

# Special Education

## **GENERAL SUPERVISION SYSTEM**

**MONITORING AND RESULT-BASED ACCOUNTABILITY**



**OKLAHOMA**  
Education

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## Overview

States have a responsibility under federal law to have a system of general supervision to monitor the implementation of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. The main purpose of the system is to monitor the implementation of IDEA by local education agencies (LEAs). Using this system, states are accountable for enforcing requirements and ensuring continuous improvement. This system is designed to: a) ensure compliance with federal and state regulations and b) improve services and results for students with disabilities. These correspond to the monitoring and results-based accountability elements of the General Supervision System in Oklahoma.

The Oklahoma General Supervision System (GSS) consists of several components: district monitoring and enforcement for compliance to IDEA and fiscal health, data management and reporting, fiscal governance, and dispute resolution. All components have been developed according to the high standards set by the federal Office of Special Education Programs (OSEP). This document outlines the monitoring and enforcement component of the Oklahoma GSS. Please refer to the Oklahoma State Department of Education Office of Special Education Services (OSDE-SES) website at <http://ok.gov/sde/special-education> for associated documents.

## Guiding Policies and Procedures

States are required to have policies and procedures that are aligned with IDEA [34 CFR §300.100](#). Oklahoma's special education policies and procedures support state and local implementation of IDEA.

Agencies responsible for special education and related services must abide by Oklahoma State law, policies, procedures, and the federal regulations for IDEA Parts B and C. Agencies having these responsibilities are: LEAs, educational service agencies (ESA), public charter schools not otherwise included as LEAs or ESAs, other public agencies (e.g., State schools for students with deafness and blindness and State and local juvenile and adult correctional facilities), and accredited private schools and facilities as described in the applicable federal regulations and established by Oklahoma State laws.

In an effort to assist LEAs and other entities providing special education and related services in Oklahoma, the OSDE-SES has outlined specific strategies for implementation of IDEA in the Oklahoma Special Education Handbook. Additional information about Oklahoma's policies and procedures are included in the Oklahoma Special Education Policies and the Oklahoma Special Education Process Guide, all of which are available on the OSDE-SES website.

LEAs are also responsible for developing policies and procedures and ensuring effective implementation. LEAs are required annually to complete the *Local Education Agency Assurances* and the *LEA Agreement* for Special Education in Oklahoma which ensure that all eligible students in the LEA have access to a free and appropriate public education (FAPE) ([34 CFR §300.17](#)). It is important for LEAs to also have policies and procedures in place to ensure that IDEA is implemented in accordance with the federal regulations. Failure to complete these requirements can directly affect approval of budget applications and other financial-related issues, as well as factor into decisions related to the level of support assigned an LEA through differential monitoring or selective reviews.

## IDEA State Performance Plan and Annual Performance Report

In accordance with IDEA, states are required to have a performance plan in place that evaluates the state's implementation of Part B and describes how the state will improve such implementation. This plan has been called the Part B State Performance Plan (SPP), now incorporated into the Annual Performance Report (APR). IDEA also requires states to report annually to the public and OSEP on the state educational agency's (SEA) and local educational agencies' (LEAs) performance on a set of compliance and performance indicators through the APR every February. The LEA report in Oklahoma is called the District Data Profile (DDP) and is issued annually in middle fall. The SPP/APR and DDP reports are available on the [OSDE-SES Data website](#).

The indicators used in the reports measure compliance and performance in the areas of graduation and dropout rates, school environments and services, child find (including disproportionate representation by race/ethnicity that is the result of inappropriate identification), assessment and early childhood outcomes, dispute resolution, and transition services. States must use the indicator targets established in the SPP under [34 CFR §300.601](#) and the priority areas described in [34 CFR §300.600\(d\)](#) to analyze the performance of each LEA. The annual targets for state improvement are set periodically by a group of statewide stakeholders and the IDEA B State Advisory Panel.

## Differentiated Monitoring and Levels of Support

OSDE-SES identifies a differentiated monitoring result (DMR) for each LEA in Oklahoma based on an assessment of risk and the LEA's determination rating (annual LEA determinations are required by IDEA: [34 CFR §300.600](#)). The DMR initiates a series of integrated monitoring and improvement activities that must be completed by the LEA. These activities correspond with a "level of support" that the OSDE-SES determines is necessary for the LEA to meet requirements and mitigate risk in subsequent years. Diagram 1 displays the overall model of the DMR, while table 5 describes the required activities associated with each of the four levels of support.

