 1,241 | 730 |
| c. Children with IEPs in regular assessment with accommodations (3) | 3,030 | 2,718 | 1,914 |
| d. Children with IEPs in alternate assessment against alternate standards  | 293 | 315 | 254 |

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row a for all the prefilled data in this indicator.

(3) The term “regular assessment” is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2022 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Participating** | **Number of Children with IEPs** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 4,517 | 4,632 | 92.47% | 95.00% | 97.52% | Met target | No Slippage |
| **B** | Grade 8 | 4,263 | 4,517 | 89.38% | 95.00% | 94.38% | Did not meet target | No Slippage |
| **C** | Grade HS | 2,899 | 3,310 | 75.45% | 95.00% | 87.58% | Did not meet target | No Slippage |

**FFY 2022 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Participating** | **Number of Children with IEPs** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 4,493 | 4,632 | 92.59% | 95.00% | 97.00% | Met target | No Slippage |
| **B** | Grade 8 | 4,274 | 4,517 | 89.16% | 95.00% | 94.62% | Did not meet target | No Slippage |
| **C** | Grade HS | 2,898 | 3,310 | 75.48% | 95.00% | 87.55% | Did not meet target | No Slippage |

**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.**

Public reports for assessment results can be found at: https://webnew.ped.state.nm.us/bureaus/special-education/district-data/.

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

## 3A - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2023 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2021, 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 2022 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2022.

**Response to actions required in FFY 2021 SPP/APR**

The State has provided the requested information to the OSEP State Lead.

## 3A - OSEP Response

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.

## 3A - Required Actions

Within 90 days of the receipt of the State's 2024 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2022, 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 2023 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2023.

# Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level 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 ED*Facts* file specifications FS175 and 178.

**Measurement**

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. 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 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 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.

## 3B - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2021 | 8.41% |
| Reading | B | Grade 8 | 2021 | 7.06% |
| Reading | C | Grade HS | 2021 | 6.32% |
| Math | A | Grade 4 | 2021 | 6.00% |
| Math | B | Grade 8 | 2021 | 2.84% |
| Math | C | Grade HS | 2021 | 1.99% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 8.86% | 9.31% | 9.76% | 10.21% |
| Reading | B >= | Grade 8 | 7.51% | 7.96% | 8.41% | 8.86% |
| Reading | C >= | Grade HS | 3.77% | 4.42% | 5.37% | 6.37% |
| Math | A >= | Grade 4 | 6.41% | 6.82% | 7.23% | 7.64% |
| Math | B >= | Grade 8 | 3.25% | 3.66% | 4.07% | 4.48% |
| Math | C >= | Grade HS | 2.40% | 2.81% | 3.22% | 3.63% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**FFY 2022 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/10/2024

**Reading Assessment Proficiency Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 4,221 | 3,947 | 2,645 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 313 | 241 | 74 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 214 | 186 | 129 |

**Data Source:**

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/10/2024

**Math Assessment Proficiency Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 4,200 | 3,959 | 2,644 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 191 | 89 | 19 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 127 | 42 | 36 |

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2022 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 527 | 4,221 | 8.41% | 8.86% | 12.49% | Met target | No Slippage |
| **B** | Grade 8 | 427 | 3,947 | 7.06% | 7.51% | 10.82% | Met target | No Slippage |
| **C** | Grade HS | 203 | 2,645 | 6.32% | 3.77% | 7.67% | Met target | No Slippage |

**FFY 2022 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 318 | 4,200 | 6.00% | 6.41% | 7.57% | Met target | No Slippage |
| **B** | Grade 8 | 131 | 3,959 | 2.84% | 3.25% | 3.31% | Met target | No Slippage |
| **C** | Grade HS | 55 | 2,644 | 1.93% | 2.40% | 2.08% | Did not meet target | No Slippage |

**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.**

Public reports for assessment results can be found at: https://webnew.ped.state.nm.us/bureaus/special-education/district-data/.

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

## 3B - Prior FFY Required Actions

None

## 3B - OSEP Response

## 3B - Required Actions

# Indicator 3C: Proficiency for Children with IEPs (Alternate Academic Achievement Standards)

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level 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 ED*Facts* file specifications FS175 and 178.

**Measurement**

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against 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 for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. 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 children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 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

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 7.69% |
| Reading | B | Grade 8 | 2020 | 7.55% |
| Reading | C | Grade HS | 2020 | 35.71% |
| Math | A | Grade 4 | 2020 | 13.21% |
| Math | B | Grade 8 | 2020 | 1.92% |
| Math | C | Grade HS | 2020 | 29.63% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 8.59% | 9.04% | 9.49% | 9.94% |
| Reading | B >= | Grade 8 | 8.45% | 8.90% | 9.35% | 9.80% |
| Reading | C >= | Grade HS | 36.61% | 37.06% | 37.51% | 37.96% |
| Math | A >= | Grade 4 | 14.03% | 14.44% | 14.85% | 15.26% |
| Math | B >= | Grade 8 | 2.74% | 3.15% | 3.56% | 3.97% |
| Math | C >= | Grade HS | 30.45% | 30.86% | 31.27% | 31.68% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**FFY 2022 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/10/2024

**Reading Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 296 | 316 | 254 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 46 | 77 | 82 |

**Data Source:**

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/10/2024

**Math Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 293 | 315 | 254 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 108 | 23 | 66 |

**FFY 2022 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 46 | 296 | 15.21% | 8.59% | 15.54% | Met target | No Slippage |
| **B** | Grade 8 | 77 | 316 | 25.39% | 8.45% | 24.37% | Met target | No Slippage |
| **C** | Grade HS | 82 | 254 | 32.92% | 36.61% | 32.28% | Did not meet target | No Slippage |

**FFY 2022 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 108 | 293 | 40.55% | 14.03% | 36.86% | Met target | No Slippage |
| **B** | Grade 8 | 23 | 315 | 7.42% | 2.74% | 7.30% | Met target | No Slippage |
| **C** | Grade HS | 66 | 254 | 26.34% | 30.45% | 25.98% | Did not meet target | No Slippage |

**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.**

Public reports for assessment results can be found at: https://webnew.ped.state.nm.us/bureaus/special-education/district-data/.

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

## 3C - Prior FFY Required Actions

Within 90 days of the receipt of the State's 2023 determination letter, the State must provide to OSEP a Web link that demonstrates that it has reported, for FFY 2021, 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 2022 SPP/APR, the State must include a Web link that demonstrates compliance with 34 C.F.R. § 300.160(f) for FFY 2022.

**Response to actions required in FFY 2021 SPP/APR**

The State has provided the requested information to the OSEP State Lead.

## 3C - OSEP Response

## 3C - Required Actions

# Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

C. Proficiency rate for children with IEPs against alternate academic achievement standards.

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

3D. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

**Measurement**

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2022-2023 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2022-2023 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children 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 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2022-2023 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2022-2023 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children 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.

## 3D - Indicator Data

**Historical Data:**

| **Subject** | **Group**  | **Group Name**  | **Baseline Year**  | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2020 | 39.82 |
| Reading | B | Grade 8 | 2020 | 31.27 |
| Reading | C | Grade HS | 2020 | 39.45 |
| Math | A | Grade 4 | 2020 | 11.15 |
| Math | B | Grade 8 | 2020 | 10.07 |
| Math | C | Grade HS | 2020 | 28.86 |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2022** | **2023** | **2024** | **2025** |
| Reading | A <= | Grade 4 | 38.97 | 38.52  | 38.07 | 37.62 |
| Reading | B <= | Grade 8 | 30.82 | 30.37 | 29.92 | 29.47 |
| Reading | C <= | Grade HS | 39.00 | 38.55 | 38.10 | 37.65 |
| Math | A <= | Grade 4 | 10.74 | 10.33 | 9.92 | 9.51 |
| Math | B <= | Grade 8 | 9.66 | 9.25 | 8.84 | 8.43 |
| Math | C <= | Grade HS | 28.45 | 28.04 | 27.63 | 27.22 |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**FFY 2022 Data Disaggregation from ED*Facts***

**Data Source:**

SY 2022-23 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

01/10/2024

**Reading Assessment Proficiency Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 21,126 | 22,809 | 19,564 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 4,221 | 3,947 | 2,645 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 7,306 | 8,089 | 6,660 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 1,383 | 852 | 296 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 313 | 241 | 74 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 214 | 186 | 129 |

**Data Source:**

SY 2022-23 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

01/10/2024

**Math Assessment Proficiency Data by Grade (1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 21,109 | 22,817 | 19,556 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 4,200 | 3,959 | 2,644 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 4,311 | 3,882 | 2,894 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 796 | 356 | 116 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 191 | 89 | 19 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 127 | 42 | 36 |

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2022 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards**  | **Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards**  | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 12.49% | 41.13% | 27.02 | 38.97 | 28.64 | Met target | No Slippage |
| **B** | Grade 8 | 10.82% | 39.20% | 26.27 | 30.82 | 28.38 | Met target | No Slippage |
| **C** | Grade HS | 7.67% | 35.56% | 26.79 | 39.00 | 27.88 | Met target | No Slippage |

**FFY 2022 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards**  | **Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards**  | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 7.57% | 24.19% | 18.29 | 10.74 | 16.62 | Did not meet target | No Slippage |
| **B** | Grade 8 | 3.31% | 18.57% | 17.01 | 9.66 | 15.26 | Did not meet target | No Slippage |
| **C** | Grade HS | 2.08% | 15.39% | 13.81 | 28.45 | 13.31 | Met target | No Slippage |

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

## 3D - Prior FFY Required Actions

None

## 3D - OSEP Response

## 3D - 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 local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, 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, as defined by the State, 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 LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State’s definition of “significant discrepancy.”

**Instructions**

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, LEAs 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 LEAs totally 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 2022 SPP/APR, use data from 2021-2022), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) 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 rates of suspensions and expulsions for nondisabled children within the LEAs.

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2021-2022 school year, those 100 LEAs would have reported section 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2022-2023, suspension/expulsion data from those 15 new LEAs would not be in the 2021-2022 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2021-2022 (which can be found in the FFY 2021 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell 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 child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, 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 OSEP QA 23-01, dated July 24, 2023.

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) 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 2022 SPP/APR, the data for FFY 2021), 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 Year** | **Baseline Data** |
| --- | --- |
| 2022 | 12.14% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target <= | 0.81% | 0.80% | 0.80% | 0.81% | 0.68% |
| Data | 0.76% | 0.00% | 0.71% | 0.71% | Not Valid and Reliable |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target <= | 12.14% | 12.10% | 12.05% | 12.00% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**FFY 2022 SPP/APR Data**

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

YES

**If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. Report the number of LEAs excluded from the calculation as a result of the requirement.**

8

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy** | **Number of LEAs that met the State's minimum n/cell-size** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| 12 | 140 | Not Valid and Reliable | 12.14% | 8.57% | N/A | N/A |

**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**

State definition of significant discrepancy:
LEAs must have the minimum N size of 10. N size refers to the number of students with disabilities enrolled in the LEA. LEAs are determined as significantly discrepant when they meet the minimum N size and exceed the threshold of 3.0 times the State rate.

Methodology:
- No minimum cell size
- Minimum N size of 10: LEAs must have at least 10 students with disabilities enrolled
- Threshold of significance: 3 times of the state rate. The calculation method used is rate ratio.

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

The State took into advisement the comments OSEP made in the FFY2021 SPP/APR and revisited the significant discrepancy methodology with stakeholders. Previously, the State had an N size and cell size requirement where the majority of LEAs were eliminated and never required a review of policies, practices and procedures (PPP). Although the data was reviewed, a PPP review and the need for further examination was not triggered. With the revised methodology reported in this FFY2022 SPP/APR, 8.57% of the LEAs were found to have significant discrepancy and examined further. The examination included a review of PPPs, student files and a Root Cause Analysis were completed by identified LEAs.

Due to the change in methodology, the baselines and targets have been reestablished in this SPP/APR.

**Review of Policies, Procedures, and Practices (completed in FFY 2022 using 2021-2022 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.**

LEAs submitted their policies, procedures and practices (PPPs) related to the development and implementation of IEPs, the use of positive behavioral interventions and supports (PBIS), and procedural safeguards to the State. The PPPs were reviewed utilizing a rubric to guide the review of the implementation of IEPs, PBIS, and procedural safeguard documents provided by the LEAs. The State's contractor reviewed the documents and utilized the State’s rubric. Based on the review results provided by the contractor, State staff made the determination of compliance or non-compliance. State staff determined that 4 LEAs that were found to have significant discrepancy did not have PPPs which contributed to the significant discrepancy. There were 8 LEAs that did have deficient PPPs which contributed to the significant discrepancy.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

**If YES, select one of the following:**

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

**The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements*.***

The State is currently in the process of verifying correction of non -compliance consistent with requirements in the Measurement Table and OSEP QA 23-01. Therefore, the State does not have results available at the time of the SPP/APR submission and clarification period to provide. This information will be provided in next year's SPP/APR.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 4A - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2021. The State must provide valid and reliable data for FFY 2022 in the FFY 2022 SPP/APR.

In the FFY 2022 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State’s threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

**Response to actions required in FFY 2021 SPP/APR**

The State revised the methodology, with stakeholder input, to ensure that it is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year. Previously, the State methodology included an n size and cell size requirement where the majority of LEAs were eliminated. For those LEAs that met the n size and cell size requirement, a state rate of 1% greater than the state average was applied to determine if an LEA had significant discrepancy.
Previous Methodology:
- Minimum cell size of 10
- Districts must have at least 10 students with disabilities who are suspended/expelled out-of-school for more than 10 days
- Threshold of significance: +1% of the state rate

Current Methodology:
- No minimum cell size
- Minimum N size of 10
- Districts must have at least 10 students with disabilities enrolled
- Threshold of significance: 3 times of the state rate. Rate ratio is used.

With the revised methodology, the state eliminated the cell size of 10 requirement. The n size was changed from LEAs having at least 10 students with disabilities who are suspended/expelled out-of-school for more than 10 days to having at least 10 students with disabilities enrolled. The 1% "state bar" was changed to a threshold of significance of 3 times of the state rate.

This new methodology resulted in 12 LEAs determined to have significant discrepancy. In comparison, no LEAs met the minimum cell size and n size requirement in the previous FFY. These 12 LEAs underwent a review of policies, procedures and practices (PPPs), file reviews and completed a self-assessment which were reviewed by the state.

The State now has a reasonably designed methodology for determining if significant discrepancies exist with LEAs and is reporting valid and reliable data in this FFY2022 SPP/APR.

## 4A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2022, but OSEP cannot accept that baseline revision because the State's FFY 2022 baseline data reported in the Historical Data table is not consistent with the State's FFY 2022 data reported in the FFY 2022 SPP/APR Data table. Additionally, OSEP cannot accept the State's FFYs 2022-2025 targets for this indicator because OSEP cannot determine whether the State’s end targets for FFY 2025 reflect improvement over the State’s baseline data, given the discrepancy in the baseline data, as noted above. The State must ensure that its FFY 2025 targets reflect improvement over the baseline.

