



OKLAHOMA STATE DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION SERVICES  
**GENERAL SUPERVISION  
SYSTEM**

2023



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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 IDEA 34 CFR § 300.600 State Monitoring and Enforcement. The main purpose of the General Supervision System (GMS) is to monitor the implementation of IDEA by local education agencies (LEAs). Using this system, states are accountable for enforcing compliance 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 of compliance to IDEA, data management and reporting, fiscal health and 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

Under 34 CFR § 300.100, states are required to have policies and procedures that are aligned with the IDEA. Oklahoma's special education policies and procedures are in alignment with the IDEA and serve to support state and local implementation of the IDEA.

Local Education Agencies responsible for special education and related services must abide by Oklahoma State law, policies, procedures, and the federal regulations for the IDEA Parts B and C. Agencies having these responsibilities are: LEAs, 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 procedures for implementation of the IDEA in the Oklahoma Policy and Procedures Manual, available on the OSDE-SES website.

LEAs should develop policies and procedures at the local level to ensure effective implementation of the IDEA and the Oklahoma Policy and Procedures. 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 have access to a free and appropriate public education (FAPE) ([34 CFR §300.17](#)). LEAs are required annually to complete the LEA Assurances and the LEA Agreement for Special Education in the GMS system in Single Sign-On. Failure to complete these required assurances and agreements in a timely manner 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 the IDEA, states are required to have a performance plan that evaluates the state's implementation of Part B and describes how the state will improve its implementation. This plan, called the Part B State Performance Plan (SPP), is now incorporated into the Annual Performance Report (APR). Each February, states must report to the public and OSEP the performance of the state educational agency (SEA) and the state's local educational agencies' (LEAs) on a set of compliance and performance indicators through the APR report. Subsequently, based on the progress towards achieving specific targets on federal indicators, the SEA issues the District Data Profile (DDP), reporting district performance to each LEA 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, 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 the LEA's determination rating and an assessment of risk. 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 achieve a "meets requirements" designation 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 calculation as part 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 in fiscal and including recent maintenance of effort (MOE) results, excess cost and other matters including audit findings, special education identification rate, complaint counts, and directors' experience, and a few other things. Each year, factors included 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. Based on the greatest need of the district, the LEA will be placed in the corresponding determination rating or risk. The determination and risk assessment are described in more detail in the following paragraphs.