The OSDE-SES incorporates a risk assessment into the calculation of the DMR in order to meet federal Uniform Grant Guidance requirements ([2 CFR §200.331](#)). This risk assessment must gauge the risk any LEA poses to the SEA (state education agency) in fiscal and other matters. Further, the SEA monitoring plan should be based on the results of the risk assessment. This risk score incorporates a variety of factors that are related to fiscal risk, including recent maintenance of effort (MOE) results, excess cost and audit findings, overall identification rate, complaint counts, directors' experience, and a few other things. Each year, the factors in the risk assessment are evaluated for their usefulness in measuring risk to the SEA.

An LEA's DMR and associated level of support are determined through a comparison of the LEA's determination rating and risk score: an LEA will be placed in the level of support that corresponds to the determination rating or risk score that demonstrates the greater need in the LEA. The determination and risk assessment are described in more detail in the following paragraphs.

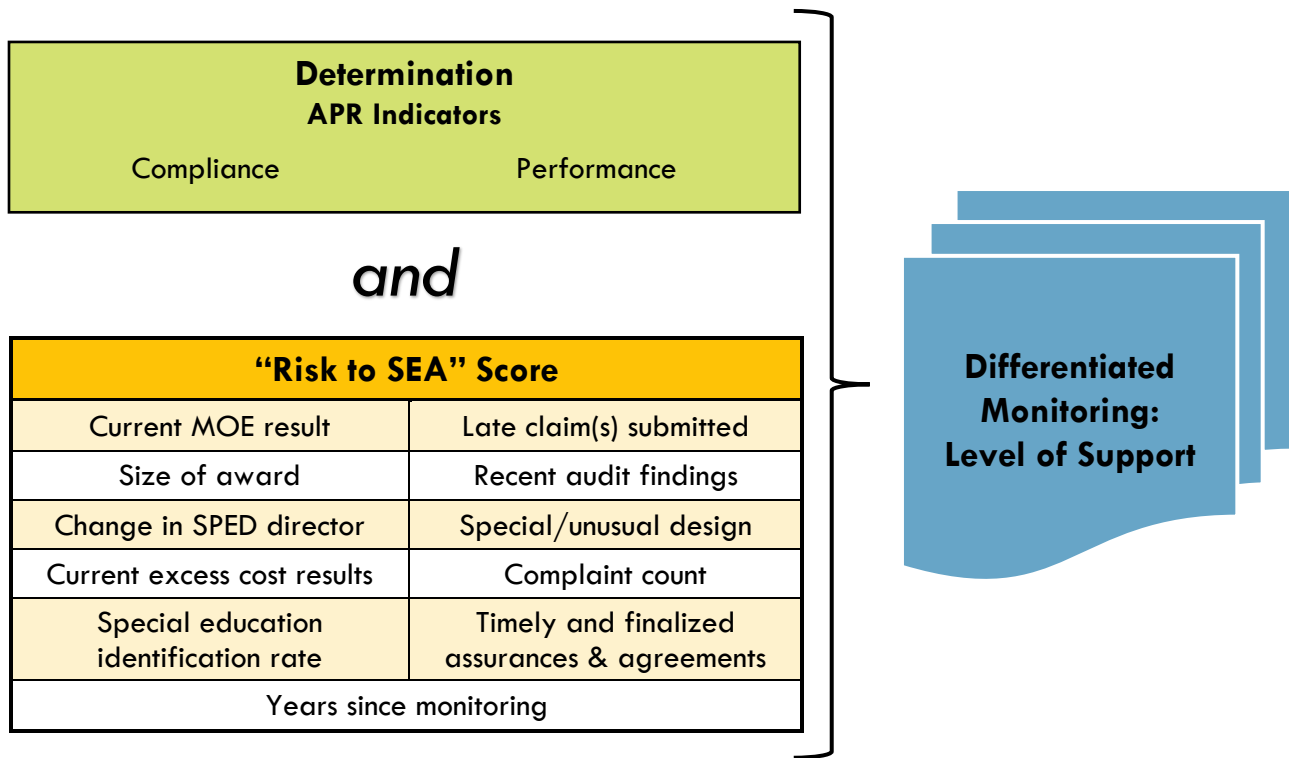
## Determinations

Determinations identify each LEA's quality of compliance and performance for several indicators that the SEA reports to OSEP. The indicator data used are reported annually in the District Data Profile document to LEAs. Based on the quality of its compliance and performance data, the OSDE-SES assigns each LEA a determination tier: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention.

Determinations are made annually in November via notification directly to directors and superintendents. The District Data Profile and determination documentation that is distributed annually consists of a set of instructions for interpreting the data, the calculation matrix, and scores from the current and prior years. Please see Appendix B for a sample determination to view the calculation matrix and reporting template.