## 4A - Required Actions

In the FFY 2023 SPP/APR, the State must report baseline and targets, through FFY 2025, for this indicator.

The State must also report on the correction of noncompliance that the State identified in FFY 2022 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

# Indicator 4B: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

 A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, 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, as defined by the State, 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 LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, 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 LEAs 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 “significant discrepancy.”

**Instructions**

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, LEAs 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 LEAs totally 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 2022 SPP/APR, use data from 2021-2022), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) 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 the rates of suspensions and expulsions for nondisabled children within the LEAs

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2021-2022 school year, those 100 LEAs would have reported section 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2022-2023, suspension/expulsion data from those 15 new LEAs would not be in the 2021-2022 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2021-2022 (which can be found in the FFY 2021 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, 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 child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, 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 OSEP QA 23-01, dated July 24, 2023.

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) 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 2022 SPP/APR, the data for FFY 2021), 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

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2022 | 6.25% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | Not Valid and Reliable |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% | 0% |

**FFY 2022 SPP/APR Data**

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

YES

**If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. Report the number of LEAs excluded from the calculation as a result of the requirement.**

20

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy, by race or ethnicity** | **Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements** | **Number of LEAs that met the State's minimum n/cell-size** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| 17 | 8 | 128 | Not Valid and Reliable | 0% | 6.25% | N/A | N/A |

**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

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

YES

**State’s definition of “significant discrepancy” and methodology**

State definition of significant discrepancy:
LEAs must have the minimum N size of 10. N size refers to the number of students with disabilities of a particular race/ethnicity enrolled in the LEA. LEAs are determined as significantly discrepant when they meet the minimum N size and exceed the threshold of 3.0 times the State rate.

Methodology:
- No minimum cell size
- Minimum N size of 10: LEAs must have at least 10 students with disabilities of a particular race/ethnicity enrolled
- Threshold of significance: 3 times of the state rate. The calculation method used is a rate ratio.

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

The State took into advisement the comments OSEP made in the FFY2021 SPP/APR and revisited the significant discrepancy methodology. Previously, the state had an N size and cell size requirement where the majority of LEAs were eliminated and never required a review of policies, practices and procedures (PPP). Although the data was reviewed, a PPP review and the need for further examination was not triggered. With the current methodology reported in this FFY2022 SPP/APR, 13.28% of the LEAs were examined further which included a review of PPPs, student files and a Root Cause Analysis completed by identified LEAs to determine if the LEA is significant discrepant by race/ethnicity.

**Review of Policies, Procedures, and Practices (completed in FFY 2022 using 2021-2022 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.**

LEAs submitted their policies, procedures and practices (PPPs) related to the development and implementation of IEPs, the use of positive behavioral interventions and supports (PBIS), and procedural safeguards to the State. The PPPs were reviewed utilizing a rubric to guide the review of the implementation of IEPs, PBIS, and procedural safeguard documents provided by the LEAs. The State's contractor reviewed the documents and utilized the State’s rubric. Based on the review results provided by the contractor, State staff made the determination of compliance or non-compliance. State staff determined that 8 LEAs that were found to have significant discrepancy did not have PPPs which contributed to the significant discrepancy. There were 9 LEAs that did have deficient PPPs which contributed to the significant discrepancy.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

**If YES, select one of the following:**

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

**The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements*.***

The State is currently in the process of verifying correction of non -compliance consistent with requirements in the Measurement Table and OSEP QA 23-01. Therefore, the State does not have results available at the time of the SPP/APR submission and clarification period to provide. This information will be provided in next year's SPP/APR.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
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## 4B - Prior FFY Required Actions

The State did not provide valid and reliable data for FFY 2021. The State must provide valid and reliable data for FFY 2022 in the FFY 2022 SPP/APR.

In the FFY 2022 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State’s threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

**Response to actions required in FFY 2021 SPP/APR**

The State revised the methodology to ensure that it is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year. Previously, the State had an n size and cell size requirement where the majority of LEAs were eliminated. For those LEAs that met the n size and cell size requirement, a state rate of 1% greater than the state average was applied to determine if an LEA had significant discrepancy.
Previous Methodology:
- Minimum cell size of 10
- District must have at least 10 students with disabilities of a particular race with disabilities who are suspended/expelled out-of-school for more than 10 days
- Threshold of significance: +1% of the state rate

Current Methodology:
- No minimum cell size
- Minimum N size of 10: LEAs must have at least 10 students with disabilities of a particular race/ethnicity enrolled
- Threshold of significance: 3 times of the state rate (same as 4A)

With the revised methodology, the State eliminated the cell size of 10 requirement for a particular race/ethnicity. The n size was changed from LEAs having at least 10 students with disabilities who are suspended/expelled out-of-school for more than 10 days to having at least 10 students with disabilities of a particular race/ethnicity enrolled. The 1% "state bar" was changed to a threshold of significance of 3 times of the state rate.

This new methodology resulted in 17 LEAs being "flagged" for possible significant discrepancy, in comparison the the previous FFY when no LEAs met the minimum cell size and n size requirement. These 17 LEAs underwent a review of policies, procedures and practices (PPPs), file reviews and completed a self-assessment by the State to make a final determination if the LEA had significant discrepancy,

The State now has a reasonably designed methodology for determining if significant discrepancies exist with LEAs.

## 4B - OSEP Response

The State revised its baseline for this indicator, using data from FFY 2022, and OSEP accepts that revision.

## 4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 have corrected the noncompliance, including that the State verified that each district with noncompliance: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 5 who are enrolled in kindergarten and 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 ED*Facts* file specification FS002.

**Measurement**

 A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

 B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

 C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)]times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline**  | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| A | 2019 | Target >= | 53.00% | 53.00% | 53.00% | 51.53% | 51.68% |
| A | 51.38% | Data | 49.93% | 48.95% | 51.38% | 52.51% | 52.43% |
| B | 2019 | Target <= | 18.00% | 18.00% | 18.00% | 16.59% | 16.08% |
| B | 17.10% | Data | 18.14% | 17.66% | 17.10% | 16.42% | 16.03% |
| C | 2019 | Target <= | 0.91% | 0.91% | 0.91% | 0.39% | 0.38% |
| C | 0.39% | Data | 0.79% | 0.85% | 0.39% | 0.68% | 0.74% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 51.83% | 51.98% | 52.13% | 52.28% |
| Target B <= | 15.57% | 15.06% | 14.55% | 14.04% |
| Target C <= | 0.37% | 0.36% | 0.35% | 0.34% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 08/30/2023 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 52,848 |
| SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 08/30/2023 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 28,020 |
| SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 08/30/2023 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 8,311 |
| SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 08/30/2023 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 183 |
| SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 08/30/2023 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 25 |
| SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 08/30/2023 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 115 |

**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

**FFY 2022 SPP/APR Data**

| **Education Environments** | **Number of children with IEPs aged 5 (kindergarten) through 21 served** | **Total number of children with IEPs aged 5 (kindergarten) through 21** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 28,020 | 52,848 | 52.43% | 51.83% | 53.02% | Met target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 8,311 | 52,848 | 16.03% | 15.57% | 15.73% | Did not meet target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 323 | 52,848 | 0.74% | 0.37% | 0.61% | Did not meet target | No Slippage |

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

While the State did not meet the target for Indicator 5B, the state did see a .30% decrease in the number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day and a .13% decrease for Indicator 5C in the number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements. In addition, there was a .59% increase in the number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day.

Overall, the State demonstrated gains with indicators 5A, 5B and 5C. The State will continue to provide technical assistance and support to LEAs to ensure children with IEPs are in their Least Restrictive Environment (LRE) to the extent possible.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Preschool Environments

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program 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.

 C. Receiving special education and related services in the home.

(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 ED*Facts* file specification FS089.

**Measurement**

 A. Percent = [(# of children ages 3, 4, and 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 ages 3, 4, and 5 with IEPs)] times 100.

 B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

 C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (*e.g.*, 75-85%).

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 IDEA section 618, explain.

## 6 - Indicator Data

**Not Applicable**

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

NO

**Historical Data (Inclusive) – 6A, 6B, 6C**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part** | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| **A** | Target >= | 52.00% | 52.00% | 52.00% | 52.58% | 53.08% |
| **A** | Data | 44.12% | 46.13% | 52.08% | 53.38% | 51.71% |
| **B** | Target <= | 26.00% | 26.00% | 26.00% | 32.33% | 31.83% |
| **B** | Data | 40.49% | 25.52% | 32.83% | 30.19% | 29.18% |
| **C** | Target <= |  |  |  | 24.50% | 24.00% |
| **C** | Data |  |  |  | 0.00% | 0.41% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Targets**

**Please select if the State wants to set baseline and targets based on individual age ranges (i.e. separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.**

Inclusive Targets

**Please select if the State wants to use target ranges for 6C.**

Target Range not used

Baselines for Inclusive Targets option (A, B, C)

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| **A** | 2019 | 52.08% |
| **B** | 2019 | 32.83% |
| **C** | 2020 | 25.00% |

**Inclusive Targets – 6A, 6B**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 54.08% | 55.58% | 57.58% | 60.08% |
| Target B <= | 30.83% | 29.33% | 27.33% | 24.83% |

**Inclusive Targets – 6C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target C <= | 23.00% | 21.50% | 19.50% | 17.00% |

**Prepopulated Data**

**Data Source:**

SY 2022-23 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

**Date:**

08/30/2023

| **Description** | **3** | **4** | **5** | **3 through 5 - Total** |
| --- | --- | --- | --- | --- |
| Total number of children with IEPs | 1,365 | 1,743 | 239 | 3,347 |
| 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 | 537 | 880 | 130 | 1,547 |
| b1. Number of children attending separate special education class | 544 | 423 | 46 | 1,013 |
| b2. Number of children attending separate school | 25 | 37 | 4 | 66 |
| b3. Number of children attending residential facility | 0 | 0 | 0 | 0 |
| c1**.** Numberof children receiving special education and related services in the home | 5 | 4 | 1 | 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

**FFY 2022 SPP/APR Data - Aged 3 through 5**

| **Preschool Environments** | **Number of children with IEPs aged 3 through 5 served** | **Total number of children with IEPs aged 3 through 5** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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 | 1,547 | 3,347 | 51.71% | 54.08% | 46.22% | Did not meet target | Slippage |
| B. Separate special education class, separate school or residential facility | 1,079 | 3,347 | 29.18% | 30.83% | 32.24% | Did not meet target | Slippage |
| C. Home | 10 | 3,347 | 0.41% | 23.00% | 0.30% | Met target | No Slippage |

**Provide reasons for slippage for Group A aged 3 through 5, if applicable**

The State does not have preschool programs within each LEA in the state that serves three-year-old students. This creates a barrier when there are children with disabilities who need to be entered into a regular early childhood program. LEAs must then try to help the parents enroll their students in Head Start programs or other community-based programs including child care. In rural parts of the state, where no other programs exist, students receive their special education services separately outside of a regular early childhood program. Another barrier is the lack of open slots for students to enter or parents not meeting income guidelines. When data is disaggregated by age, the three-year-old student group is the smallest group in a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program.

**Provide reasons for slippage for Group B aged 3 through 5, if applicable**

As described in the slippage section for Group A, the same reasons apply for Group B. Where no regular early childhood programs exist, students receive their special education services separately outside of a regular early childhood program. When data is disaggregated by age, the three-year-old student group is the largest group receiving services in a separate special education class, separate school or residential facility.

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 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 3 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

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| A1 | 2020 | Target >= | 77.73% | 77.80% | 77.80% | 69.01% | 69.51% |
| A1 | 69.01% | Data | 78.16% | 72.82% | 71.78% | 69.01% | 75.02% |
| A2 | 2020 | Target >= | 54.43% | 54.50% | 54.50% | 41.92% | 42.42% |
| A2 | 41.92% | Data | 49.82% | 45.17% | 44.34% | 41.92% | 46.95% |
| B1 | 2020 | Target >= | 76.49% | 76.50% | 76.50% | 69.03% | 69.53% |
| B1 | 69.03% | Data | 75.31% | 73.02% | 70.81% | 69.03% | 73.87% |
| B2 | 2020 | Target >= | 50.31% | 50.35% | 50.35% | 37.09% | 37.59% |
| B2 | 37.09% | Data | 45.19% | 40.01% | 40.30% | 37.09% | 43.64% |
| C1 | 2020 | Target >= | 76.85% | 76.86% | 76.86% | 68.91% | 69.41% |
| C1 | 68.91% | Data | 78.44% | 74.75% | 73.80% | 68.91% | 75.23% |
| C2 | 2020 | Target >= | 62.33% | 62.35% | 62.35% | 49.76% | 50.26% |
| C2 | 49.76% | Data | 58.18% | 53.04% | 53.78% | 49.76% | 54.23% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 70.01% | 71.01% | 72.51% | 74.51% |
| Target A2 >= | 42.92% | 43.92% | 45.42% | 47.42% |
| Target B1 >= | 70.03% | 71.03% | 72.53% | 74.53% |
| Target B2 >= | 38.09% | 39.09% | 40.59% | 42.59% |
| Target C1 >= | 69.91% | 70.91% | 72.41% | 74.41% |
| Target C2 >= | 50.76% | 51.76% | 53.26% | 55.26% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

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Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
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4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**FFY 2022 SPP/APR Data**

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

3,234

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 102 | 3.15% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 602 | 18.61% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,043 | 32.25% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 812 | 25.11% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 675 | 20.87% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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. *Calculation:(c+d)/(a+b+c+d)* | 1,855 | 2,559 | 75.02% | 70.01% | 72.49% | Met target | No 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. *Calculation: (d+e)/(a+b+c+d+e)* | 1,487 | 3,234 | 46.95% | 42.92% | 45.98% | Met target | No Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 109 | 3.37% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 598 | 18.49% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,094 | 33.83% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 826 | 25.54% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 607 | 18.77% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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. *Calculation: (c+d)/(a+b+c+d)* | 1,920 | 2,627 | 73.87% | 70.03% | 73.09% | Met target | No 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. *Calculation: (d+e)/(a+b+c+d+e)* | 1,433 | 3,234 | 43.64% | 38.09% | 44.31% | Met target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 111 | 3.43% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 519 | 16.05% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 898 | 27.77% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 795 | 24.58% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 911 | 28.17% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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.*Calculation:(c+d)/(a+b+c+d)*  | 1,693 | 2,323 | 75.23% | 69.91% | 72.88% | Met target | No 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. *Calculation: (d+e)/(a+b+c+d+e)* | 1,706 | 3,234 | 54.23% | 50.76% | 52.75% | Met target | No Slippage |

**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

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

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

YES

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

The State has four approved instruments from which LEAs can select the instrument they want to use for gathering data for this indicator. The approved instruments are Brigance, Creative Curriculum, Work Sampling, and NM Pre-K Observational Assessment. LEAs may also petition the Special Education Division to request to use a different instrument. The Special Education Division can elect to approve or disapprove the instrument proposed by the LEA. If a non-approved instrument is used by an LEA, the state's database will cause an error notifying the LEA the instrument is not approved. The LEA will be required to review the error and correct it immediately if it was due to a data entry error. If a non-approved instrument was used, the LEA will need to assess the student using an approved instrument. At that time, the LEA will submit a data note and enter the data the next reporting period.