## Determinations

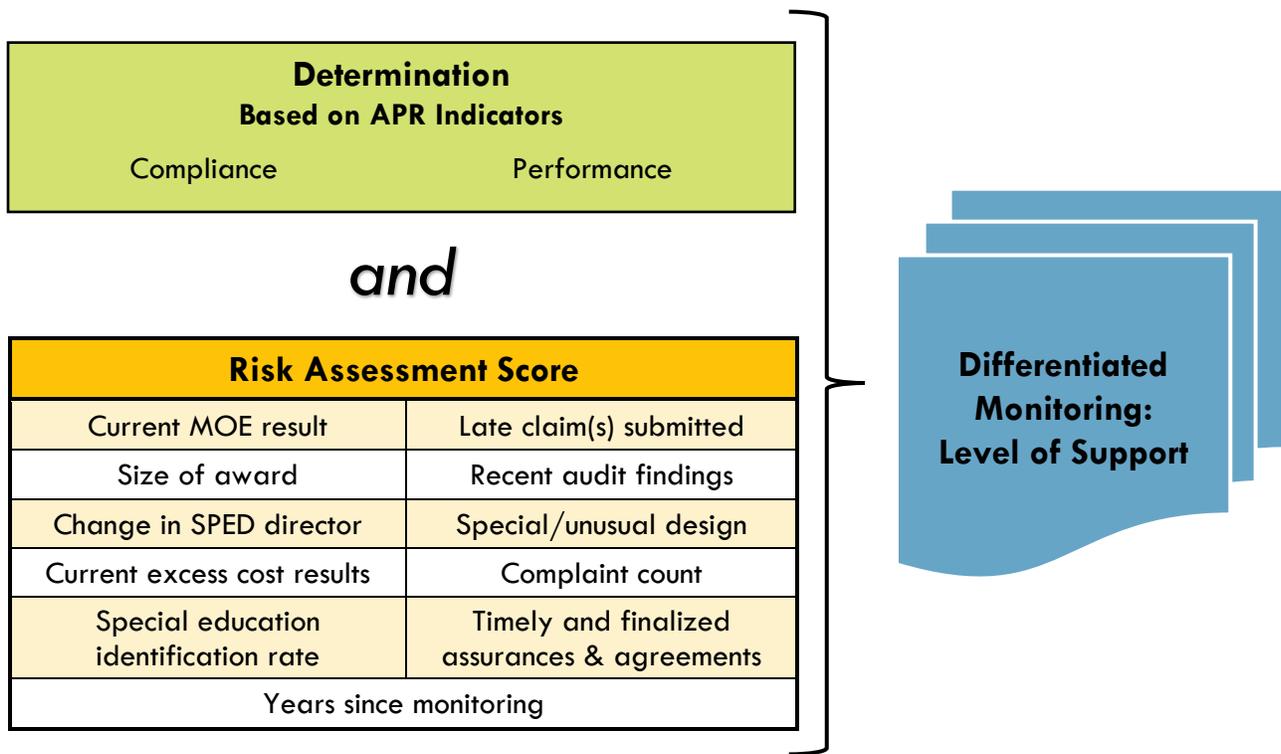
Annual LEA determinations are required by the IDEA 34 CFR § 300.600. Determinations identify each LEA's quality of compliance and performance for several indicators that the SEA reports to OSEP. The indicator data used are reported annually to the LEAs in the District Data Profile document. Based on the quality of its compliance and performance data, the OSDE-SES assigns each LEA a determination rating tier: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention.

Determinations are made in November via notification directly to directors and superintendents. The District Data Profile and determination documentation includes 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 (4B, 9, 10, 11, 12, 13) and the other on performance (results-based) indicators (1, 3A, 3B, 7 A1-B1-C1). Determination is made by adding the points together that the LEA has earned on compliance and performance by meeting the indicator targets and dividing by the total possible points. Every indicator may not apply to every LEA. Bonus points are available for meeting various criteria. If the LEA score falls close to the target (“approaching” the target), it may receive partial credit for indicators other than assessment results (indicator 3). LEA targets align with state APR targets as shown on the District Data Profile.

Please refer to the district 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



#### Compliance Indicator Descriptions

- Indicator 4B – Significant discrepancy, by race or ethnicity, in the rate of long-term suspensions/expulsions for children with IEPs due to noncompliance.
- Indicator 9 – Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.
- Indicator 10 – Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.

- Indicator 11 – Initial eligibilities completed within 45 school days from the date of parent consent to the date of the eligibility meeting.
- Indicator 12 – Children who transfer from SoonerStart Part C to public education Part B with an IEP in place by the student’s 3<sup>rd</sup> birthday.
- Indicator 13 – Student who are turning age 15 or before the first day of 9<sup>th</sup> grade must have an IEP addressing secondary transition completed timely and finalized within 30 calendar days.
- Bonus point: Timely submission and certification for both Child Count & End-of-Year Data.
- Bonus point: Attendance at both Child Count & End-of-Year Trainings.