The calculation matrix has two parts: one focusing on compliance indicators and the other on performance (results-based) indicators. Compliance has a value of 16 points, while performance has a value of 14 points. The determination is made by adding the points together that the LEA has earned by meeting the indicator targets and dividing by the total possible points (30). Bonus points are available for meeting various criteria. If the LEA score falls close to the target (“approaching” the target), it will receive 1 point instead of 2. LEA targets align with state APR targets as shown on the District Data Profile. Please refer to the determination template in Appendix B for the list of indicators included and the points allotted to each, as well as a description of the possible bonus points.

**Diagram 1: Differentiated Monitoring**



Note that LEAs' compliance with the rigorous 100 percent targets set by OSEP for indicators 4, 9, 10, 11, 12 and 13 will be reviewed annually by the OSDE-SES alongside a separate process. LEAs that are noncompliant in one or more indicators will be notified in writing and required to fix all records and identify and correct sources of noncompliance, regardless of the determination tier or DMR. The requirements for addressing indicator noncompliance are described in the “Response to noncompliance activities” section. Substantial noncompliance may also result in the LEA being placed in a determination tier that requires additional improvement activities in the differentiated monitoring process.

**Determination tiers**

Each determination level corresponds to a total percentage rating measuring the LEA’s achievement in the compliance and performance indicators. Table 1 shows which percentage ratings correspond to each determination tier. The LEA’s tier may establish its DMR and corresponding level of support. LEAs identified as *Meets Requirements* demonstrate adequate compliance and performance on targeted indicators for the implementation of IDEA. An LEA assigned to any other tier *does not* adequately meet indicator targets and will be required to engage in various monitoring and/or improvement activities, as described by its overall DMR and level of support.

**Table 1: Determination Tiers**

Determination Rating	Rating Percentage
Tier 1: Meets Requirements	85% to 100%
Tier 2: Needs Assistance	70% to 84.9%
Tier 3: Needs Intervention	55% to 69.9%
Tier 4: Needs Substantial Intervention	less than 55%

**Risk assessment**

The risk score is a measure of an LEA’s risk to the SEA. Each LEA is assigned a risk category based on its risk score that may establish the LEA’s DMR and corresponding level of support. Table 2 lists the eleven factors included in the 2021 fiscal risk score and their factor weights. Table 3 lists three mitigating factors used to decrease the overall fiscal risk for an LEA. LEAs whose fiscal personnel participate in state-provided budget workshops and which submit timely budgets are a lower risk to the SEA (negative scores reduce risk). See Appendix A for the reporting template for the District Risk Score and Category.

**Risk factor definitions**

- MOE Results: Current – LEAs must expend an equal amount of state and/or federal funds year to year. LEAs not meeting Maintenance of Effort (MOE) are subject to a citation for failure and funds could be withheld from State aid.
- Timely & Finalized Assurances and LEA Agreements – LEAs must complete the Oklahoma Assurances and LEA Agreement by June 30 annually. Risk to the SEA increases if LEAs do not submit one or the other timely or if one or the other does not receive final approval by November 1.
- Size of Award – The higher the award amount, the higher the financial risk to the SEA.
- Change in SPED Director (Current) – LEAs are at greater fiscal risk when the special education administrative duties are being conducted by a new director.
- Change in SPED Director – LEAs who have appointed or assigned the special education duties to a new individual in the past two years will receive a higher risk score.
- Excess Cost Results: Current – Excess Costs are costs over and above what the LEA spends on average for all students enrolled at the elementary or secondary level. Any LEA found not meeting excess cost could incur a penalty requiring LEAs to pay back a portion of funds.

- Special Education Identification Rate – LEAs with very high special education rates may need additional support, increasing the risk to the SEA. In FY2020, the state’s identification rate was 16.3 percent. LEAs with rates of 33 percent or higher will receive a higher score in the risk assessment.
- Recent Audit Findings – Any Independent Audit findings related to special education.
- Special Design – LEAs that are in COOPs or Interlocals, and/or are charter or virtual schools.
- Late Claim Submitted in FY21 – Claims must be submitted by August 1st. Any claim submitted after the due date must go before the State Board for approval.
- Complaint Count in FY21 – Higher numbers of complaints that resulted in findings against LEAs increase a LEA’s risk to the SEA.
- Years Since Prior On-site Monitoring – LEAs that have not received an on-site monitoring in more than six years are riskier to the SEA.