Students with disabilities, ages 3 to 5, receiving special education and related services must have an entry and exit early childhood assessment completed each year the child is receiving services. The students are assessed in three content areas: Behavior, Social Emotional and Language Acquisition. Students enrolled in an early childhood program for more than 30 days from the end of the school year, are required to have an early childhood entry assessment completed. The early childhood entry assessment is required to be administered within 30 days from the child’s program start date, in the current school year. Early childhood exit assessments are administered at least six months after the entry assessment was administered. An exit assessment is required if the student was enrolled in the program for at least six months.

LEAs utilize the Childhood Outcomes Summary Form (COSF) calculator to identify a Progress Achieved Code which best identifies each child's level of performance. The data from the entry and exit assessments are then reported in the STARS system. The entry and exit data can be reported during any of the four State reporting periods, 40, 80, 120 and End of Year; however, the State requires the data to be reported in STARS at the earliest reporting period after the assessment was administered.

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

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 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 3 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 and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2022 SPP/APR, compare the FFY 2022 response rate to the FFY 2021 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State’s analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State’s analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom 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

| **Question** | **Yes / No**  |
| --- | --- |
| Do you use a separate data collection methodology for preschool children?  | NO |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2010 | 80.20% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 84.00% | 84.00% | 84.00% | 80.84% | 81.48% |
| Data | 84.21% | 81.83% | 85.90% | 84.08% | 82.82% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 82.12% | 82.76% | 83.40% | 84.04% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 3,926 | 4,746 | 82.82% | 82.12% | 82.72% | Met target | No Slippage |

**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.**

The State dos not report preschool children separately; however, the State does have an OSEP approved sampling plan in which the procedures for combining data from school age and preschool surveys is described. Information on the procedures are also summarized below.

Procedures from the OSEP approved state sampling plan:
All students with disabilities are stratified as follows prior to the sample being selected:
1. By race/ethnicity
2. School grade (which includes preschool students)
3. Primary disability
Samples are drawn at the LEA level to ensure that the racial/ethnic make-up, grades including students in preschool, and the primary disability of the students with disabilities are captured in the sample. School age and preschool survey data are handled in the same manner.

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

17,228

**Percentage of respondent parents**

27.55%

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2021** | **2022** |
| Response Rate  | 24.68% | 27.55% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

The metric used by the State to determine representativeness is +/- 3% discrepancy in the proportion of responders compared to the target group.

**Include the State’s analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State’s analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

The State determined representativeness of the parents responding to the demographics of children receiving special education services using a +/- 3% criteria. Using this methodology, no differences were found by race/ethnicity. The children receiving special education services by race/ethnicity in the state consist of the following race/ethnicities:
10.33% Native Americans, 63.94% Hispanics, 20.59% Caucasians, 2.43% Multi-racial, 2.06% Black/African Americans,0.56% Asians and 0.08% Native Hawaiian or Other Pacific Islanders

The respondents by race/ethnicity were as follows: 9.67% Native Americans, 64.48% Hispanics, 21.39% Caucasians, 2.17% Multi-racial, 1.73% Black/African Americans, 0.53% Asians and 0.02% Native Hawaiian or Other Pacific Islanders. The differences for all race/ethnicity categories were within the +/- 3% criteria; therefore, the parents responding were representative by race/ethnicity.

Survey representation was also compared by disability category. All disability categories were represented by the disability categories in the state using the +/- 3% criteria to identify over-or under-representativeness. Students with disabilities by disability category in the state are as follows: Autism 9.13%, Deaf Blindness 0.01%, Developmental Delay 8.85%, Emotional Disturbance 3.17%, Hearing Impairment/Deafness 0.82%, Intellectual Disability 4.18%, Multiple Disabilities 1.36%, Orthopedic Impairment 0.33%, Other Health Impaired 9.70%, Specific Learning Disability 44.91%, Speech-Language Impairment 16.81%, Traumatic Brain Injury 0.32%, and Visual Impairment 0.43%.

The respondents consist of the following: Autism 9.88%, Deaf Blindness 0.06%, Developmental Delay 8.34%, Emotional Disturbance 3.15%, Hearing Impairment/Deafness 0.81%, Intellectual Disability 4.56%, Multiple Disabilities 1.64%, Orthopedic Impairment 0.60%, Other Health Impaired 10.62%, Specific Learning Disability 42.64%, Speech-Language Impairment 16.98%, Traumatic Brain Injury 0.36%, Visual Impairment 0.37%. The differences for these categories for all disability categories were within the +/- 3% criteria. Therefore, this signifies that the demographics of parents are representative of the demographics of children receiving special education services by race/ethnicity and disability category.

The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)

YES

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Although there were no groups that were underrepresented, the State will continue to devise and implement strategies to increase the response rate year over year. The strategies implemented and those which the State will continue are described here:
- Provide the survey to parents selected to complete the survey, electronically and/or on a paper form. The electronic survey will also be sent via cell phone and email. Parents that do not respond to the electronic survey are mailed out a paper survey for completion.
- Have the parent survey available in the Navajo and Spanish languages for those who may need the survey in these versions in order to respond to the survey.
- Make available a hotline for Spanish speaking parents that have questions or require support to complete the survey.
- Stratify the data prior to the sample being selected to ensure that each race/ethnic group is represented appropriately in the sample.

The State is considering implementing the following:
- Aligning survey administration with IEP meetings.
- Expanding the timeframe which the survey response period is open.
- Developing an advertising campaign to explain what the survey is about and encourage parents to complete and return the survey.
- Coordinating with LEAs who are currently not included in the process. Once the sample is selected by the contractor, share with the LEA so they can also encourage participation.
- Separating preschool from school-age parent surveys to obtain feedback to better inform programming.
- Reducing the number of questions on the survey.

**Describe the analysis** **of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.**

Our analysis indicated that there was no nonresponse bias. As mentioned above in the State's analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services section, the State examined the response rate by race/ethnicity and by disability to determine if there was any non-response bias. The respondents matched the racial/ethnic and disability make-up of the students with disabilities in the state. Thus, there was no over- and/or under-representation because all response groups were within +/-3% of the population.

We also looked at early and late responders. If a comparison of responses of early respondents to late respondents shows no difference in responses, then you are less likely to have non-response bias. In this analysis, the parent involvement rate of three groups of parents was compared: parents who responded the earliest in the process (after the first text and email blast); parents who responded the second earliest (after the second text and email blast); and parents who responded the latest (at least three weeks after the second text/email blast). This analysis showed no significant differences in the parent involvement rate between the three groups of respondents; their parent involvement rates were 83%, 84%, and 86%, respectively. Thus, we conclude that there is no non-response bias.

Although no response bias was identified, the State is committed to improving response rates among all parents selected to take the survey.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | YES |
| If yes, has your previously approved sampling plan changed? | NO |

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

The sampling procedures the State follows are described below:

1. The total sample will be drawn from the stratified groups identified as indicated below.
 a. All students with disabilities will be stratified as follows prior to the sample being selected:
 1. By race/ethnicity:
 The sampling must reflect the race/ethnicity make-up as follows:
 American Indian/Alaskan Native 10.33%
 Asian 0.52%
 Black or African American 2.01%
 Caucasian 20.67%
 Hispanic 64.07%
 Native Hawaiian or Other Pacific Islander 0.07%
 Multiracial 2.34%
 2. School Grade
 3. Primary Disability

 b. The sample is drawn at the LEA level to ensure that LEA’s racial/ethnic make-up of each LEA’s students with disabilities is captured in the sample.
 1. Districts
 2. State Charters and
 3. State Supported Schools

Number of students with disabilities and LEA sample sizes:
 1-199: All students selected
 200-500: 150 selected
 501-1000: 250 selected
 1001-2500: 350 selected
 2501-4000: 450 selected
 4001+: 1000 selected

Note: Since the State is using differential sampling based on child count, when calculating the state-level results, responses are weighted by the student child count size (e.g., an LEA that has four times the number of students with disabilities as another district will receive four times the weight in computing overall state results).

2. The form contains 25 questions based on the Likert scale. See attached. The agree, strongly agree, and very strongly agree responses from question 1 are included in the numerator of the Indicator 8 calculation.
a. Parents selected in step 1 will be sent a survey via text and email.
b. Parents that do not respond to the survey will be mailed a paper survey.

3. To mitigate the risk of disclosure of personally identifiable information about individual children, the State collects the information using standard procedures that minimizes the risk of disclosing personally identifiable information; for example, we use a random ID instead of a student’s designated state ID number to track surveys and we don’t collect demographic/program participation information on the surveys themselves.

| **Survey Question** | **Yes / No** |
| --- | --- |
| Was a survey used?  | YES |
| If yes, is it a new or revised survey? | NO |
| If yes, provide a copy of the survey. |  |

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

## 8 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

**Response to actions required in FFY 2021 SPP/APR**

In this FFY 2022 SPP/APR, the State has reported the FFY 2022 data are from a response group that is representative of the demographics of children receiving special education services. The State has also include and analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

## 8 - OSEP Response

## 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 the reporting year, 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. 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 2022 reporting period (i.e., after June 30, 2023).

**Instructions**

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

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 child-specific and regulatory/systemic 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) 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 2022 SPP/APR, the data for FFY 2021), 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

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% | 0% |

**FFY 2022 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.**

20

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial/ethnic groups in special education and related services** | **Number of districts with disproportionate representation of racial/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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| 0 | 0 | 132 | 0.00% | 0% | 0.00% | Met target | No Slippage |

**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).**

Disproportionate representation defined:
1. Calculation method: Risk Ratio and Alternate Risk Ratio
2. Threshold at which disproportionate representation is identified: Risk Ratio (RR) and Alternate Risk Ratio (ARR) of 3.0 or above (over-representation) for students ages 5 in Kindergarten – 21
3. Number of years of data used in calculation: One year
4. Minimum cell size: Greater than 10 students or more in a particular race/ethnicity category

Methodology
For an LEA to be identified as having disproportionate representation in special education and related services of racial and ethnic groups, that was the result of inappropriate identification, the following criteria must be met:
• Have 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 ages 5 in Kindergarten – 21; and
• Policies, procedures, and/or practices which contributed to the disproportionate representation.
• One year of data is used in the calculation.

**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.**

In FFY 2022, no LEAs were identified as demonstrating possible disproportionate representation in special education and related services by racial and ethnic groups. If an LEA(s) were identified by meeting the criteria described in the methodology section above, the LEA(s) would be notified in writing of the disproportionate representation and be required to complete the Indicator 9 Self-Assessment Protocol. The purpose of the self-assessment is to identify if the LEA(s) has deficient policies, procedures, and practices. The State would examine the self-assessment to determine if the policies, procedures, and practices are deficient and contributed to the inappropriate identification. Upon conclusion of this process, the State determines whether the disproportionate representation was the result of inappropriate identification.

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

The State is currently in the process of examining the methodology and definition for disproportionate representation to ensure it is reasonably designed. State staff are working with staff from the IDEA Data Center (IDC) with this process. Any changes made will be completed in collaboration with stakeholders.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 9 - Prior FFY Required Actions

None

## 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 section 618 data for the reporting year, 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). 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 specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2022 reporting period (i.e., after June 30, 2023).

**Instructions**

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

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 specific disability categories 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 child-specific and regulatory/systemic 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) 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 2022 SPP/APR, the data for FFY 2021), 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

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% | 0% |

**FFY 2022 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.**

54

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories** | **Number of districts with disproportionate representation of racial/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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| 1 | 0 | 98 | 0.00% | 0% | 0.00% | Met target | No Slippage |

**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).**

Disproportionate representation defined:
1. Calculation method: Risk Ratio and Alternate Risk Ratio
2. Threshold at which disproportionate representation is identified: Risk Ratio (RR) and Alternate Risk Ratio (ARR) of 3.0 or above (over-representation) for students ages 5 in Kindergarten – 21
3. Number of years of data used in calculation: One year
4. Minimum cell size: Greater than 10 students or more in racial/ethnic group category and disability category

Methodology
For an LEA to be identified as having disproportionate representation in special education and related services of racial and ethnic groups, by disability category, that was the result of inappropriate identification, the following criteria must be met:
• Have an N size of greater than 10 students, or more, in the racial and ethnic groups and disability category; and
• Risk Ratio (RR) and Alternate Risk Ratio (ARR) of 3.0 or above (over-representation) for students ages 5 in Kindergarten – 21; and
• Policies, procedures, and/or practices which contributed to the disproportionate representation.
• One year of data is used in the calculation.

**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.**

In FFY 2022, no LEAs were identified as demonstrating disproportionate overrepresentation in special education and related services of racial and ethnic groups by disability category. To make this determination for the one LEA that met the criteria in the calculation method and threshold described in the section above, the state completed a review of an LEA completed self-assessment along with a review of LEA policies, practices and procedures (PPPs). The LEA was notified in writing of the possible disproportionate representation and required to complete and submit the Indicator 10 Self-Assessment Protocol, along with the LEAs PPPs to the State. The State examined the LEA's self-assessment and the PPPs to determine if they contributed to the possible inappropriate identification. Upon conclusion of this process, the State determined for the one LEA, that the disproportionate representation was not the result of inappropriate identification.

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

The State is currently in the process of examining the methodology and definition for disproportionate representation to ensure it is reasonably designed. State staff are working with staff from the IDEA Data Center (IDC) with this process. Any changes made will be completed in collaboration with stakeholders.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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|  |  |  |  |
|  |  |  |  |

## 10 - Prior FFY Required Actions

None

## 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 child-specific and regulatory/systemic 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) 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 2022 SPP/APR, the data for FFY 2021), 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 Year** | **Baseline Data** |
| --- | --- |
| 2005 | 80.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.66% | 99.64% | 99.67% | 95.31% | 99.28% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8,733 | 8,611 | 99.28% | 100% | 98.60% | Did not meet target | No Slippage |

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

122

**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.**

For the 122 children who did not have an evaluation completed within 60 days, the range of days beyond the timeline was 1 to 260 days. The reasons for the delays are as follows:
- 55.00% The 60th day falling during the weekend, holiday or another school closure and the LEAs did not ensure evaluations were completed prior to the weekend, holiday or other
 school closures.
- 49.83% Evaluation scheduling issues and/or difficulty scheduling evaluations.
 - 3.33% No service provider was available to complete evaluations.
 - 0.83% Parent requested a delay in the completion of evaluation.