### **Performance (results based) Indicator Descriptions**

- Indicator 1 – Percent of youth with IEPs who graduated high school the previous school year with a regular diploma.
- Indicator 3A – Percent of all students with IEPs participating in a state assessment, for grades 4, 8, 11.
- Indicator 3B – Percent of students with IEPs who achieve proficient+ on the regular (OSTP) assessment for reading and math grades 4, 8, and 11.
- Indicator 7 (A1, B1, C1) – For each Outcome, the percentage of children ages 3-5 who improved functioning to a level nearer to or comparable to same-aged peers when exiting the preschool special education program.
- Bonus point for Parent Survey Response: For 50% response rate or 5% increase in response rate from the previous school year.
- Bonus point: Provide a 3-hour professional development provided to all district staff relating to students with disabilities.
- Bonus point: For attending the Oklahoma Transition Institute (OTI), or district secondary transition program improvement such as participation at the local/areas transition team meetings, observing another district’s secondary transition program to replicate/build/expand your program, or utilizing a Parent Advisory to support the district special education program.

**Note:** 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 in a separate process. LEAs found noncompliant in one or more of these indicators will be notified in writing and required to identify and correct sources of noncompliance (including student level files), regardless of the determination rating 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 Rating tiers**

Each determination level corresponds to a total percentage rating measuring the LEA’s achievement in the compliance and performance indicators. Table 1 shows the percentage ratings corresponding to each determination tier. The LEA’s tier contributes to 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 tier that does not

adequately meet compliance and performance on targeted indicators for the implementation of the IDEA, 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 contributes to the LEA’s DMR and corresponding level of support. Table 2 lists the eleven factors included in the risk factor score and their factor weights.

#### Risk factor definitions

- MOE Results: – LEAs must expend an equal amount of state and/or federal funds from 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, increasing the risk to the SEA.
- 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 a budget and/or it is not submitted timely or if either 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 – 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: – 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, increasing the risk to the SEA.
- Special Education Identification Rate – LEAs with very high special education identification rates may need additional support, increasing the risk to the SEA.
- Recent Audit Findings – Any Independent Audit findings related to special education increase the LEAs risk to the SEA.
- Special Design – LEAs that participate in COOPs or Interlocals, and/or are designated as a charter or virtual school increase the LEAs risk to the SEA.
- Late Claim Submitted – Claims must be submitted by August 1st. Any claim submitted after the due date must go before the State Board of Education for approval. Late claims pose a risk to the SEA.
- Complaint Count – Higher numbers of complaints that resulted in findings against the LEA are a greater 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 at greater risk to the SEA.

**Table 2: Risk Factor Scoring**

Factors	Scoring Elements			
<b>MOE Results</b>	Met	Not met, no exception		
	0	10		
<b>Timely &amp; Finalized Assurances and/or LEA Agreement</b>	Timely & Finalized	Late or Unfinished	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</b>	Met	Not met		
	0	10		
<b>Special Education Identification Rate</b>	Less than twice the state average		More than twice the state average	
	0		3	
<b>Recent Audit Findings</b>	No	Other/SPED	SPED (with or without Other)	
	0	3	5	
<b>Special Design</b>	No	Yes		
	0	2		
<b>Late Claim Submitted</b>	No	Yes	Late claims submitted two or more years in a row	
	0	3	5	
<b>Complaint Findings</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 lists three mitigating factors used to decrease the overall risk score. LEAs whose fiscal personnel participate in state-provided budget workshops, submit timely budgets, and new special education directors attend the First Year Director Training 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.

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

	Scoring Elements	
<b>Fiscal Representative Attended “Hands on Budget” Training</b>	No	Yes
	0	-1
<b>Budget Application submitted by October 31st</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
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 Differentiated Monitoring Result (DMR) is the state’s tool for identifying an LEAs’ required level of support and associated monitoring and/or improvement activities. Determination Tiers and Risk Categories are designated according to the formulas outlined previously. Each LEA receives one

Determination Tier and one Risk Category. Whichever outcome demonstrates the higher need is the DMR. For example, if LEA X is rated a Tier 2 on its Determination Tier and a Category 3 on its Risk Category, its designated DMR is “Level 3.” If LEA Y receives a determination Tier 1 and a Category 1 on its Risk Rating, its designated DMR is “Level 1.” This DMR directly corresponds to the assigned level of support during the next fiscal year.