**Table 2: Risk Factor Scoring**

Factors	Scoring Elements			
<b>MOE Results: Current</b>	Met	Not met, no exception		
	0	10		
<b>Timely &amp; Finalized Assurances and/or LEA Agreement</b>	Timely & Finalized FY20	Late or Unfinished FY20	Late or Unfinished: two or more years in a row	
	0	1	3	
<b>Size of Award (Allocation)</b>	<\$100,000	\$100,000 to 500,000	\$500,000 to 900,000	>\$900,000
	0	1	2	3
<b>Change in SPED Director</b>	No Change in Two+ Years	Second Year	First Year/New Change	
	0	1	3	
<b>Excess Cost Results: Current</b>	Met	Not met		
	0	10		
<b>Special Education Identification Rate</b>	Less than twice the state average of 16.3% (<33.0%)		More than twice the state average of 16.3% (33.0%+)	
	0		3	
<b>Recent Audit Findings</b>	No	Other/No SPED	SPED (with or without Other)	
	0	3	5	
<b>Special Design</b>	No	Yes		
	0	2		

<b>Late Claim Submitted in FY20</b>	No	Yes	Late claims submitted two or more years in a row
	0	3	
<b>Complaint Findings in FY20</b>	Zero or One	Two or More	
	0	3	
<b>Years Since Prior On-site Monitoring</b>	Six or Fewer Years	More than Six Years	
	0	5	

**Table 3: Mitigating Factors to Reduce Risk**

	Scoring Elements	
<b>Fiscal Representative Attended “Hands on Budget” Training in 2020</b>	No	Yes
	0	-1
<b>Budget Application submitted by October 31, 2020</b>	No	Yes
	0	-1
<b>Attended First Year Director’s Training</b>	No	Yes
	0	-1

**Risk categories**

Table 4 describes the risk categories and associated point spread for each. LEAs in risk category 1 are considered very low risk. An LEA assigned any other risk category does not adequately meet risk targets and will be required to engage in various monitoring and/or improvement activities, as described by its overall DMR and level of support. The risk factors are scored according to the values listed in Table 2, then all factor values are summed. The total possible risk score is 50, which OSDE-SES would interpret as imminent failure. A score of zero would be interpreted as extremely low risk.

**Table 4: Risk Categories**

Risk Category	Risk Score
	FY19
Category 1: Very Low Risk	0 – 9 points
Category 2: Low Risk	10 – 18 points
Category 3: Moderate Risk	19 – 32 points
Category 4: High Risk	33 – 50 points



## Differentiated monitoring result

The DMR is the state’s tool for identifying LEAs’ required level of support and associated monitoring and/or improvement activities. Determinations and risk categories are designated according to the formulas outlined previously. Each LEA receives one determination tier and one risk category. Whichever outcome demonstrates higher need is the DMR. For example, if LEA X is rated a tier 2 on its determination and a category 3 on its risk, its DMR is “Level 3.” If LEA Y receives tier 1 and category 1 ratings, its DMR is “Level 1.” This DMR directly corresponds to the level of support assigned to it during the next fiscal year.

## Levels of support

When an LEA is assigned a level of support, “integrated monitoring” activities are required of the LEA and the state that are intended to improve LEA compliance and/or performance. The activities associated with each level of support are listed in Table 5. Note that responses to findings of noncompliance in certain APR indicator data may be required regardless of the level of support assigned to a LEA. The alphabet letters listed in the table are explained in the following sections. A brief reference list follows Table 5.

**Table 5: Levels of Support**

			Required Activities												
Level of Support	Corresponding...		Integrated Monitoring									Response to Noncompliance			
	Risk	Determination	A	B	C	D	E	F	G	H	I	W	X	Y	Z
<b>1</b>	VL	MR	x									x	x	x	x
<b>2</b>	L	NA	x	x	x	x						x	x	x	x
<b>3</b>	M	NI	x	x	x	x	x	x		x		x	x	x	x
<b>4</b>	H	NSI	x	x	x	x	x	x			x	x	x	x	x

### List of required activities

- A. Front-loaded technical assistance
- B. Targeted technical assistance
- C. Self-assessment
- D. Professional development modules
- E. Data retreat
- F. Improvement plan
- G. Targeted reviews
- H. Comprehensive reviews
- I. Withheld funds

**Integrated monitoring activities**

- W. Letter of Assurance
- X. Data correction (prong 1)
- Y. Improvement plan (only necessary if the district is substantially below target)
- Z. Data verification (prong 2)

**Response to noncompliance activities**

## Required integrated monitoring activities

### **A. Front-loaded technical assistance for improvement activities**

Front-loaded technical assistance (TA) provides LEAs with upfront training and skills prior to a monitoring activity to allow for better understanding of the broad expectations, related best practices, and the potential impact of results. This type of TA is a proactive opportunity and the frequency can vary based upon need. Any LEA may take advantage of these TA opportunities which may occur in the form of meetings with LEAs, research-based professional development opportunities, webinars to support compliant implementation of the IDEA, updates via email, and training on the Oklahoma Special Education Handbook and other OSDE-SES manuals. Front-loading TA can:

- Help build capacity within an LEA;
- Problem solve to determine areas of need;
- Determine benchmarks and expectations;
- Obtain baseline data; and/or
- Facilitate conversations within the LEA regarding different Indicators and how they can relate to instructional practices.