**Indicate the evaluation timeline used:**

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

**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 State collects the data for Indicator 11 through the State database, the Student Teacher Accountability Reporting System (STARS). Data is collected four times each school year as required by State statute. The reporting periods are referred to as the 40th, 80th, 120th and End of Year. At each reporting period, LEAs upload their data into the STARS system. The STARS system contains business rules which check the dates for the signed parental consent for evaluation, to the date when evaluations were completed, to ensure the evaluation occurred within 60 days. LEAs that miss the 60 day timeline must submit a non-compliance code with their data to indicate the reason(s) the timeline was missed.

Once the LEAs have submitted the data, State staff review the LEA data. Two reviews of the data are conducted. The first review is a Data Quality Review to ensure that the data is timely, valid and reliable. This review is completed by the Data Supervisor and Data Analyst. The second review is the General Supervision Review where data is reviewed to ensure that LEAs are meeting the requirements under IDEA, Part B including compliance with indicator 11. Any issues are noted and LEAs are supported with noted issues.

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

The State is grappling with a shortage of school staff needed to complete evaluations. This issue is impacting LEA ability to complete evaluations within 60 days as limited staff are working to complete the evaluations within the timeline.

New Mexico recently amended its rules regarding evaluations and eligibility of students with disabilities to provide more definite timelines and requirements for the local education agencies throughout the identification, initial evaluation, and reevaluation processes for children with disabilities from the use of the multi-layered system of supports (MLSS) and initial evaluation to the eligibility determination and initial IEP meetings. Additionally, the rule was amended to explicitly include current IDEA requirements and preclude the use of the severe discrepancy model as a method of evaluating for specific learning disabilities. This rule change became effective on July 1, 2023.

The following substantive amendments were made to the New Mexico Administrative Code after public notice and acceptance of both written and oral comment:
• providing that the parent requests for evaluations and the evaluation process can commence while MLSS interventions are provided to a student;
• explicitly requiring that written informed consent be obtained before conducting an initial evaluation or reevaluation;
• explicitly permitting public agencies to utilize the consent override provisions when a parent does not provide consent to evaluate a student;
• providing requirements of the public agency when it receives a parent request for evaluation, including a 15 school day prior written notice deadline with considerations for school breaks;
• providing requirements of the public agency when it receives a referral for evaluation without a parent request including a 15 school day deadline after the referral to request parent consent to evaluate with consideration for school breaks;
• explicitly permitting parents to utilize mediation, state complaint, and due process hearing procedures to challenge the public agencies’ response or lack of response to a request to evaluate;
• requiring that the evaluation and written evaluation report be completed within 60 days of parental consent to evaluate;
• providing additional and clarified requirements for evaluation and reevaluation procedures including that the parent be provided the written evaluation or reevaluation reports at least two calendar days before the eligibility determination team meeting;
• adding explicit requirements regarding requests for independent education evaluations already included in the IDEA regulations;
• providing 15 school day deadlines for the eligibility determination team meeting after an initial evaluation with considerations for school breaks;
• precluding the use of the severe discrepancy model as a method of evaluating for specific learning disabilities;
• requiring that local education agencies use the dual discrepancy model to identify specific learning disabilities for students in kindergarten through grade 12.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 19 | 19 |  | 0 |

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

In accordance with the OSEP State General Supervision Responsibilities Under Parts B of the IDEA document (OSEP QA 23-01), the State verified that the noncompliant local education agencies are correctly implementing the regulatory requirements, within one-year, through a follow-up review process. The 19 LEAs demonstrated no further non-compliance within one-year and the State has determined these LEAs are correctly implementing the specific regulatory requirements based on the following review of updated data (achieved 100% compliance). The verification review consisted of a four-step process.

First, each LEA completed a Root Cause Analysis (RCA). The RCA process requires LEAs to review their own policies, practices and procedures to ensure compliance and identify any issues within their policies, practices and procedures which may be causing the noncompliance to occur. Each of the LEAs submitted a completed RCA to the state which identified varying contributing factors for the noncompliance. The factors ranged from the need to establish internal procedures when timelines primarily occur during non-working and non-school days and establishing processes for monitoring timelines.

Second, the State reviewed each of the RCAs submitted by the LEAs along with the policies, practices and procedures. A Corrective Action Plan (CAP) was developed for each of the LEAs to address the areas of noncompliance the LEA and state identified whether regulatory or non-regulatory, which contributed to the noncompliance. The CAP included action steps, timelines for completion of each action step and the documentation needed to verify that each LEA completed the required action step(s) for the identified issues. The LEAs submitted documentation evidencing all action steps were complete, the state reviewed the documentation submitted for each action step and verified that each item in the CAP was corrected for each LEA.

Third, an independent Prong 2 review of updated data was completed through LEA file reviews and information, along with a review of subsequent data submitted by the LEAs to the State in the STARS data system. The state collected signed parental consents and initial evaluations that happened after the notification of noncompliance. All documents and data reviewed demonstrated each LEA was 100% compliant with the 60-day timeline. The State; therefore, determined each LEA completed all actions necessary to ensure the regulatory requirements are being implemented correctly.

Fourth, once the State was assured the LEA was correctly implementing regulatory requirements through steps one through three, the CAP was closed by the State. Each of the LEAs were verified and validated to be implementing the regulatory requirements within one year, from the identification of the noncompliance. Therefore, in accordance with the requirements of QA 23-01, the state verified that all 19 LEAs, that were the source of non-compliance are correctly implementing the regulatory requirements.

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

The State verified that each individual case of non-compliance was corrected by the 19 LEAs found to have non-compliance through the following process.

First, the State reviewed the indicator 11 Summary Report generated by the Student Teacher and Reporting System (STARS) system, the State's database, to obtain a list of students that did not have an evaluation completed by the 60-day timeline. The State then verified that each student, in which the timeline was missed, received an initial evaluation through a review of the STARS data. If the evaluation date was not in the STARS system, the State contacted the LEA and requested evaluation and parent consent for evaluation documentation to determine the status of the evaluation. The State monitored the STARS system until each evaluation was completed and/or documentation was provided to confirm each student received an evaluation. Each individual case of non-compliance was verified as corrected.

Second, the State then verified with its special education dispute resolution team to ensure that no state complaint or due process CAPs existed for the 19 LEAs based on the 60-day timeline requirement for initial evaluations. After reviewing the data, the legal team found none of the 19 LEAs had an open or closed CAP for a specific student in which the LEA missed the timeline. Therefore, in accordance with the requirements of QA 23-01, the state verified that all 19 LEAs corrected each individual case of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2020 | 3 | 3 | 0 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

In accordance with the OSEP Memo 09-02 and he OSEP State General Supervision Responsibilities Under Parts B of the IDEA document (OSEP QA 23-01), the State verified that the source of noncompliance is correctly implementing the regulatory requirements, through a follow-up review process. The 3 LEAs demonstrated no further non-compliance within one-year and the State has determined these LEAs are correctly implementing the specific regulatory requirements based on the following review of updated data (achieved 100% compliance). The verification review consisted of a three-step process.

 First, each LEA completed a Root Cause Analysis (RCA). The RCA process requires LEAs to review their own policies, practices and procedures to ensure compliance and identify any issues within their policies, practices and procedures which may be causing the non-compliance to occur. Each of the LEAs submitted a completed RCA to the state which identified varying contributing factors for the non-compliance.

Second, the State reviewed each of the RCAs submitted by the LEAs along with the policies, practices and procedures. A Corrective Action Plan (CAP) was developed for each of the LEAs to address the areas the LEA and state identified, whether regulatory or non-regulatory, that are contributing to the non-compliance. The CAP included action steps, timelines for completion of each action step and the documentation required to verify each LEA completed the required action step(s) for the identified issues. The LEAs were required to submit documentation evidencing all action steps were complete, the state reviewed the documentation submitted for each action step and verified each item as corrected. Once all action steps of the CAP were completed and the state was assured the LEA was correctly implementing regulatory requirements, the CAP was closed by the state. The State implemented a new process which added rigor to the process and includes a final review of all information and determination for CAP closure by the Deputy Director of Special Education.

Third, subsequent data submitted by the LEAs into the State’s database, STARS, was reviewed by the state. At the time the data was reviewed, each of the LEAs had a score of 100% for Indicator 11. In addition, the State instituted a new process to include an independent review of LEA files and information. The state collected signed parental consents and initial evaluations for review for a random sampling of students. All documents reviewed demonstrated each LEA was compliant with the 60 day timeline. Once the STARS data and documents were verified, the state determined each LEA met the above conditions for each of the three steps necessary to ensure the regulatory requirements are being implemented correctly, and thereby each of the 3 LEAs were correctly implementing the regulatory requirements.

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

The State verified that each individual case of non-compliance was corrected. First, the State reviewed the indicator 11 Summary Report generated by the STARS system to obtain a list of students that did not have an evaluation completed by the 60 day timeline.

Second, the State reviewed the Indicator 11 Summary Report to determine if an evaluation date was entered for each student identified in the first step, even if the date was after the 60 day timeline. If the evaluation date was in the STARS system, the individual case of non-compliance was considered corrected. If the evaluation data was not in the STARS system, the State contacted the LEA and requested evaluation and parent consent for evaluation documentation to determine the status of the evaluation. The State monitored the STARS system until each evaluation was completed and/or documentation was provided to confirm each student received an evaluation. All students in the LEAs identified in the first step had an evaluation completed within one year as verified through the STARS system or a documentation review, thus it was determined each individual case of non-compliance was corrected as required.

## 11 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether it has established a timeline, and if so, what the State's timeline is for initial evaluations, as required by the Measurement Table.

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining 3 uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2021 and each LEA with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The State timeline used is the 60 day timeline. State rules have been revised to provide clarity for LEAs to ensure that evaluations are completed within established timelines and ensure there are no undue delays. These new rules became effective on July 1, 2023 and the data reflective of these new rules will be reported in the FFY2023 SPP/APR.

The State has verified that each LEA with noncompliance identified in FFY 2021 for this indicator is: (1) 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. The State has also describe the specific actions that were taken to verify the correction.

The State has also demonstrated, in this FFY 2022 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2020 were corrected.

## 11 - OSEP Response

## 11 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 12: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priorit**y: 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**

 a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.

 b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.

 c. # of those found eligible who have an IEP developed and implemented by their third birthdays.

 d. # 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.

 e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.

 f. # 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.

Targets must be 100%.

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.

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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) 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 2022 SPP/APR, the data for FFY 2021), 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

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 94.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.48% | 83.90% | 97.41% | 91.64% | 95.49% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 SPP/APR Data**

|  |  |
| --- | --- |
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.  | 1,109 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.  | 18 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.  | 900 |
| 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.  | 2 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays.  | 140 |
| 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 |

| **Measure** | **Numerator (c)** | **Denominator (a-b-d-e-f)** | **FFY 2021 Data** | **FFY 2022 Target** | **FFY 2022 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. | 900 | 949 | 95.49% | 100% | 94.84% | Did not meet target | No Slippage |

**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**

49

**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.**

Of the 49 children included in (a) and no other category, the range of days beyond the third birthday is 1 to 195 days beyond the third birthday when eligibility was determined and the IEP developed. The reasons for the delays are as follows:
- 4.76% Due to withdrawal of children from Part C by Parent prior to child’s third birthday. This creates delays for Part B to schedule evaluations.
- 7.14% 3rd birthday on weekend, holiday or during other school closure. LEAs did not have plans in place to monitor dates and ensure IEPs were completed and implemented before the days off.
- 21.43% Parents requested a delay in holding the IEP meeting which caused development and implementation delays.
- 66.67% Evaluation scheduling issues and/or difficulty scheduling IEP with parent which caused evaluation delays.

**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.**

The State collects the data for Indicator 12 through the State database, the Student Teacher Accountability Reporting System (STARS). Data is collected four times each school year as required by State statute. The reporting periods are named the 40 day, 80 day, 120 day and End of Year. At each reporting period, LEAs upload their data into the STARS system. The STARS system contains business rules which compares each child's third birthdate to the date(s) the IEP was developed and implemented. LEAs that do not have an IEP developed and implemented by a child's third birthday, must submit a non-compliance code with their data to indicate the reason(s) the timeline was missed.

Once the LEAs have submitted their data, State staff review the LEA data. Two reviews of the data are conducted. The first review is a Data Quality Review to ensure the data is timely, valid and reliable. This review is completed by the Data Supervisor and Data Analyst. The second review is the General Supervision Review, where the data is reviewed by program staff to ensure LEAs are meeting the IDEA, part B requirements including compliance with indicator 12 timelines. Any issues are noted and LEAs are supported with identified issues.

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

The State is grappling with a shortage of school staff needed to complete evaluations. This issue is impacting LEA ability to complete evaluations as limited staff are working to complete the evaluations within required timelines.

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 16 | 16 |  | 0 |

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

In accordance with the OSEP State General Supervision Responsibilities Under Part B of the IDEA document (OSEP QA 23-01), the State verified that the noncompliant local education agencies are correctly implementing the regulatory requirements, within one-year, through a follow-up review process. The 16 LEAs demonstrated no further non-compliance within one-year and the State has determined these LEAs are correctly implementing the specific regulatory requirements based on the following review of updated data (achieved 100% compliance). The verification review consisted of a four-step process.

First, each LEA completed a Root Cause Analysis (RCA). The RCA process requires LEAs to review their own policies, practices and procedures to ensure compliance and identify any issues within their policies, practices and procedures which may be causing the noncompliance to occur. Each of the LEAs submitted a completed RCA to the state which identified varying contributing factors for the noncompliance. The factors ranged from difficulties scheduling evaluations to parents requesting a delay in the process.

Second, the State reviewed each of the RCAs submitted by the LEAs along with the policies, practices and procedures. A Corrective Action Plan (CAP) was developed for each of the LEAs to address the areas of noncompliance the LEA and state identified whether regulatory or non-regulatory, which contributed to the noncompliance. The CAP included action steps, timelines for completion of each action step and the documentation needed to verify that each LEA completed the required action step(s) for the identified issues. The LEAs submitted documentation evidencing all action steps were complete, the state reviewed the documentation submitted for each action step and verified that each item in the CAP was corrected for each LEA.

Third, an independent Prong 2 review of updated data was completed through LEA file reviews and information, along with a review of subsequent data submitted by the LEAs to the State in the STARS data system. The state collected data on third birthdays for each student and compared that to Individualized Education Programs (IEPs) that were developed after the notification of non-compliance, for a random sampling of students. All documents and data reviewed demonstrated each LEA was 100% compliant by completing and implementing the IEPs for each student. The State; therefore, determined each LEA completed all actions necessary to ensure the regulatory requirements are being implemented correctly.

Fourth, once the State was assured the LEA was correctly implementing regulatory requirements through steps one through three, the CAP was closed by the State. Each of the LEAs were verified and validated to be implementing the regulatory requirements within one year, from the identification of the noncompliance. Therefore, in accordance with the requirements of QA 23-01, the state verified that all 16 LEAs, that were the source of non-compliance are correctly implementing the regulatory requirements.

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

The State verified that each individual case of non-compliance was corrected by the 16 LEAs found to have non-compliance through the following process.