### Levels of support

Based on the LEA’s assigned level of support, corresponding “integrated monitoring” activities are required of the LEA that are intended to improve LEA compliance and/or performance. The activities associated with each level of support are listed in Table 5. Note for that responses to findings of noncompliance for indicators 4, 9, 10, 11, 12, & 13 data may be required regardless of the level of support assigned to a LEA. Letters listed in the table are described in the following sections.

**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
1	VL	MR	x									x	x	x	x
2	L	NA	x	x	x	x						x	x	x	x
3	M	NI	x	x	x	x	x	x		x		x	x	x	x
4	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/Root Cause
- D. Professional development modules
- E. Data retreat
- F. Improvement plan
- G. Targeted review
- H. Comprehensive review
- I. Withheld funds

**Integrated monitoring activities**

- W. Letter of Assurance
- X. Data correction (prong 1)
- Y. Improvement plan
- 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 improvement and impact of results. In this type of TA, LEAs take a proactive approach by providing technical assistance for LEA staff in the form of meetings, research-based professional development opportunities, webinars to support compliant implementation of the IDEA, updates via email, and training on the Oklahoma Special Education Policy and Procedures Manual 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/Root Cause**

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, weaknesses, and root cause related to one or more indicators on the determination rating or risk factors. They are meant to give an accurate picture of LEA, school and teacher practices and are 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.

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

LEAs required to conduct this activity will work with an OSDE-SES specialist to determine the appropriate module(s)/training. Professional development must be related to one of the indicators on the determination rating or risk factors that need improvement.

### ***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 how to use data to inform program improvement. The retreat will also be open for participation of personnel in LEAs assigned to '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 in need of 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 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/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.

#### **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. A review of LEA's special education program in its entirety 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 for indicators 11, 12, and 13 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 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 (Indicators 11, 12, 13) and student confidential records review***

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 and for correction of all noncompliance identified in the student confidential record reviews. 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.

Random samples of student records selected to complete prong 2 data 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.

LEAs that were identified as a DMR level 3 or 4 supports will also have a Prong II review for student confidential record review in the fall of the following school year from the school year of notification. The Prong II review must occur within one calendar year of notification of noncompliance (Monitoring report) for student confidential records. Example, the LEA is notified November 15<sup>th</sup> of their DMR status. In the spring of the following same school year, the student file monitoring occurs, a monitoring report is issued, LEAs bring confidential records into compliance, Prong I is then closed, and the following school year in the fall, the LEA will participate in the Prong

### Continuous Noncompliance and/or not Meeting Target in Multiple Years

LEAs will have additional required activities if found in noncompliance and/or have 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 district staff and the community as a team to meet compliance requirements and performance expectations.

### Indicators 4, 9, and/or 10

If the LEA has exceeded the target for two or more consecutive years but the district Policy, Procedures, and Practices (PPP) appear to **not** be problematic, the LEA still has work to bring the indicator into compliance and will be required to identify the root cause and implement a plan.

### ***Tiered process***

The activities below have been developed on a tiered system depending on the number of consecutive years for one area with a growth measure built in. The tiered process is designed to provide additional supports to the LEAs special education department as they implement changes. As the changes are implemented, the LEA should continuously monitor and adjust the plan to ensure growth.

**Tier 1: 2<sup>nd</sup> year** exceeding the target for one or more of the indicators above. The LEA is required to complete the following additional activities:

- Identify the root cause related to the specific indicator.
- Update/develop and implement the LEAs policy, internal procedures, and document the LEAs practices related to the specific indicator. Submit to the SDE for review.

-If the district has demonstrated a 10% or more growth while implementing their improvement plan, they will remain at their current Tier for the next year. If there is no growth or decline, they will move to the next Tier below their current placement.