### **B. Targeted technical assistance (TTA)**

Targeted technical assistance (TTA), in the form of an integrated monitoring activity, is a purposeful and planned series of activities. TTA activities are identified and coordinated by the OSDE-SES. The LEA then carries out these activities at the school or districtwide level with continued support from the OSDE-SES. As a result, these activities increase the capacity of the LEA to support desired outcomes for students.

TTA activities are concern specific, highly focused, and supported by data. Examples of data the OSDE-SES may use when creating TTA for an LEA include the LEA's level of IDEA compliance, the LEA's performance on results-based indicators, the LEA's performance on compliance-based indicators or a combination of any of these components. Ultimately, TTA is designed to build the capacity of individuals, schools and LEAs to plan, implement and support desired outcomes for their students with Individualized Education Programs.

### **C. Self-assessment**

Self-assessments are required of all districts assigned to levels of support 2, 3 and 4. The goal is to encourage districts to consider their strengths and weaknesses related to one or more indicators on the determination or risk. They are meant to give an accurate picture of LEA, school and teacher practice supported by documentation. The use of self-assessments is an important part of the TTA process described above. They are also an important part of improving teaching and learning in schools. Honest self-assessment lays the groundwork for reflective practice that is focused on improving outcomes. OSDE-SES encourages all LEAs, schools, and teachers to use the self-assessments to improve local practice regardless of the DMR level of support.

### **D. Professional development modules**

LEAs required to conduct this activity will work with an OSDE-SES specialist to determine the appropriate module(s). It must be related to one of the indicators on the determination or risk

assessment that needs improvement. LEAs may utilize professional development modules created by the OSDE-SES, modules available on the web-based professional development platform (PEPPER), or identify other modules approved by the OSDE-SES for this activity. OSDE-SES created professional development modules may be found here: <http://ok.gov/sde/professional-development-directory>.

### ***E. Data retreat***

LEAs assigned levels of support of 3 and 4 are required to send personnel responsible for data management to a data retreat. These training events will be held annually, and will guide personnel through how to conduct root cause analyses and using data to inform program improvement. The retreat will be open to personnel in LEAs assigned 'lower' levels of support, as space permits.

### ***F. Improvement plan***

The improvement plan is required of LEAs in levels of support 3 and 4. It is intended to serve as a tool for LEAs to use to guide improvement in risk, compliance and/or student performance. OSDE-SES will assist the LEA in defining what should be included in the improvement plan, deadlines, and support. OSDE-SES will support and monitor the implementation of the improvement plan over time.

### ***G & H: Targeted or comprehensive reviews***

Level 3 LEAs will receive a targeted or comprehensive monitoring, depending on an initial review of LEA needs by OSDE personnel. Level 4 LEAs will automatically receive a comprehensive monitoring.

#### ***Targeted compliance and performance review***

Targeted monitoring activities are administered with the intent to assess how an LEA is implementing certain requirements of the IDEA. An entire review of the LEA's special education program is not the main focus; instead, the goal is to target an area needing improvement and review appropriate sources of information to determine root causes. This type of monitoring activity may include (but is not limited to) such actions as: 1) IDEA Part B fiscal reviews; 2) review of all relevant IDEA administrative records; 3) review of student records; 4) data verification review; 5) interviews with LEA personnel; 6) individual student tracking; 7) parent interviews; and/or 8) other activities as needed. A finding is issued for each area of noncompliance identified. OSDE-SES may also prescribe a Corrective Action Plan (CAP) or Improvement Plan that addresses identified areas of non-compliance and improvement strategies to ensure correction. All documents related to the On-Site Review are located at <http://ok.gov/sde/compliance>.

#### ***Comprehensive compliance and performance review***

Comprehensive monitoring activities are administered with the intent to assess how an LEA is implementing the full set of requirements of the IDEA. To review the LEA's special education program in its entirety, this type of monitoring activity will include: 1) IDEA Part B fiscal reviews; 2) review of LEA policy and procedure (administrative records); 3) review of student records; 4) data verification review; 5) interviews with LEA personnel; 6) individual student tracking; 7) parent interviews; and 8) other activities as needed. A finding is issued

for each area of noncompliance identified. OSDE-SES may also prescribe a Corrective Action Plan (CAP) or Improvement Plan that addresses identified areas of non-compliance and improvement strategies to ensure correction.

### ***I. Withheld funds***

The OSDE-SES may withhold funds, in whole or in part, in accordance with the federal regulations at 34 CFR §§ 300.604 and 300.605. OSDE will choose to withhold funds if required deadlines are not met during the differentiated monitoring process.