First, the State reviewed the indicator 12 Summary Report generated by the Student Teacher and Reporting System (STARS) system, the State's database, to obtain a list of students that did not have an IEP developed and implemented by their third birthdays. The State then verified that each student, in which the third birthday timeline was missed, had an IEP developed and implemented, through a review of the STARS data. If the IEP date and implementation date were not in the STARS system, the State contacted the LEA and requested IEPs to determine the status of the development and implementation of the IEPs. The State monitored the STARS system until each evaluation was completed and/or documentation was provided to confirm each student had an IEP developed and implemented. Each individual case of non-compliance was verified as corrected.

Second, the State then verified with its special education dispute resolution team to ensure that no state complaint or due process CAPs existed for the 16 LEAs based on the third birthday requirement for development and implementation of an IEP. After reviewing the data, the legal team found none of the 16 LEAs had an open or closed CAP for a specific student in which the LEA missed the timeline. Therefore, in accordance with the requirements of QA 23-01, the state verified that all 16 LEAs corrected each individual case of noncompliance.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| FFY 2020 | 1 | 1 | 0 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FFY 2020**

**Findings of Noncompliance Verified as Corrected**

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

In accordance with the OSEP Memo 09-02 and he OSEP State General Supervision Responsibilities Under Parts B of the IDEA document (OSEP QA 23-01), the State verified that the source of noncompliance is correctly implementing the regulatory requirements, through a follow-up review process. The 1 LEA demonstrated no further non-compliance within one-year and the State has determined these LEAs are correctly implementing the specific regulatory requirements based on the following review of updated data (achieved 100% compliance). The verification review consisted of a three-step process.

First, the LEA completed a Root Cause Analysis (RCA). The RCA process requires LEAs to review their own policies, practices and procedures to ensure compliance and identify any issues within their policies, practices and procedures which may be causing the non-compliance to occur. The LEA submitted a completed RCA to the state which identified varying contributing factors for the non-compliance.

Second, the State reviewed the RCA submitted by the LEA along with the policies, practices and procedures. A Corrective Action Plan (CAP) was developed for each of the LEAs to address the areas the LEA and state identified, whether regulatory or non-regulatory, that are contributing to the non-compliance. The CAP included action steps, timelines for completion of each action step and the documentation required to verify the LEA completed the required action step(s) for the identified issues. The LEA was required to submit documentation evidencing all action steps were completed, the state reviewed the documentation submitted for each action step and verified each item as corrected. Once all CAP action were completed and the State was assured the LEA was correctly implementing regulatory requirements, the CAP was closed by the State. The State implemented a new process which added rigor to the process and includes a final review of all information and determination for CAP closure by the Deputy Director of Special Education.

Third, subsequent data submitted by the LEA after the notification of non-compliance into the State’s database, STARS, was reviewed by the State. At the time the data was reviewed, the LEAs had a score of 100% for Indicator 12. In addition, the State instituted a new process to include an independent review of LEA files and information. The State collected Individualized Education Programs (IEPs) for review from a random sampling of students. The IEP review demonstrated the LEA had IEPs developed and implemented by each student's third birthday. Once the STARS data and documents were verified, the state determined each LEA met the above conditions for each of the three steps necessary to ensure the regulatory requirements are being implemented correctly, and thereby the LEA is correctly implementing the regulatory requirements.

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

The State verified that each individual case of non-compliance was corrected by the 1 LEA found to have non-compliance through the following process.

First, the State reviewed the indicator 12 Summary Report generated by the Student Teacher and Reporting System (STARS) system, the State's database, to obtain a list of students that did not have an IEP developed and implemented by thee student's third birthday. The State then verified that each student, in which the timeline was missed, had an IEP developed and implemented, through a review of the STARS data. If the evaluation data was not in the STARS system, the State contacted the LEA and requested the IEP to determine the completion and implementation. The State monitored the STARS system until each IEP was completed and/or documentation was provided to confirm each student an evaluation, unless the LEA left the LEAs educational jurisdiction. Each individual case of non-compliance was verified as corrected.

Second, the State then verified with its special education dispute resolution team to ensure that no state complaint or due process CAP existed for the LEA based on the third birthday timeline requirement for completion and implementation of the IEP. After reviewing the data, the legal team found the LEA had no open or closed CAP for a specific student in which the LEA missed the timeline. Therefore, in accordance with the requirements of OSEP 09-02 and QA 23-01, the State verified that the LEA corrected each individual case of noncompliance.

## 12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2020 was corrected.
When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2021 and each LEA with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The State has verified that each LEA with noncompliance identified in FFY 2021 for this indicator is: (1) 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. The State has also describe the specific actions that were taken to verify the correction.

The State has also demonstrated, in this FFY 2022 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2020 was corrected.

## 12 - OSEP Response

## 12 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 13: Secondary Transition

**Instructions and Measurement**

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

**Compliance indicator**: Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student’s transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, 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 that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, 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 child-specific and regulatory/systemic 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) 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 2022 SPP/APR, the data for FFY 2021), 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 Year** | **Baseline Data** |
| --- | --- |
| 2009 | 98.45% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 95.87% | 96.33% | 97.63% | 99.41% | 99.30% |

**Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,570 | 1,596 | 99.30% | 100% | 98.37% | Did not meet target | No Slippage |

**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 and above. A sample is drawn from each LEAs' 40 day student data reported in STARS, the State’s data system. LEAs are required to submit IEPs to the State for the sample drawn. The State has a secure Special Education Monitoring site where LEAs upload the Individualized Education Programs (IEPs). The State reviews each IEP to determine if each of the required eight components are in the IEP and are compliant with the requirements for this indicator. IEPs that are compliant and those that are non-compliant by LEA are identified through this process.

| **Question** | **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 no, please explain**

The State's policies and procedures require that students with disabilities, starting at age fourteen, meet the secondary transition requirements. Although the data is collected and monitored, the State elects to keep the Federal and State data separate. Therefore, the State has elected to exclude the data for students that are ages fourteen and fifteen from the data reported in this SPP/APR.

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

**Correction of Findings of Noncompliance Identified in FFY 2021**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 7 | 5 |  | 2 |

**FFY 2021 Findings of Noncompliance Verified as Corrected**

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

In accordance with the OSEP State General Supervision Responsibilities Under Parts B of the IDEA document (OSEP QA 23-01), the State verified that the noncompliant local education agencies are correctly implementing the regulatory requirements, within one-year, through a follow-up review process. The 5 LEAs demonstrated no further non-compliance within one-year and the State has determined these LEAs are correctly implementing the specific regulatory requirements based on the following review of updated data (achieved 100% compliance). The verification review consisted of a four-step process.

First, each LEA completed a Root Cause Analysis (RCA). The RCA process requires LEAs to review their own policies, practices and procedures to ensure compliance and identify any issues within their policies, practices and procedures which may be causing the noncompliance to occur. Each of the LEAs submitted a completed RCA to the state which identified varying contributing factors for the noncompliance. The factors ranged from the need to establish internal procedures when timelines primarily occur during non-working and non-school days and establishing processes for monitoring timelines.

Second, the State reviewed each of the RCAs submitted by the LEAs along with the policies, practices and procedures. A Corrective Action Plan (CAP) was developed for each of the LEAs to address the areas of noncompliance the LEA and state identified whether regulatory or non-regulatory, which contributed to the noncompliance. The CAP included action steps, timelines for completion of each action step and the documentation needed to verify that each LEA completed the required action step(s) for the identified issues. The LEAs submitted documentation evidencing all action steps were complete, the state reviewed the documentation submitted for each action step and verified that each item in the CAP was corrected for each LEA.

Third, an independent Prong 2 review of updated data was completed through LEA file reviews and information. The state collected IEPs for review for a random sampling of students. All documents and data reviewed demonstrated each LEA was compliant with the requirements for secondary transition. The State; therefore, determined each LEA completed all actions necessary to ensure the regulatory requirements are being implemented correctly.

Fourth, once the State was assured the LEA was correctly implementing regulatory requirements through steps one through three, the CAP was closed by the State. Each of the LEAs were verified and validated to be implementing the regulatory requirements within one year, from the identification of the noncompliance. Therefore, in accordance with the requirements of QA 23-01, the state verified that 5 LEAs, that were the source of non-compliance are correctly implementing the regulatory requirements.

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

The State verified that each individual case of non-compliance was corrected by the 5 LEAs found to have non-compliance through the following process.

First, the State required that each IEP found to have non-compliance through the annual review of IEPs, be corrected and re-submitted to the State. The IEPs were then reviewed by the State to ensure all components are correctly addressed in the IEP. After completion of the review, the State verified that each student's IEP, in the 5 LEAs meet the secondary transition requirements. Thus, each individual case of non-compliance was verified as corrected.

Second, the State then verified with its special education dispute resolution team to ensure that no state complaint or due process CAPs existed for the LEAs based on the secondary transition requirements. After reviewing the data, the legal team found none of the LEAs had an open or closed CAP for a specific student in which the LEA had non-compliance. Therefore, in accordance with the requirements of QA 23-01, the state verified that all 5 LEAs corrected each individual case of noncompliance.

**FFY 2021 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

The State provided additional technical assistance and supports to the LEAs and to state staff to ensure that all understood the requirements for indicator 13. In addition, the requirements for the correction of non-compliance were reviewed and supported for both the LEAs and state staff as well.

**Correction of Findings of Noncompliance Identified Prior to FFY 2021**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2021 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

## 13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

**Response to actions required in FFY 2021 SPP/APR**

The State has verified that each LEA with noncompliance identified in FFY 2021 for this indicator is: (1) 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. The State has also describe the specific actions that were taken to verify the correction.

## 13 - OSEP Response

## 13 - Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining 2 uncorrected findings of noncompliance identified in FFY 2021, were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021: (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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

# Indicator 14: Post-School Outcomes

**Instructions and Measurement**

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

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

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

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

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

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

**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 3 for additional instructions on sampling.)*

Collect data by September 2023 on students who left school during 2021-2022, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2021-2022 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”:

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 of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). 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).

**II. *Data Reporting***

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

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.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2022 SPP/APR, compare the FFY 2022 response rate to the FFY 2021 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

**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 must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| A | 2020 | Target >= | 49.00% | 49.00% | 49.00% | 30.28% | 30.78% |
| A | 30.28% | Data | 40.01% | 36.80% | 35.61% | 30.28% | 31.95% |
| B | 2020 | Target >= | 76.00% | 76.00% | 76.00% | 69.53% | 80.00% |
| B | 69.53% | Data | 75.47% | 73.08% | 74.81% | 69.53% | 75.11% |
| C | 2020 | Target >= | 80.00% | 80.00% | 80.00% | 76.91% | 77.41% |
| C | 76.91% | Data | 82.82% | 77.76% | 79.42% | 76.91% | 82.57% |

**FFY 2021 Targets**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FFY** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 61.56% | 62.56% | 63.06% | 65.06% |
| Target B >= | 81.00% | 82.50% | 84.50% | 87.00% |
| Target C >= | 77.91% | 78.91% | 80.41% | 82.41% |

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**FFY 2022 SPP/APR Data**

|  |  |
| --- | --- |
| Total number of targeted youth in the sample or census | 2,691 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 2,025 |
| Response Rate | 75.25% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school  | 641 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school  | 937 |
| 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) | 63 |
| 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). | 64 |

| **Measure** | **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 2021 Data** | **FFY 2022 Target** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Enrolled in higher education (1) | 641 | 2,025 | 31.95% | 61.56% | 31.65% | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 1,578 | 2,025 | 75.11% | 81.00% | 77.93% | Did not meet target | No 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) | 1,705 | 2,025 | 82.57% | 77.91% | 84.20% | Met target | No Slippage |

**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.

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2021** | **2022** |
| Response Rate  | 76.51% | 75.25% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

The metric used to determine representativeness is +/- 5% discrepancy in the proportion of responders compared to the target group.

**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. States must include race/ethnicity in its analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

In the State's analyses of the representativeness of demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, data was analyzed by race/ethnicity, disability category as well as gender.
Race/Ethnicity:
The analysis revealed the data was representative, using the +/- 5% discrepancy, for the youth in the following racial/ethnic categories:
Asian - 0.1% discrepancy
African American - 0.3% discrepancy
Caucasian - 2.8% discrepancy
Native American - 3.7% discrepancy
Multi-Racial - 2.0% discrepancy

The only racial/ethnic category that did not meet the +/-5% discrepancy are the youth who are Hispanic. The discrepancy for the Hispanic racial/ethnic group was 8.4%; therefore, the response data was not representative of the demographics of youth who are not longer in school and had IEPs in effect at the time they left school.

Disability Category:
The analysis revealed the data was representative, using the +/- 5% discrepancy, for each of the disability categories:
Autism - 0.7% discrepancy
Deaf/Bling - .02% discrepancy
Intellectual Disability - 1.0% discrepancy
Emotional Disturbance - 0.9% discrepancy
Other Health Impairment - 0.2% discrepancy
Specific Learning Disability - 4.1% discrepancy
Speech Language - 2.3% discrepancy
Multiple Disabilities - 0.5% discrepancy
Hearing Impaired - 0.0% discrepancy
Visually Impaired - 0.3% discrepancy
Orthopedic Impaired - 3.0% discrepancy
Traumatic Brain Injury - 0.2% discrepancy

Gender:
The analysis revealed the data was representative, using the +/- 5% discrepancy, by gender:
Female - 2.1% discrepancy
Male - 2.1% discrepancy

**The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)**

NO

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

The data was not representative when analyzed by all racial/ethnic categories for the Hispanic group of students. The State will implement the following strategies to ensure that in the future the response data are responsive for Hispanic youth who are no longer in secondary school and had IEPs in effect at the time they left school:
- Make the survey available in the Spanish language.
- Have a support line available for Spanish speakers.
- Collaborate with the Division of Vocational Rehabilitation (DVR) to support the collection of this data if students are receiving DVR services.
- Collaborate with the Parent Training Centers to provide assistance in collecting the data.
- Collaborate with the Hispanic Learning Division on ideas for improving the administration of the survey.

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

To increase the response rate year over year, the State will implement the following strategies to increase the overall response rate:
- Improve communication between LEAs and the State on expectations for collecting post-school outcome data.
- Consider changing the data collection methodology to include a mailing of surveys which has not been done.
- Create a toolkit for LEAs to inform students before they leave high school, LEAs will be following in a year.
- Partner with Higher Education, special education programs, to seek out students who may be attending these programs.
- Increase awareness in communities to include newspapers, radio, television and social media advertisements.

Strategies for improving outcomes for the Hispanic group which were not representative are described in the previous section.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.**

After reviewing the data, possible non-response bias has been identified. The first possible bias is the survey was only available in English and in no other languages. Second, there were no identified supports for Spanish speaking youth who may have required assistance Spanish. Third, the State has a highly mobile population; therefore, LEAs reported that they could not get in touch with students due to changes in contact information they did not have access to. Students which could not be contacted did not have an opportunity to respond.