**Tier 2: 3<sup>rd</sup> year** exceeding the target for one or more of the indicators above. The LEA is required to complete the following additional activities:

- Review the previous years' root cause findings to assist in developing an improvement plan related to the specific indicator.
- Review the implementation of the PPP implemented the previous year. Make any necessary updates or changes to ensure progress in the specific indicator. Submit to the SDE for review.
- Develop a plan for improvement, implement, and monitor not less than twice in a school year aligned to the specific indicator.

-If the district has demonstrated a 10% or more growth while implementing their improvement plan, they will remain at their current Tier for the next year. If there is no growth or decline, they will move to the next Tier below their current placement.

**Tier 3: 4<sup>th</sup> plus** years of consecutive noncompliance in one or more areas listed above. 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 related to the specific indicator. One SDE staff or contracted outside representative will participate in the team planning to support the identification of the root cause, data review, and the plan for improvement.
- Use 615 funds to address the improvement plan implementation related to the specific indicator. The amount or percentage of funds directed will be determined in consultation with OSDE-SES.
- Develop or utilize a parent Advisory Board, meeting quarterly, to discuss the root cause, the improvement plan developed, how the 615 funds will be utilized to support the plan, and share progress towards the plan related to the specific indicator.

- Discuss in a school board meeting the LEAs efforts and data trends for the past three years related to the area of noncompliance. Extend an invitation to parents of students with disabilities to attend the school board meeting.

-If the district has demonstrated a 10% or more growth while implementing their improvement plan, they will remain at their current Tier for the next year. If there is no growth or decline, they will move to the next Tier below their current placement.

### ***Indicators 4, 9 and/or 10***

If the LEA has been notified for three consecutive years that their policies, procedures, and/or practices (PPP) **are** contributing to overidentification will be required to complete the appropriate tier below.

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

If the LEA has been identified as noncompliant (less than 100%) for three consecutive years for the same indicator will be required to complete the appropriate tier below.

**Note:** Beginning the 2023-2024 school year, LEAs that have been identified as noncompliant for Indicator 11, 12, and/or 13 and did not demonstrate compliance for two consecutive years as a part of the Prong II review may receive a Notice on their accreditation report.

### ***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.

**Note:** Beginning the 2023-2024 school year, LEAs that have been identified as a DMR Level 3 or 4 and did not complete the confidential student file monitoring by the deadline may receive a Notice on their accreditation report.

### ***Tiered process***

The activities below have been developed on a tiered system depending on the number of consecutive years for one area with a growth measure built in. The tiered process is designed to provide additional supports to the LEAs special education department as they implement changes. As the changes are implemented, the LEA should continuously monitor and adjust the plan to ensure growth.

**Tier 1: 3<sup>rd</sup> year** of consecutive noncompliance in one or more areas listed above. 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 OSDE-SES.

-If the district has demonstrated a 10% or more growth while implementing their improvement plan, they will remain at their current Tier for the next year. If there is no growth or decline, they will move to the next Tier below their current placement.

**Tier 2: 4<sup>th</sup> year** of consecutive noncompliance in one or more areas listed above. The LEA is required to complete the following additional activities:

- Review the past three 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 OSDE-SES.
- Develop or utilize a parent Advisory Board, meeting quarterly, to discuss the root cause, the plan developed, how the 615 funds will be utilized to support the plan, and share progress towards the plan. The parent advisory board must include at least one parent of a child with disabilities for elementary, middle, and high.

-If the district has demonstrated a 10% or more growth while implementing their improvement plan, they will remain at their current Tier for the next year. If there is no growth or decline, they will move to the next Tier below their current placement.