## **Required activities in response to noncompliance**

As stated previously, each state is required to report all findings of noncompliance on APR indicators 4 and 9 through 13. Any LEA that is not 100 percent compliant must resolve all noncompliance in student records and confirm its resolution (“prong 1” activities) and then be monitored for continuous compliance (“prong 2” activities). These are federally required monitoring activities.

### ***W. Letter of assurance***

LEAs found in noncompliance are required to provide the OSDE-SES with a letter of assurance. The purpose of the letter is for the LEA to inform the OSDE-SES that they will correct its noncompliance to 100%. In accordance with 34 CFR 300.600(e), noncompliance must be corrected as soon as possible, and in no case later than one year from the date on which the LEA is notified of a finding of noncompliance.

### ***X. Prong 1: data correction***

LEAs with identified noncompliance must correct all records in noncompliance. For example, if a student does not have a compliant secondary transition plan in his or her IEP, that plan and IEP must be updated and finalized. LEAs will be notified of all findings of noncompliance in the fall of each year, in conjunction with the distribution of the District Data Profile. All data corrections must be reported to OSDE-SES by the deadline provided. LEAs that do not correct noncompliance in a timely manner will face additional sanctions and monitoring, including a possible increase in its level of support.

### ***Y. Improvement plan for noncompliance***

If a LEA is substantially below the 100 percent target on one or more indicators, the LEA is also required to submit an improvement plan to address the sources of noncompliance for the indicator(s). The improvement plan will identify current areas of strengths, improvement areas, barriers, SMART goal(s), action steps, person(s) responsible, a timeline for completion, and expected outcomes.

### ***Z. Prong 2: continuous compliance***

OSEP requires states to review “prong 1” LEAs within one year of any finding of noncompliance to ensure that LEAs have not maintained noncompliance in the indicator(s) of interest. OSDE-SES will conduct continuous compliance reviews through a random sampling process, by which student records will be randomly selected for compliance. If all records are compliant, the LEA will be resolved and removed from the compliance watch-list for the fiscal year. If noncompliance is found, additional sanctions may be applied and the level of support may increase.

The random samples of student records selected to complete prong 2 reviews for indicators 11, 12, and 13, will be pulled from the LEA’s full set of student records relevant to the indicator. For example, only records of students with initial evaluations in the most recent fiscal year will be sampled for indicator 11. Thus, the number of records sampled depends on the number of relevant records as listed here in Table 6. If the total number of relevant LEA records is in the left column, then the number of records sampled is in the right column. The sample sizes are determined using the following assumptions:

**Table 6: Sampling Sizes**

Full Record Count	Sample Size
10 and under	Same #
11 - 15	11
16 - 20	13
21 - 25	15
26 - 30	17
31 - 40	19
41 - 50	21
51 - 75	24
76 - 100	26
101 - 150	29
151 - 300	32
301+	34

1. Margin of error of 10 percent: this is the chance of missing (not finding) noncompliance in the sample when it exists.
2. Confidence level of 95 percent: this is the level of confidence that results found are true and representative.
3. Expected response distribution of 90 percent compliance.

### Continuous noncompliance and/or not meeting target in multiple years

LEAs will have additional required activities if found in noncompliance and/or has not met the state target in the same area/indicator across three consecutive years. The purpose of these activities is for the LEA to work with the community as a team to meet compliance requirements and performance expectations. Additional information can be located on the OSDE-SES compliance webpage. The additional activities vary depending on the indicators of concern.

### Indicators 4, 9 and/or 10

If the LEA has been notified for three consecutive years that their policies, procedures, and/or practices are contributing to overidentification, the district is required to complete the following additional activities:

- Review the past two years’ root cause findings to assist in developing an improvement plan.
- Use 615 funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
- Invite the parents to a school board meeting to discuss the LEA’s plan for improvement.

### ***Indicators 11, 12 and/or 13***

If the LEA has been identified as noncompliant (at 94.99% and below) for three consecutive years for the same indicator, the LEA is required to complete the following additional activities:

- Review the past two years' root cause findings to assist in developing an improvement plan.
- Use 615 funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
- Invite the parents to a school board meeting to discuss the LEA's plan for improvement.

### ***DMR Level 3 and/or Level 4***

If the LEA has been identified as a DMR Level 3 and/or DMR Level 4 in the same focus/target area of improvement for three consecutive years, the LEA is required to complete the following additional activities:

- Review the past two years' root cause findings to assist in developing an improvement plan.
- Use 615 funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
- Invite the parents to a school board meeting to discuss the LEA's plan for improvement.

### ***Multiple areas of noncompliance or non-performance***

If the LEA has been identified for DMR Level 3 or 4 and has been noncompliant for indicators 11, 12, and/or 13 for three consecutive years, the LEA will also receive a deficiency on its accreditation report.