Steps taken to reduce bias and promote responses from a broad cross section of youth who are no longer in secondary school and had IEPs in effect the time they left school are:
- Make survey available in Spanish and other languages.
- Make survey available in various media including paper and read aloud.
- Have a support hotline available in Spanish and other languages.
- Increase outreach and establish partnerships with post-secondary institutions and support services to collect the data.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

| **Survey Question** | **Yes / No** |
| --- | --- |
| Was a survey used?  | YES |
| If yes, is it a new or revised survey? | NO |

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

## 14 - Prior FFY Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 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, and, if not, the actions the State is taking to address this issue. The State must also include its 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.

**Response to actions required in FFY 2021 SPP/APR**

The State has reported in this FFY 2022 that 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 has also included its 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.

## 14 - OSEP Response

 The State reported that the response data for this indicator were 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. In its narrative, the State reported, "The only racial/ethnic category that did not meet the +/-5% discrepancy are the youth who are Hispanic." However, in its response to actions required in FFY 2021 SPP/APR narrative, the State reported "The State has reported in this FFY 2022 that 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." Therefore, it is unclear whether the response data was representative.

## 14 - Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 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, and, if not, the actions the State is taking to address this issue. The State must also include its 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.

# 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 (E*MAPS*)).

**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 and targets 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 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/15/2023 | 3.1 Number of resolution sessions | 1 |
| SY 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/15/2023 | 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

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 55.00% - 70.00% | 55.00% - 70.00% | 55.00%-70.00% | 55.00%-70.00% | 55.00%-70.00% |
| Data |  | 100.00% | 100.00% |  | 33.33% |

**Targets**

| **FFY** | 2022 (low) | 2022 (high) | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target >= | 55.00% | 70.00% | 55.00% | 70.00% | 55.00% | 70.00% | 55.00% | 70.00% |

**FFY 2022 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2021 Data** | FFY 2022 Target (low) | FFY 2022 Target (high) | FFY 2022 Data | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 | 33.33% | 55.00% | 70.00% | 100.00% | Met target | No Slippage |

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

## 15 - Prior FFY Required Actions

None

## 15 - OSEP Response

## 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 (E*MAPS*)).

**Measurement**

Percent = (2.1(a)(i) + 2.1(b)(i)) 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 mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets 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 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1 Mediations held | 50 |
| SY 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.a.i Mediations agreements related to due process complaints | 18 |
| SY 2022-23 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/15/2023 | 2.1.b.i Mediations agreements not related to due process complaints | 21 |

**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

**Targets: Description of Stakeholder Input**

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

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Feedback Summary:
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Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
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5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 61.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2017** | **2018** | **2019** | **2020** | **2021** |
| Target >= | 75.00% - 85.00% | 75.00% - 85.00% | 75.00%-85.00% | 70.00%-80.00% | 70.00%-80.00% |
| Data | 68.29% | 71.43% | 69.57% | 70.83% | 79.31% |

**Targets**

| **FFY** | 2022 (low) | 2022 (high) | 2023 (low) | 2023 (high) | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Target >= | 70.00% | 80.00% | 70.00% | 80.00% | 70.00% | 80.00% | 70.00% | 80.00% |

**FFY 2022 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 2021 Data** | **FFY 2022 Target (low)** | **FFY 2022 Target (high)** | **FFY 2022 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18 | 21 | 50 | 79.31% | 70.00% | 80.00% | 78.00% | Met target | No Slippage |

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

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

# Indicator 17: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

**Instructions**

**Baseline Data*:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

**Targets*:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis:*

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which, is in addition to the Phase I content (including any updates)) outlined above):

- Infrastructure Development;

- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which, is in addition to the Phase I and Phase II content (including any updates)) outlined above):

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., February 1, 2023). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2022 APR, report on anticipated outcomes to be obtained during FFY 2023, i.e., July 1, 2023-June 30, 2024).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2022 APR, report on activities it intends to implement in FFY 2023, i.e., July 1, 2023-June 30, 2024) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 17 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

To increase the reading proficiency of students with disabilities in second grade, as measured by statewide standardized reading assessments in schools participating in the ECLIPSE program.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

The subset of the population for indicator 17 is second-grade students with disabilities at forty ECLIPSE program Schools. There are a total of 77 schools, 40 schools participated in the Fall of 2022, and are all in one district. The ECLIPSE program aims to improve literacy outcomes for children with disabilities in grades kindergarten through third grade. Through the ECLIPSE program, collaborations with administrators, educators, communities, and families occur to ensure students with disabilities receive individualized and comprehensive literacy instruction with measurable results.

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

NO

**Please provide a link to the current theory of action.**

https://webnew.ped.state.nm.us/wp-content/uploads/2024/02/ECLIPSE-Theory-of-Action-FFY-2022.pdf

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2019 | 12.40% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **Current Relationship** | **2022** | **2023** | **2024** | **2025** |
| Target | Data must be greater than or equal to the target | 17.00% | 17.60% | 18.60% | 20.10% |

**FFY 2022 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grade 2 SWD Reading Proficiency** | **Total SWDs in Grade 2** | FFY 2021 Data | FFY 2022 Target | FFY 2022 Data | **Status** | **Slippage** |
| 21 | 202 | 16.46% | 17.00% | 10.40% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The year 2022 saw a decline in performance which was attributed to adjustments in program management, the introduction of new coaches, and inadequate communication. In addition to the decline in performance, many schools were still experiencing shifts back to in-person schooling in 2022. These changes in learning environments may have also contributed to the challenges faced by students and educators alike.

**Provide the data source for the FFY 2022 data.**

The FFY 2022 data source is the End of Year (EOY) collection of Istation data as reported by the Accountability Office of the New Mexico Public Education Department.

**Please describe how data are collected and analyzed for the SiMR**.

The SIMR targets the reading proficiency of 2nd-grade students with disabilities in ECLIPSE participating schools and is measured using the Istation assessment data. Student performance scores are collected and compiled by the Istation software after assessment completion. Istation shares the data with the New Mexico Public Education Department's Accountability Office, which then sends the data for the 40 schools to the ECLIPSE team for evaluation purposes. The ECLIPSE team reviews and analyzes the data of 2nd-grade students with disabilities by averaging proficiency rates and the overall proficiency rates at the 40 participating schools. The proficiency rate of EOY Istation scores will determine progress toward the SIMR target.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

The lingering impact of COVID-19 is still prevalent in our state. The COVID-19 pandemic has presented unique challenges for New Mexico's data collection efforts regarding the indicator. The pandemic's restrictions on some in-person data collection, coupled with the rural nature of certain schools and the strain on resources, have made it difficult to accurately gather data. This will have long-term implications on the state's ability to meet federal requirements. To address this issue, steps were taken to mitigate the impact of COVID-19 on data collection. The state has provided guidance to schools and districts on remote data collection methods, such as online platforms and other technology. The state has also increased communication with schools and districts to ensure they understand the importance of data collection and have the necessary support to collect accurate data. Despite these efforts, the lingering effects of the pandemic continue to impact data completeness, validity, and reliability. Therefore, the state will continue monitoring the pandemic's impact on data collection and take appropriate measures to address any ongoing challenges. This is necessary to ensure that reliable data is collected, enabling informed decision-making and progress tracking for the indicator.

**Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State’s current evaluation plan.**

https://webnew.ped.state.nm.us/wp-content/uploads/2024/02/SSIP-Implementation-Evaluation-Plan-FFY-2022.pdf

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

NO

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period:**

In the third year under the management of the Special Education Division of the New Mexico Public Education Department (NMPED), ECLIPSE prioritized improving its program's support through planning and operations activities. The team relied on data analysis to guide decision-making, conducting an internal evaluation of the program using a variety of qualitative and quantitative tools. These included Google Forms, Excel, Tableau, participant surveys, interviews, observations, Istation scores, coaching logs, contractors' invoices, and other program artifacts. Based on the overall program evaluation results, we gauged the performance of our program contractors and identified the need to hire an outside program evaluator during the 2021 school year to support improvement strategies. This trial period was beneficial and will be fully utilized moving forward.
Stakeholder engagement was also a key focus for ECLIPSE program, encompassing family, school team participants, community, and contracted support specialist engagement. All levels of stakeholder engagement relied on data to determine areas for improvement and support. To facilitate collaboration, the ECLIPSE team implemented internal processes such as using Google Docs to co-develop protocols, held regular meetings with participants and program and agency partners, published a newsletter, and established a web page. ECLIPSE team members also communicated values, vision, mission, and goals to all stakeholders. In addition, select community representatives gathered as members of the IDEA B panel five times during the reporting period, during which the ECLIPSE team presented the strategic plan based on data analysis.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Planning/operational activities:
Thirty-seven schools were provided with support through the ECLIPSE program for systemic improvement efforts, as Istation data continued to show that students with disabilities (SWDs) at these schools had been among the lowest in the state. The program faced issues due to a continued lack of communication among participants. To address these issues, collaborative efforts were made to define updated program values and goals, along with the creation of a newsletter, web page, and an updated guidance manual. These initiatives helped to clear up misconceptions, fostered greater stakeholder motivation, trust, and collaboration, enhancing program participation sustainability. After conducting evaluations of contractor work, it was discovered that there were areas of overlap in roles and responsibilities. As a result, non-negotiables, staff accountability and monitoring increased, and sustainability was improved in the long term. Bi-monthly meetings with all contractors were established and organized by the ECLIPSE team. A review and update of the strategic plan should cover all aspects of the systemic framework, including governance, data, finance, staffing, accountability, quality standards, professional development, and technical assistance. A program evaluator was hired to fully support improvement strategies. Short-term and intermediate outcomes include maintaining timelines, improving data collection and analysis, and developing new areas. Collaborating with evaluators will enhance sustainability and progress towards the SiMR.
Support for Schools:
Data analysis through state REC Data-Based Targeted Assistance informed targeted assistance decisions, with student Istation data indicating specific areas of weakness in literacy. This led to the provision of professional development support and targeted assistance, resulting in short-term outcomes that supported ECLIPSE schools in analyzing data and making decisions that impacted progress toward the SiMR. The outcomes of this data analysis included the development of school teams with strong data literacy, moving towards long-term goals of sustainability. The short-term outcomes of administrative coaching supported by PSB for principals include analyzing data on teacher coaching, instructional outcomes, and professional development. These decisions have an impact on the progress toward the SiMR. An intermediate outcome of this coaching is the intentional use of evidence-based practices to move toward the SiMR. The coaching program at CORE NMSU had a positive impact on internal processes and strategic planning, with both short-term and intermediate outcomes observed. One of the short-term outcomes was the identification of differing coaching log topics, leading to clear coaching and professional development needs. An intermediate outcome was the improved use of evidence-based practices by teachers, resulting in progress toward the SiMR..
ECLIPSE's school allocation strategy is designed to cater to the specific needs of each classroom, ensuring that essential materials and supplies are provided to support Structured Literacy in SWD classrooms. The allocation of resources not only facilitates teacher coaching and professional development but also incorporates elements of accountability, monitoring, data analysis, and financial planning. Ultimately, the intermediate outcomes of this system are geared toward driving student learning, leading to tangible progress toward the SiMR.
Instructional Coaching provided teachers with innovative strategies and objectives to enhance literacy outcomes for SWD by utilizing professional development and data within the framework of established systems. The data collected indicated a positive short-term effect of the teachers feeling more supported. Instructional coaching aims to transform adult behavior and implementation towards SWD, resulting in the attainment of the SiMR and long-term sustainability.
Stakeholder Engagement:
Continuing with our commitment to literacy, we have implemented ongoing training programs for families with a stronger focus on Structured Literacy. Through these programs, families are equipped with effective strategies to support students with disabilities (SWDs) in the home, thereby increasing opportunities for student learning and achievement. Additionally, we have family literacy events where families receive hands-on supplies to support literacy-based activities at home. Our surveys have shown that families feel better prepared to support their students at home, which ultimately contributes to our SiMR achievement goals. These training programs for families are an essential component of our data and accountability/monitoring framework.
According to surveys conducted by the district/school, Special Education Instructional Providers (SIPs) greatly valued the collaborative opportunities and support provided by SIP gatherings. These gatherings offered SIPs a chance to connect with fellow educators, share strategies, and receive emotional support, resulting in positive short-term impacts on their social-emotional well-being. This, in turn, contributes to the long-term sustainability of the program, including teacher retention. To achieve this, we worked closely with APS teacher support specialists, curriculum and instruction, special education, and behavioral health experts, resulting in the creation of ECLIPSE toolkits as a tangible outcome.
During interactions between ECLIPSE and contractors, it became evident that there is a need for improved communication. This will ensure that service providers maintain consistency in their philosophies and messaging, thereby reducing confusion and supporting their roles and responsibilities. As an intermediate outcome, monthly individual contractor and large group meetings have been established to facilitate communication and collaboration. During agency collaborative conversations, the team discussed and reinforced their newly adopted philosophies of the mission, vision, values, and goals. This helped to reduce overlapping and redundant requirements among agency teams, including Structured Literacy initiatives and Multi-Layered Systems of Support (MLSS).

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

The State plans to continue with the current strategic plan and include few adjustments, as summarized in the following steps:
1. Planning/Operational Activities: Expand the ECLIPSE team by adding another coordinator and hiring an additional curriculum specialist to increase capacity for expansion.
Expand the role of the external evaluator further to contribute more to data, planning, and operational activities. This will result in a more comprehensive operational plan and increased accountability in meeting timelines.2. Data Analysis
Develop a comprehensive data analysis component that includes collection and analysis from educators, coaches, and contractors based on insights from the pilot.
A new data analysis protocol will be implemented with the help of an outside evaluator. The protocol will establish timelines for data collection and analysis involving various stakeholders. The goal is to continue to improve accountability for adhering to the established timelines and protocols.
2. School Support Services: Expand the family literacy component by including EPICS. EPICS is a community parent resource center that serves New Mexico families who have Native American children with disabilities. The anticipated outcome of this strategy is to improve understanding of student literacy expectations and support their child to improve their literacy skills at home.
3. Stakeholder Engagement: Create a Networked Improvement Community to involve stakeholders from different groups such as higher education institutions, parent advocacy groups, agencies, contractors, districts, and parents. This will improve collaboration and build a sustainable program.

**List the selected evidence-based practices implement in the reporting period:**

For the FFY 2022 SSIP reporting period, the New Mexico ECLIPSE (Indicator 17) program continued its implementation of evidence-based practices. The Special Education Division has five evidence-based practices that provide a framework for improvement throughout the state's public education system. These include:
1) Data Driven Instruction
2) Leadership, Observation, Coaching and Feedback Cycles
3) School/District Culture: Family/Community Engagement
4) School Culture: Teacher Collaboration
5) Structured Literacy PD and Implementation. New Mexico is now focusing on statewide structured literacy initiatives following evidence from the science of reading which has been championed by the governor.