**Tier 3: 5<sup>th</sup> plus** years of consecutive noncompliance in one or more areas listed above. The LEA is required to complete the following additional activities:

- Review the past four years' root cause findings to assist in developing an improvement plan. One SDE staff or contracted outside representative will participate in the team planning to support the identification of the root cause, data review, and the plan for improvement.
- Use 615 funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with OSDE-SES.
- Develop or utilize a parent Advisory Board, meeting quarterly, to discuss the root cause, the improvement plan developed, how the 615 funds will be utilized to support the plan, and share progress towards the plan.
- Discuss in a school board meeting the LEAs efforts and data trends for the past three years related to the area of noncompliance. Extend an invitation to parents of students with disabilities to attend the school board meeting.

-If the district has demonstrated a 10% or more growth while implementing their improvement plan, they will remain at their current Tier for the next year. If there is no growth or decline, they will move to the next Tier below their current placement.

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

If the LEA has been identified as a DMR Level 3 and/or 4 for the same focus area identified by the SDE for all three years 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.

### ***Accreditation Notice***

An accreditation notice is not a deficiency but could move to a deficiency in the future if the concern is not corrected at the LEA level. As part of the accreditation report, the accreditation notice will be reviewed by the superintendent and LEA school board. Areas of concern that are subject to accreditation notice include:

- DMR Level 3 or 4 with untimely student file corrections from the monitoring report (not completed by June 25<sup>th</sup>).
- DMR Level 1-4 identified as noncompliant for indicator (11, 12, 13, 1, 3, 7) and have not submitted an improvement plan by May 15<sup>th</sup>.
- Continuous Noncompliance – Two consecutive years not demonstrating continued compliance through Prong II for indicators 11, 12, & 13.
- Untimely Submission for both Child Count and End-of-Year data for two consecutive years (FY 22 and FY23).
- Fiscal Noncompliance for Two Consecutive Years including not meeting Maintenance of Effort, Excess Cost, Missing deadlines for submission of IDEA budget, or Late claims that require State Board Approval.

**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 available of data. Others are firm deadlines to align with federal reporting requirements.

**Table 7: Timeline of District Reporting Results**

Prong	State Action	State Timeframe	LEA Timeframe
<b>Prong I</b>	District Data Profile (DDP)	Draft issued each fall between <b>October 15 and November 1<sup>st</sup></b> 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.
	Differentiated Monitoring Results (DMR)	Result is issued each fall around <b>November 15</b> via a letter dictating the assigned level of support and all required LEA activities.	All required activities must be completed by <b>June 30</b> , though specific activities may have earlier deadlines.
	Risk Assessment	Issued each fall around <b>November 15</b> in the DMR packet.	May respond within two weeks with questions and concerns.
	Determination	Issued each fall around <b>November 15</b> in the DMR packet.	See above.
	Noncompliance Findings*	Issued each fall around <b>November 15</b> , after DDP is finalized, with the DMR packet.	Noncompliance must be corrected within 45 days.
<b>Prong II</b>	Review for compliance (Indicators 11, 12, & 13)	Conducted by <b>July 15</b> . Results issued by <b>August 15</b> by letter.	If continued noncompliance, additional LEA activities will be assigned by <b>June 30</b> .