## Timeline and Deadlines

The state’s timeline for issuing risk scores and determinations, assigning levels of support, and LEA fulfillment of requirements is described in Table 7. Some target deadlines are flexible, depending on the availability of data. Others are firm deadlines to align with federal reporting requirements.

**Table 7: Timeline of Deadlines**

	<b>State Timeframe</b>	<b>LEA Timeframe</b>
<b>District Data Profile (DDP)</b>	Draft issued each fall by October 15 using data collected during prior school years. Final version is sent with the Differentiated Monitoring (DMR) packet.	May respond within two weeks with questions and concerns.
<b>Differentiated Monitoring Results (DMR)</b>	Result is issued each fall by November 15 via a letter dictating the assigned level of support and all required LEA activities.	All required activities must be completed by June 30, though specific activities may have earlier deadlines.
<b>Risk Assessment</b>	Issued each fall by November 15 in the DMR packet.	May respond within two weeks with questions and concerns.
<b>Determination</b>	Issued each fall by November 15 in the DMR packet.	See above.
<b>Noncompliance Findings*</b>	Issued each fall by November 15, after DDP is finalized, with the DMR packet.	Noncompliance must be corrected within 45 days.
<b>Prong 2 Review</b>	Conducted by May 31. Results issued by June 30 by letter.	If continued noncompliance, additional LEA activities will be assigned by June 30.

\*Noncompliance may also be found during monitoring activities. If found, additional correction will be required on a different timeframe.

## Selective Reviews

When issues of concern are brought to OSDE-SES’s attention regarding an LEA’s implementation of IDEA, a selective review may be conducted to determine the level of concern and assistance needed. For example, OSDE-SES may determine an LEA needs a comprehensive on-site review or targeted technical assistance, depending on the information provided, the source of that information, and other relevant factors. Selective reviews consider (but are not limited to) the following data elements: stakeholder concerns, phone log information, complaint log information, due process hearing requests or hearing results, mediation, email correspondence, and critical and/or special investigative audits and findings related to special education. These may happen at any time and are unrelated to the differentiated monitoring process, except that a selective review may be deemed necessary as a result of the DMR process.

## Appendix A: FY 2021 District Risk Score *Example*

District: **EXAMPLE DISTRICT**

RISK CATEGORY 1: **Very Low Risk**

<b>FACTOR (FY)</b>	<b>District Result</b>	<b>District Score</b>
<b>Current MOE Result (2020)</b>	Met	0
<b>Timely &amp; Finalized Assurances and LEA Agreement (2020 and 2021)</b>	Yes	0
<b>Size of Award (21-22 Allocation)</b>	\$100K to \$500K	1
<b>Change in SPED Director (2021-22)</b>	Second Year	1
<b>Current Excess Cost Result (2020)</b>	Met	0
<b>Special Education Identification Rate (2020)</b>	11.97%	0
<b>Recent Audit Findings (2019-2020)</b>	No Findings	0
<b>Special District Design (2021)</b>	Charter	2
<b>Late Claim Submitted (2021)</b>	None	0
<b>Complaint Count (2020-21)</b>	None	0
<b>Years Since Prior On-site Monitoring</b>	More than Ten	5
<b>BONUS: Budget Training (Fall 2021)</b>	No	0
<b>BONUS: Timely Budget Application (Oct. 31, 2021)</b>	Late	0
<b>BONUS: 1<sup>st</sup> Year Director Project Partic. (2021)</b>	N/A	0
<b>TOTAL RISK SCORE*</b>	<b>9</b>	

<b>Risk Category</b>	<b>Risk Score</b>
<b>Category 1: Very Low Risk</b>	0 – 9 points
<b>Category 2: Low Risk</b>	10 – 18 points
<b>Category 3: Moderate Risk</b>	19 – 27 points
<b>Category 4: High Risk</b>	28 – 50 points