**Provide a summary of each evidence-based practices.**

Each of the following evidence-based practices supports the SiMR because they lead to changes in adult behavior that support students with disabilities improvement in reading outcomes.
1. Data-Driven Instruction: The Regional Education Cooperatives (RECs) in the state provided online or in-person data-driven instruction to school principals and special education teachers. ECLIPSE schools were able to complete formative assessments during the school year. RECs analyzed the assessment data and provided data-driven instruction training. CORE NMSU provided instructional coaching to ECLIPSE special education teachers; anecdotal assessment data was analyzed, and the next steps were determined.
2. Leadership, Observation, Coaching, and Feedback Cycles: Priority Schools Bureau, an interagency partner, provided year-long professional development training to administrators.
3. School/District Culture: Family/Community Engagement: An REC and Parents Reaching Out (PRO) provided online and or in-person parent/family literacy events focused on SWDs. Parents/families were provided tote bags with hands-on literacy materials (for example index cards, activities, and whiteboards) to support their child's reading at home.
4. School Culture: Teacher Collaboration: CORE NMSU instructional coaches supported special education teachers and their general education partners by facilitating collaborative discussions about shared students with disabilities.
5. Structured Literacy PD and Implementation: CORE NMSU and REC partners received ongoing Structured Literacy training to aid in their support of teachers at ECLIPSE schools with implementing Structured Literacy methodologies.

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child /outcomes.**

1. Data-Driven Instruction: With data-driven instruction, teachers use data to make instructional decisions based on their individual students’ performance and the trends and patterns they identify at a classroom and school level. When done successfully, teachers will change instructional practices based on individual student needs. Specifically, ECLIPSE focuses on analyzing student performance on Istation components. For example, if Istation data consistently indicates a weakness in kindergarten phonemic awareness, ECLIPSE specialists support teachers with adjusting their instruction to target that skill. Making instructional decisions based on student data increases student outcomes by providing them with the instruction they need.
2. Leadership, Observation, Coaching, and Feedback cycles: School principals play a crucial role in affecting school change. They can directly impact positive change in teachers and teaching strategies which impacts student performance by consistently observing teachers and providing feedback.
3. School/District Culture: Family/Community Engagement: ECLIPSE supports schools to increase their family engagement. The literacy events help train parents in hands-on fun literacy-based activities to support their child’s reaching at home. This increases the knowledge and skills of our parents/guardians about literacy development, which then supports child outcomes and progress toward the SIMR.
4. School Culture: Teacher Collaboration: ECLIPSE provides partner teachers with time and a framework for collaborative dialogues about shared students with disabilities. Collaboration between special education teachers and their general education partners is critical in ensuring that students with disabilities are successful in their Least Restrictive Environment. For example, collaboration provides general education teachers with the support needed to implement IEPs with fidelity.
5. Structured Literacy PD and Implementation: Evidence suggests that most students can learn how to read when taught with Structured Literacy methods. ECLIPSE coaches provide teachers with support in implementing Structured Literacy principles and practices.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

To monitor the fidelity of implementation of the selected evidence-based practices and assess practice change we used data obtained from ECLIPSE participant surveys, verbal feedback gained during interviews, coaching and targeted assistance logs, REC and coaching invoices, observations, meeting notes, anecdotal records, and formative student reading assessments (Istation). The ECLIPSE program team used a variety of analysis tools and diagrams to evaluate the efficacy of the program and to identify change initiatives. Data was analyzed to monitor program efficacy and modifications were made in response to individual school and teacher needs. For example, if observations and coaching logs noted staff needed additional training in early literacy instruction, steps were taken to provide that training. ECLIPSE identified the need to streamline the response to data analysis and has modified internal processes to better address the fidelity of implementation and assess practice change.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

No other data was collected that would support the decision to continue the ongoing use of each evidence-based practice.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

ECLIPSE plans to make improvements to current activities and strategies within the identified EBPs along with an expansion of ECLIPSE school teams in the future.
1. Data-Driven Instruction - Our primary goal is to provide reliable data analysis that will aid in making informed instructional decisions. We will also conduct training sessions for school teams to enable them to recognize trends, categories, and patterns in student performance. Additionally, we will teach them how to conduct a root cause analysis to identify any barriers to student learning. As a result, we expect to see an improvement in their ability to conduct data analysis and an increased capacity to identify obstacles to student learning, particularly in reading.
2. Leadership Observation, Coaching, and Feedback Cycles - Administrators at the school will be provided with continued professional development on Structured Literacy. The purpose of this training is to enable them to observe, coach, and offer feedback to teachers. By doing so, they will be reinforcing the learned strategies, leading to a greater adoption of evidence-based practices, and ultimately making a significant impact on student reading proficiency.
3. School/District Culture: Family/Community Engagement - We will continue providing family literacy events in FFY 2023. Schools will have a choice between remote and in-person events. To measure participation, we will track attendees and their feedback, with the goal of increasing participation. Parents Reaching Out and EPICS will also conduct literacy events. The aim is to improve parents' ability to support their children's literacy at home.
4. School Culture: Teacher Collaboration – New Mexico is currently experiencing a shortage of specialized educators and substitutes, which is affecting the quality of education for students with disabilities. As a solution, the state continues to request salary increases and has actively engaged with stakeholders to promote collaboration. With the continued help of CORE NMSU, partner teachers will receive support to enhance student reading proficiency and achieve progress toward SiMR goals.
5. Structured Literacy PD and Implementation - We are planning to host a Special Education Structured Literacy Summit to enhance coaches' and teachers’ content knowledge of implementing Structured Literacy methods when teaching students with disabilities. The Summit will aid in exploring strategies for adapting Structured Literacy methods for specialized instruction. We anticipate that this will improve student reading proficiency and progress toward the SiMR. Additionally, we plan to adjust and enhance the online orientation course in Canvas, the NMPED learning management system, which will support greater adoption of EBPs, ultimately impacting student reading proficiency.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

The evaluation data has indicated that the changes made are starting to have a positive effect on student proficiency rates. We plan to continue to implement the SSIP without modifications and closely monitoring the trends towards the program goals.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

Mechanism for Broad Stakeholder Input:
During FFY2022, the State held stakeholder meetings as the mechanism for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions. The meetings were held in-person for the first time following the COVID-19 pandemic. An online option was available for stakeholders that were not able to meet in person. In the meetings, Stakeholder groups reviewed the FFY2021 data, and the baselines and targets established for FFY 2020-2025. The groups analyzed the data to determine if established baselines and targets established in the prior year, were still an accurate depiction of the state’s performance trajectory. The meetings also allowed time for stakeholders to provide input on improvement strategies and progress for the SPP/APR indicators. The State also revised its methodology for Indicators 4a and 4b in which the information was shared with stakeholders and input was sought. In addition, the State also proposed a revised LEA annual determination rubric to include target indicators. The revised rubric will be used with FFY2023 LEA annual determinations and is consistent with the information in the OSEP Question and Answer document QA 23-01.

Stakeholder meeting information including meeting logistics and presentations are available on the Special Education Division (SED) website for the public and any interested individual to access. Flyers were created and LEAs were asked to disseminate the information to their staff, parents, and students. The Parent Training Centers (PTCs) were asked to share the meeting information with parents including through social media. Other groups such as tribes, IDEA panel members, the State Special Education Ombud, and other parent advocacy groups were sent invitations to each of the meetings.

Any stakeholder that wanted to provide feedback but could not attend the meetings, had an opportunity to do so. On the State’s stakeholder page, individuals can click on the link and share their input with the state staff by completing an input form. The feedback received from the website is also considered when making revisions and establishing targets.

Feedback Summary:
For Indicators 4a and 4b, the State’s methodology was proposed to be changed to meet OSEP requirements as indicated in the FFY2021, SPP/APR OSEP Responses and Required Actions. Stakeholders were presented with the new proposed methodology in which the cell size of 10 requirement was removed, the N size was reduced to 10 and a rate ratio of 3.0 was introduced. In comparison to the previous methodology, where a cell size and N size of 10 were required as well as a risk ratio of 1 percentage point above the state rate. Stakeholders had no objections or concerns with the new methodology. The State will use the new methodology to apply to the Indicator 4 data reported in this FFY2022 State Performance Plan/Annual Performance Report (SPP/APR).

Indicator 17, State Systemic Improvement Plan:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA panel members were engaged in the ECLIPSE program presentation on Indicator 17 and updates. An ECLIPSE panel committee provided qualitative feedback via a Google Form survey. The panel members conveyed the program is making progress in improving literacy outcomes forward for students with disabilities. Recommendations included increasing parental involvement and increased awareness of the program's successes.
2. A virtual ECLIPSE stakeholder meeting was held during the 2022-2023 school year. Stakeholders in attendance included the ECLIPSE staff, Regional Education Cooperative (REC) coordinators, Special Education Directors, and ECLIPSE school principals. Stakeholders in attendance were provided with ECLIPSE program details for the upcoming school year and verbal feedback about the ECLIPSE Program at the end of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased. Parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. A summary of parent comments included that the engagement sessions provided a lot of great information, it was a fun learning experience, and they looked forward to future meetings.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end of year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the program to illustrate its impact so adjustments can be made to better inform ourselves and our stakeholders of progress.

 **Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

The ECLIPSE program engaged stakeholders in key improvement efforts with the following strategies:
1. ECLIPSE program coordinators presented data and program updates to the state IDEA Panel (members include: parents, advocates, state staff, and educators) during the 2022-2023 school year. IDEA Panel members participated and were engaged in the ECLIPSE program presentations and breakouts with a panel committee. An ECLIPSE IDEA Panel committee met as a small group to discuss the program. The ECLIPSE IDEA Panel Committee provided EOY qualitative program feedback via a Google survey.
2. One ECLIPSE stakeholder meeting was held during 2022-2023 via the Zoom online platform. Stakeholders included the ECLIPSE staff, Regional Education Cooperative Executive Directors (REC'S), Special Education Directors, ECLIPSE Principals, ECLIPSE Special Education Teachers, CORE NMSU Director, and Regional Education Cooperative Contractors. Stakeholders were provided with ECLIPSE program details for the school year and stakeholders provided feedback at the conclusion of the meeting.
3. Parent engagement stakeholder meetings were held in-person and through online platforms where they were provided direct literacy training via hands-on activities. If the meeting was online, materials were provided to the schools prior to the meeting. The Regional Education Cooperative (REC) contractors provided materials, activities, and training to parents in-person. The REC initiated Google Pre and Post surveys following the trainings and it indicated that the level of understanding to support reading at home increased and parental understanding of what the predicator of reading success was increased dramatically between pre and post surveys. Parents' comments included that it was a lot of great information, was a fun learning experience, and the presenters were enthusiastic and enjoyable.
4. The ECLIPSE staff initiated surveys during 2022-2023 to principals and teachers through Google Forms survey. Teachers showed dramatic increases in their knowledge of the incorporation of engagement strategies with their students due to their coaches. In a pre-survey, administrators listed that professional development on literacy is one of the greatest needs of the teachers they support. They also stated that time and equitable feedback were areas of administrative need.
5. An online end-of-year survey was sent to all ECLIPSE stakeholders as the 2022-2023 school year ended. The main consensus from the survey supported the ongoing development of the impact of the program to illustrate the impact of the program more so adjustments can be made to better inform ourselves and our stakeholders of progress.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

To address concerns communicated by stakeholders, the State proposed the following strategies:
1. Interviews with school participants and participant surveys revealed common themes for improving the program. These included: communicating clearer participant roles and responsibilities, participant non-negotiables, and expectations; sharing timelines earlier in the school year; and clarifying the program mission, goals, and values. To address these concerns, the ECLIPSE team developed expectations descriptions that were shared at the end of Spring 2022. In addition, the ECLIPSE team developed an ECLIPSE informational packet detailing program specifics and emailed ECLIPSE newsletters to program participants.
2. School administrators felt teachers needed more support with data analysis and their school staff. Targeted assistance for data analysis was increased to support school staff.
3. Special education teachers felt they did not have enough time to collaborate with general education teachers, which limited their ability to support students effectively. To address the need for increased collaboration time, school teams will have opportunities to participate in training together. For example, coaches will work with school administrators and teaching partners (special education and general education teachers who share students with disabilities). In addition, school teams with administrative involvement will work together to analyze data and conduct a root cause analysis.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

In the next fiscal year, the program goal is to increase participation in family literacy activities. Engaging families in literacy events supports progress towards the SIMR because families learn about how to reinforce EBPs their students are being taught at school. During COVID, we learned families like having the option of attending events in person or remotely. We will continue to offer both options. To measure participation in the events, we will continue to track the number of attendees at each event and obtain their feedback following the events via surveys. The ECLIPSE program did not meet our goal of a 10% increase. Five hundred forty-five (545) parents participated in the 22-23 SY which is a decrease from the 21-22 SY of 1%. We have set a target of increasing participation in family literacy events for the 2023-2024 School Year by 10%.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

In FFY 2022, family literacy events will continue to be provided. As Regional Education Cooperatives (RECs) supporting the program and additional support specialists prepare for the 23-24 SY, schools will have a choice about whether to have events remotely or in-person. To measure participation in the events, we will continue to track the number of attendees at each event and obtain their feedback following the events. A target for increasing participation in family literacy events by 10% has been set. To attain this goal the RECs will continue to be utilized to provide support to participating schools. In addition, a support group to provide additional family literacy events will be developed.

**Describe any newly identified barriers and include steps to address these barriers.**

Throughout the state, there is a shortage of special education teachers, general education teachers, and available substitute teachers. The teacher shortage is having a profound effect on schools and the ability for teachers to deliver specialized instruction to their students with disabilities. To address these barriers, the state continues to plan to pass additional legislation to increase salaries and allow retired teachers to return and teach full-time with no penalty to their retirement benefits. The state has engaged with stakeholders (teachers, LEAs, parents, and community members) to address these issues and to continue to build trust and collaboration.

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

## 17 - Prior FFY Required Actions

None

## 17 - OSEP Response

## 17 - 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:**

Charlene Marcotte

**Title:**

Deputy Director of Data and Finance

**Email:**

charlene.marcotte@ped.nm.gov

**Phone:**

505-309-1688

**Submitted on:**

04/25/24 2:27:16 PM

# Determination Enclosures

## RDA Matrix

New Mexico

2024 Part B Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination** (1)

| **Percentage (%)** | **Determination** |
| --- | --- |
| 70.00% | Needs Assistance |

**Results and Compliance Overall Scoring**

| **Section** | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 20 | 8 | 40.00% |
| **Compliance** | 20 | 20 | 100.00% |

**(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2024: Part B."**

**2024 Part B Results Matrix**

**Reading Assessment Elements**

| **Reading Assessment Elements** | **Grade** | **Performance (%)** | **Score** |
| --- | --- | --- | --- |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** (2) | Grade 4 | 98% | 1 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 94% | 0 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 13% | 0 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 93% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 22% | 0 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 91% | 1 |

**Math Assessment Elements**

| **Math Assessment Elements** | **Grade** | **Performance (%)** | **Score** |
| --- | --- | --- | --- |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 4 | 97% | 1 |
| **Percentage of Children with Disabilities Participating in Statewide Assessment** | Grade 8 | 95% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 4 | 26% | 0 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 4 | 91% | 1 |
| **Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | Grade 8 | 11% | 0 |
| **Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | Grade 8 | 92% | 1 |

**(2) Statewide assessments include the regular assessment and the alternate assessment.**

**Exiting Data Elements**

| **Exiting Data Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of Children with Disabilities who Dropped Out** | 28 | 0 |
| **Percentage of Children with Disabilities who Graduated with a Regular High School Diploma\*\*** | 71 | 1 |

\*\*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. §300.102(a)(3)(iv), in effect June 30, 2017, “the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential.”