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

Prong	Monitoring Process	State Timeframe	LEA Timeframe
Prong I	DMR Status	Determinations are issued each fall by November 15 via a letter emailed to the superintendent and special education director, dictating the assigned level of support and all required LEA activities.	None
	Required DMR/Compliance PD	Scheduled after November 15th	LEAs will be notified regarding the PD to attend as well as the time and date. LEA participation is required.
	Toolkits/Corrective action plans for indicators identified as not meeting target	The SEA provides instructions and expectations at the time of the required professional development that will occur after the November Data Packet has been provided to the LEAs.	Toolkits are due mid-January.
	Student File Monitoring's	Required for all DMR Level 3 and 4 LEAs. After LEA submits student file monitoring, the SDE will review and issue a monitoring report of the findings. The reports will be issues between February through April. The monitoring meeting will occur about two weeks after the LEA receives their monitoring report.	LEA reviews begin by December 1 and end mid-January.  Following the SDE review, the monitoring report of findings occurs after the SDE review, and the report will be issued two weeks prior to the virtual or on-site monitoring with SDE staff. The LEA will have 6 weeks to make the corrections for Prong I as outlined in the monitoring report.
	Close	SDE will review the student file corrections and after approval, a Prong I close letter will be sent to the LEA. The timeframe is February through the end of March for reports to be issued to LEAs.	The timeline will be different for each LEA depending on when the monitoring report was issued.
Prong II	Systemic Compliance Review	Required PD occurs between <b>August 25<sup>th</sup> - September 15<sup>th</sup></b> to provide information regarding the process and expectations. Between November – December the SDE will review the student files monitored by the LEA to ensure compliance.  Prong II close letter will be sent after approval.	Attend assigned PD <b>August 25<sup>th</sup> - September 15<sup>th</sup></b> .  <b>October 1<sup>st</sup></b> the LEA will begin monitoring of the SDE selected student files who have had a new IEP and/or eligibility since August 1 <sup>st</sup> . For smaller LEAs, the student files selected may go back to May.  LEA monitoring of student files due to SDE by <b>October 31<sup>st</sup></b> .

## 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.

The selective review process also incorporates a cyclical monitoring process for interlocal coops.

## Appendix A: FY 2022 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 (2022)</b>	Met	0
<b>Timely &amp; Finalized Assurances and LEA Agreement (FY 2022 and 2023)</b>	Yes	0
<b>Size of Award (23-24 Allocation)</b>	\$100K to \$500K	1
<b>Change in SPED Director (2023-24)</b>	Second Year	1
<b>Current Excess Cost Result (2022)</b>	Met	0
<b>Special Education Identification Rate (2022)</b>	11.97%	0
<b>Recent Audit Findings (2021-2022)</b>	No Findings	0
<b>Special District Design (2023)</b>	Charter	2
<b>Late Claim Submitted (2023)</b>	None	0
<b>Complaint Count (2022-23)</b>	None	0
<b>Years Since Prior On-site Monitoring</b>	More than Ten	5
<b>BONUS: Budget Training (Fall 2023)</b>	No	0
<b>BONUS: Timely Budget Application (Oct. 31, 2023)</b>	Late	0
<b>BONUS: 1<sup>st</sup> Year Director Project (2023)</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 2022 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	<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: Identification/White)	<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:</b> Timely on both Child Count <u>&amp;</u> End of Year Data Submissions & Certification	<b>Yes</b>		<b>1</b>
<b>Bonus:</b> Attendance at both Child Count <u>&amp;</u> End of Year Training	<b>Yes</b>		<b>0</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 22-23 with a high school diploma (ages 14-21)	<b>77.27%</b>	<b>No</b>	<b>0</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>Year to Year Proficiency Growth Bonus (+1 Possible)</b>			<b>1</b>
<b>Indicator 7:</b> For each Outcome, the percentage of children who improved functioning to a level nearer to or comparable to same-aged peers when exiting the preschool special education program.			
<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 Parent Survey Response:</b> 50% or greater response rate on or annual response increase of 5%	<b>Response Rate:</b> <b>0.31%</b>	<b>No</b>	<b>0</b>
<b>Bonus:</b> Professional development provided to all staff to support students with disabilities.	<b>One</b>	<b>Yes</b>	<b>1</b>
<b>Bonus:</b> Improvement activities for secondary transition program, attendance at OTI, or parent advisory board.	<b>One</b>	<b>Yes</b>	<b>1</b>
<b>Results Points Earned</b>	<b>Total Points Possible</b>	<b>Rating</b>	
<b>9</b>	<b>15</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
15	9	<b>60.00%</b>
<b>TOTAL POINTS AVAILABLE</b>	<b>TOTAL POINTS EARNED</b>	<b>PERCENT TARGETS MET</b>
<b>31</b>	<b>25</b>	<b>80.64%</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