## Appendix B: FY 2021 District Determination *Example*

District: **Example District**

Determination: **2: Needs Assistance**

<b>IDEA Part B Compliance Matrix</b>			
<b>Compliance Elements</b>	<b>District</b>	<b>Target Met</b>	<b>Score</b>
<b>Indicator 4B:</b> Significant discrepancy, by race or ethnicity, in the rate of long-term suspensions/expulsions for children with IEPs due to noncompliance	<b>NC</b>	<b>NC</b>	<b>2</b>
<b>Indicator 9:</b> Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification	<b>1.16</b>	<b>Yes</b>	<b>2</b>
<b>Indicator 10:</b> Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification (Area of concern: ID/NAm)	<b>2.75</b>	<b>***</b>	<b>1</b>
<b>Indicator 11:</b> Child Find; timely initial evaluation	<b>100.00%</b>	<b>Yes</b>	<b>2</b>
<b>Indicator 12:</b> Early Childhood Transition; IEP developed/implemented by third birthday	<b>100.00%</b>	<b>Yes</b>	<b>2</b>
<b>Indicator 13:</b> Secondary Transition; full documentation	<b>100.00%</b>	<b>Yes</b>	<b>2</b>
<b>Timely Completion of Monitoring Requirements</b>	<b>Timely</b>		<b>2</b>
<b>Longstanding Noncompliance*</b>	<b>Compliant</b>		<b>2</b>
<b>Bonus: Timely on Child Count <i>and</i> End of Year Data Submissions &amp; Certification</b>	<b>Yes</b>		<b>1</b>
<b>Bonus: Attendance at Child Count <i>and</i> End of Year Training</b>	<b>Yes</b>		<b>1</b>
<b>Compliance Points Earned</b>	<b>Total Points Possible</b>		<b>Rating</b>
<b>16</b>	<b>16</b>		<b>100.00%</b>

<b>IDEA Part B Results Driven Accountability Matrix</b>			
<b>Results Elements</b>	<b>District</b>	<b>Target Met</b>	<b>Score*</b>
<b>Indicator 1:</b> Percent of youth with IEPs who exited in 20-21 with a high school diploma (ages 14-21)	<b>77.27%</b>	<b>No</b>	<b>0</b>
<b>Indicator 2:</b> Percent of youth with IEPs who exited in 20-21 by dropping out of high school (ages 14-21)	<b>18.18%</b>	<b>Approaching</b>	<b>1</b>
<b>Indicator 3A:</b> Percent of all students with IEPs participating in a state assessment, <u>for grades 4, 8, 11</u>			
Reading Assessment Participation Rate	<b>91.30%</b>	<b>Yes</b>	<b>1</b>
Math Assessment Participation Rate	<b>91.30%</b>	<b>Yes</b>	<b>1</b>
<b>Indicator 3B:</b> Percent of students with IEPs who achieve Proficient or Advanced scores on the regular statewide assessment			
4 <sup>th</sup> General Assessment Reading Proficiency Rate	<b>10.00%</b>	<b>Yes</b>	<b>1</b>
8 <sup>th</sup> General Assessment Reading Proficiency Rate	<b>0.00%</b>	<b>No</b>	<b>0</b>
11 <sup>th</sup> General Assessment Reading Proficiency Rate	<b>0.00%</b>	<b>No</b>	<b>0</b>
4 <sup>th</sup> General Assessment Math Proficiency Rate	<b>0.00%</b>	<b>No</b>	<b>0</b>
8 <sup>th</sup> General Assessment Math Proficiency Rate	<b>0.00%</b>	<b>No</b>	<b>0</b>
11 <sup>th</sup> General Assessment Math Proficiency Rate	<b>0.00%</b>	<b>No</b>	<b>0</b>
<b>Indicator 7:</b> For each Outcome, the percentage of children with IEPs who improved functioning to a level nearer to <i>or</i> comparable to same-aged peers when they exited the preschool special education program or turned six			
<b>Outcome A1:</b> Positive social-emotional skills	<b>96.00%</b>	<b>Yes</b>	<b>1</b>
<b>Outcome B1:</b> Acquisition and use of knowledge and skills	<b>90.00%</b>	<b>Approaching</b>	<b>1</b>
<b>Outcome C1:</b> Use of appropriate behaviors to meet their needs	<b>92.00%</b>	<b>Approaching</b>	<b>1</b>

<b>Bonus:</b> 50% or greater parent response rate on parent survey or annual response increase of 5%	<b>No</b>	<b>0.31%</b>	<b>0</b>
<b>Bonus:</b> District-driven improvement activities to enhance student outcomes or district processes**	<b>Two</b>		<b>2</b>
<b>Results Points Earned</b>	<b>Total Points Possible</b>	<b>Rating</b>	
<b>9</b>	<b>14</b>	<b>64.29%</b>	

<b>DETERMINATION SUMMARY for Example District</b>		
Compliance Points Available	Compliance Points Earned	Compliance Performance
16	16	<b>100.00%</b>
Results Points Available	Results Points Earned	Results Performance
14	9	<b>64.29%</b>
<b>TOTAL POINTS AVAILABLE</b>	<b>TOTAL POINTS EARNED</b>	<b>PERCENT TARGETS MET</b>
<b>30</b>	<b>25</b>	<b>83.33%</b>
<b>2: Needs Assistance</b>		

<b>Percentage of Points Earned</b>	<b>Level of Determination</b>
85% to 100%	Meets Requirements
70% to 84.9%	Needs Assistance
55% to 69.9%	Needs Intervention
less than 55%	Needs Substantial Intervention