**2024 Part B Compliance Matrix**

| **Part B Compliance Indicator** (3) | **Performance (%)**  | **Full Correction of Findings of Noncompliance Identified in FFY 2021** (4) | **Score** |
| --- | --- | --- | --- |
| **Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.** | 6.25% | N/A | 2 |
| **Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 11: Timely initial evaluation** | 98.60% | YES | 2 |
| **Indicator 12: IEP developed and implemented by third birthday** | 94.84% | YES | 2 |
| **Indicator 13: Secondary transition** | 98.37% | NO | 2 |
| **Timely and Accurate State-Reported Data** | 100.00% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | 100.00% |  | 2 |
| **Longstanding Noncompliance** |  |  | 2 |
| **Programmatic Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

**(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:** [**https://sites.ed.gov/idea/files/2024\_Part-B\_SPP-APR\_Measurement\_Table.pdf**](https://sites.ed.gov/idea/files/2024_Part-B_SPP-APR_Measurement_Table.pdf)

**(4) This column reflects full correction, which is factored into the scoring only when the compliance data are >=5% and <10% for Indicators 4B, 9, and 10, and >=90% and <95% for Indicators 11, 12, and 13.**

## Data Rubric

**New Mexico**

**FFY 2022 APR** (1)

**Part B Timely and Accurate Data -- SPP/APR Data**

|  |  |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3A** | 1 | 1 |
| **3B** | 1 | 1 |
| **3C** | 1 | 1 |
| **3D** | 1 | 1 |
| **4A** | 1 | 1 |
| **4B** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
| **12** | 1 | 1 |
| **13** | 1 | 1 |
| **14** | 1 | 1 |
| **15** | 1 | 1 |
| **16** | 1 | 1 |
| **17** | 1 | 1 |

**APR Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 21 |
| **Timely Submission Points** - If the FFY 2022 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
| **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 26 |

**(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.**

**618 Data** (2)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/****Ed Envs** **Due Date: 8/30/23** | 1 | 1 | 1 | 3 |
| **Personnel Due Date: 2/21/24** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 2/21/24** | 1 | 1 | 1 | 3 |
| **Discipline Due Date: 2/21/24** | 1 | 1 | 1 | 3 |
| **State Assessment Due Date: 1/10/24** | 1 | 1 | 1 | 3 |
| **Dispute Resolution Due Date: 11/15/23** | 1 | 1 | 1 | 3 |
| **MOE/CEIS Due Date: 5/3/23** | 1 | 1 | 1 | 3 |

**618 Score Calculation**

|  |  |
| --- | --- |
| **Subtotal** | 21 |
| **Grand Total** (Subtotal X 1.23809524) = | 26.00 |

**(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 1.23809524 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.**

**Indicator Calculation**

|  |  |
| --- | --- |
| A. APR Grand Total | 26 |
| B. 618 Grand Total | 26.00 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 52.00 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 52.00 |
| D. Subtotal (C divided by Denominator) (3) = | 1.0000 |
| E. Indicator Score (Subtotal D x 100) = | 100.00 |

**(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.23809524.**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2024 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part B 618 Data**

**1) Timely** – A State will receive one point if it submits all ED*Facts* files or the entire E*MAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **ED*Facts* Files/ E*MAPS* Survey** | **Due Date** |
| Part B Child Count and Educational Environments | C002 & C089 | 8/30/2023 |
| Part B Personnel  | C070, C099, C112 | 2/21/2024 |
| Part B Exiting | C009 | 2/21/2024 |
| Part B Discipline  | C005, C006, C007, C088, C143, C144 | 2/21/2024 |
| Part B Assessment | C175, C178, C185, C188 | 1/10/2024 |
| Part B Dispute Resolution  | Part B Dispute Resolution Survey in E*MAPS* | 11/15/2023 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | Part B MOE Reduction and CEIS Survey in E*MAPS* | 5/3/2023 |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data submitted to ED*Facts* aligns with the metadata survey responses provided by the state in the State Supplemental Survey IDEA (SSS IDEA) and Assessment Metadata survey in E*MAPS*. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection

## Dispute Resolution

**IDEA Part B**

**New Mexico**

**School Year: 2022-23**

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check “Missing’ if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

**Section A: Written, Signed Complaints**

|  |  |
| --- | --- |
| **(1) Total number of written signed complaints filed.** | 65 |
| * 1. Complaints with reports issued.
 | 33 |
| * 1. (a) Reports with findings of noncompliance
 | 28 |
| (1.1) (b) Reports within timelines | 28 |
| * 1. (c) Reports within extended timelines
 | 5 |
| * 1. Complaints pending.
 | 0 |
| (1.2) (a) Complaints pending a due process hearing.  | 0 |
| * 1. Complaints withdrawn or dismissed.
 | 32 |

**Section B: Mediation Requests**

|  |  |
| --- | --- |
| **(2) Total number of mediation requests received through all dispute resolution processes.**  | 57 |
| (2.1) Mediations held.  | 50 |
| (2.1) (a) Mediations held related to due process complaints.  | 24 |
| (2.1) (a) (i) Mediation agreements related to due process complaints.  | 18 |
| (2.1) (b) Mediations held not related to due process complaints.  | 26 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints.  | 21 |
| (2.2) Mediations pending.  | 0 |
| (2.3) Mediations withdrawn or not held.  | 7  |

**Section C: Due Process Complaints**

|  |  |
| --- | --- |
| **(3) Total number of due process complaints filed.**  | 25 |
| (3.1) Resolution meetings.  | 1 |
| (3.1) (a) Written settlement agreements reached through resolution meetings.  | 1 |
| (3.2) Hearings fully adjudicated.  | 1 |
| (3.2) (a) Decisions within timeline (include expedited).  | 0 |
| (3.2) (b) Decisions within extended timeline. | 1 |
| (3.3) Due process complaints pending.  | 0  |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 24 |

**Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)**

|  |  |
| --- | --- |
| **(4) Total number of expedited due process complaints filed.**  | 1 |
| (4.1) Expedited resolution meetings.  | 0 |
| (4.1) (a) Expedited written settlement agreements.  | 0 |
| (4.2) Expedited hearings fully adjudicated.  | 0 |
| (4.2) (a) Change of placement ordered | 0 |
| (4.3) Expedited due process complaints pending.  | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed.  | 1 |

**State Comments:**

**Errors:**

Please note that the data entered result in the following relationships which violate edit checks:

State error comments:

This report shows the most recent data that was entered by:

New Mexico

These data were extracted on the close date:

11/15/2023

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2024 will be posted in June 2024. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

## Final Determination Letter

June 21, 2024

Honorable Arsenio Romero

Cabinet Secretary of Public Education

New Mexico Public Education Department

300 Don Gaspar Avenue

Santa Fe, NM 87501

Dear Secretary Romero:

I am writing to advise you of the U.S. Department of Education’s (Department) 2024 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that New Mexico needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of New Mexico's data and information, including the Federal fiscal year (FFY) 2022 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

New Mexico's 2024 determination is based on the data reflected in its “2024 Part B Results-Driven Accountability Matrix” (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

1. a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
2. a Results Matrix that includes scoring on Results Elements;
3. a Compliance Score and a Results Score;
4. an RDA Percentage based on both the Compliance Score and the Results Score; and
5. the State’s or Entity’s Determination.

The RDA Matrix is further explained in a document, entitled “[How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2024: Part B](https://sites.ed.gov/idea/how-the-department-made-determinations/)” (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2024, as it did for Part B determinations in 2014-2023. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for New Mexico).

In making Part B determinations in 2024, OSEP continued to use results data related to:

1. the participation and performance of CWD on the most recently administered (school year 2021-2022) National Assessment of Educational Progress (NAEP), as applicable (For the 2024 determinations, OSEP using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico’s 2024 determination as it did for Puerto Rico’s 2023 determination. OSEP did not use NAEP data in making the BIE’s 2024 determination because the NAEP data available for the BIE were not comparable to the NAEP data available for the 50 States, the District of Columbia, and Puerto Rico; specifically, the most recently administered NAEP for the BIE is 2019, whereas the most recently administered NAEP for the 50 States, the District of Columbia, and Puerto Rico is 2022.)
2. the percentage of CWD who graduated with a regular high school diploma; and
3. the percentage of CWD who dropped out.

For the 2024 IDEA Part B determinations, OSEP also considered participation of CWD on Statewide assessments (which include the regular assessment and the alternate assessment). While the participation rates of CWD on Statewide assessments were a factor in each State or Entity’s 2024 Part B Results Matrix, no State or Entity received a Needs Intervention determination in 2024 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2025 determinations.

You may access the results of OSEP’s review of New Mexico's SPP/APR and other relevant data by accessing the E*MAPS* SPP/APR reporting tool using your New Mexico-specific log-on information at <https://emaps.ed.gov/suite/>. When you access New Mexico's SPP/APR on the site, you will find, in applicable Indicators 1 through 17, the OSEP Response to the indicator and any actions that New Mexico is required to take. The actions that New Mexico is required to take are in the “Required Actions” section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the “OSEP Response” and/or “Required Actions” sections.

You will also find the following important documents in the Determinations Enclosures section:

1. New Mexico's RDA Matrix;
2. the HTDMD [link](https://sites.ed.gov/idea/how-the-department-made-determinations/);
3. “2024 Data Rubric Part B,” which shows how OSEP calculated New Mexico's “Timely and Accurate State-Reported Data” score in the Compliance Matrix; and
4. “Dispute Resolution 2022-2023,” which includes the IDEA Section 618 data that OSEP used to calculate the New Mexico's “Timely State Complaint Decisions” and “Timely Due Process Hearing Decisions” scores in the Compliance Matrix.

As noted above, New Mexico's 2024 determination is Needs Assistance. A State’s or Entity’s 2024 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State or Entity’s determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State’s or Entity’s last three IDEA Part B grant awards (for FFYs 2021, 2022, and 2023), and those Specific Conditions are in effect at the time of the 2024 determination.

New Mexico's determination for 2023 was also Needs Assistance. In accordance with Section 616(e)(1) of the IDEA and 34 C.F.R. §300.604(a), if a State or Entity is determined to need assistance for two consecutive years, the Secretary must take one or more of the following actions:

1. advise the State or Entity of available sources of technical assistance that may help the State or Entity address the areas in which the State or Entity needs assistance and require the State or Entity to work with appropriate entities;
2. direct the use of State-level funds on the area or areas in which the State or Entity needs assistance; or
3. identify the State or Entity as a high-risk grantee and impose Specific Conditions on the State’s or Entity’s IDEA Part B grant award.

Pursuant to these requirements, the Secretary is advising New Mexico of available sources of technical assistance, including OSEP-funded technical assistance centers and resources at the following websites: [Monitoring and State Improvement Planning (MSIP) | OSEP Ideas That Work](https://osepideasthatwork.org/resources-grantees/program-areas/monitoring-and-state-improvement-planning-msip?tab=pa-resources), [Individuals with Disabilities Education Act (IDEA) Topic Areas](https://sites.ed.gov/idea/topic-areas/), and requiring New Mexico to work with appropriate entities. In addition, New Mexico should consider accessing technical assistance from other Department-funded centers such as the Comprehensive Centers with resources at the following link: <https://compcenternetwork.org/states>. The Secretary directs New Mexico 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. We strongly encourage New Mexico to access technical assistance related to those results elements and compliance indicators for which it received a score of zero. New Mexico must report with its FFY 2023 SPP/APR submission, due February 1, 2025, on:

1. the technical assistance sources from which New Mexico received assistance; and
2. the actions New Mexico took as a result of that technical assistance.

As required by IDEA Section 616(e)(7) and 34 C.F.R. §300.606, New Mexico must notify the public that the Secretary of Education has taken the above enforcement actions, including, at a minimum, by posting a public notice on its website and distributing the notice to the media and through public agencies.

IDEA determinations provide an opportunity for all stakeholders to examine State data as that data relate to improving outcomes for infants, toddlers, children, and youth with disabilities. The Department encourages stakeholders to review State SPP/APR data and other available data as part of the focus on improving equitable outcomes for infants, toddlers, children, and youth with disabilities. Key areas the Department encourages State and local personnel to review are access to high-quality intervention and instruction; effective implementation of individualized family service plans (IFSPs) and individualized education programs (IEPs), using data to drive decision-making, supporting strong relationship building with families, and actively addressing educator and other personnel shortages.

For 2025 and beyond, the Department is considering three criteria related to IDEA Part B determinations as part of the Department’s continued efforts to incorporate equity and improve results for CWD. First, the Department is considering as a factor OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). This factor would be reflected in the determination for each State and Entity through the “longstanding noncompliance” section of the Compliance Matrix beginning with the 2025 determinations. In implementing this factor, the Department is also considering beginning in 2025 whether a State or Entity that would otherwise receive a score of Meets Requirements would not be able to receive a determination of Meets Requirements if the State or Entity had OSEP-identified longstanding noncompliance (i.e., unresolved findings issued by OSEP at least three or more years ago). Second, the Department is considering as potential additional factors the improvement in proficiency rates of CWD on Statewide assessments. Third, the Department is considering whether and how to continue including in its determinations criteria the participation and proficiency of CWD on the NAEP.

For the FFY 2023 SPP/APR submission due on February 1, 2025, OSEP is providing the following information about the IDEA Section 618 data. The 2023-24 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2023 SPP/APR and the 2025 IDEA Part B Results Matrix and States and Entities will not be able to resubmit their IDEA Section 618 data after the due date. The 2023-24 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the EDPass or EMAPS system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, New Mexico must report annually to the public, by posting on the State educational agency’s (SEA’s) website, the performance of each local educational agency (LEA) located in New Mexico on the targets in the SPP/APR as soon as practicable, but no later than 120 days after New Mexico's submission of its FFY 2022 SPP/APR. In addition, New Mexico must:

1. review LEA performance against targets in the State’s SPP/APR;
2. determine if each LEA “meets the requirements” of Part B, or “needs assistance,” “needs intervention,” or “needs substantial intervention” in implementing Part B of the IDEA;
3. take appropriate enforcement action; and
4. inform each LEA of its determination.

Further, New Mexico must make its SPP/APR available to the public by posting it on the SEA’s website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

1. includes New Mexico's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
2. will be accessible to the public via the ed.gov website.

OSEP appreciates New Mexico's efforts to improve results for children and youth with disabilities and looks forward to working with New Mexico over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



Valerie C. Williams

Director

Office of Special Education Programs

cc: New Mexico Director of Special Education