

DIFFERENTIATED MONITORING RESULTS (DMR) LEVEL III (NEEDS INTERVENTION/MODERATE RISK)



District Data Determinations are provided each November in the Special Education Data Packet. All districts must meet the target for compliance indicators 4, 9, 10, 11, 12, & 13, regardless of the overall District Determination status. Refer to the most recent District Data Determinations to address compliance indicators through this process.

STEP I: INDICATORS 4, 9, & 10 (required for all levels if target not met)

Compliance Indicators: Indicator(s) 4, 9, and/or 10

If the indicator has three asterisks (***) and/or identified that policies, procedures, or practices may be leading to inappropriate identification for one or more of the indicator(s) the target has not been met. Refer to the District Determination and complete the following activities (**see exception below**).

- ✓ **Upload** Board Approved Policies (**by December 31st**).
- ✓ **Complete** Procedure Practice Review Questions (**by December 31st**).
- ✓ **Submit** assurance statement signed by the Superintendent and Special Education Director (**by December 31st**).
- ✓ **Address** Root Cause (**by January 12th**).
- ✓ **Develop** an improvement plan including professional development aligned to the indicator (**by January 12th**).
- ✓ **Establish** monitoring tools to measure improvement plan effectiveness (**by January 12th**).
- ✓ **Review** Improvement plan progress twice (**by March 31st and again by May 31st**).
- ✓ **Submit** professional development documentation (**summarized agenda & sign-in sheet by May 31st**).

Upload Toolkit documentation to EdPlan. Select from the main menu bar: **Tools>LEA Document Library>Compliance>current school year**.

Exception: Indicators 4, 9, and/or 10

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 and /or have been identified as DMR Level 3 or 4 in the same focus area. 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. The district will be notified of any additional required activities. Activities are developed on a tiered system based on the number of consecutive years with a growth measure built in. Refer to the General Supervision System Manual for additional detailed information.

Tier 1: 3rd year of consecutive noncompliance and/or not meeting target in one or more areas. Complete the required additional activities below:

- Review the past two years' root cause findings to assist with developing an improvement plan.
- Utilize 615 funds to address improvement plan implementation (fund amount/percentage is determined by SDE).

Tier 2: 4th year of consecutive noncompliance and/or not meeting target in one or more areas below. Complete the required activities below:

- Review the past two years' root cause findings to assist with developing an improvement plan.

DIFFERENTIATED MONITORING RESULTS (DMR) LEVEL III (NEEDS INTERVENTION/MODERATE RISK)



- Utilize 615 funds to address improvement plan implementation (fund amount/percentage is determined by SDE).
- Develop/utilize a Parent Advisory Board, meet quarterly, discuss root cause and improvement plan, and how the 615 funds will be utilized.

Tier 3: 5th plus year of consecutive noncompliance and/or not meeting target in one or more areas below. Complete the required activities below:

- Review the past two years' root cause findings to assist with developing an improvement plan. One SDE staff or contract with an outside representative to participate in team planning to support the identification of the root cause, data review, and the plan for improvement.
- Utilize 615 funds to address improvement plan implementation (fund amount/percentage is determined by SDE).
- Develop/utilize a Parent Advisory Board, meet quarterly, discuss root cause and improvement plan, and how the 615 funds will be utilized to support the plan and share progress made towards the plan.
- Invite parents to a school board meeting to discuss the plan for improvement and data trends for the past three years related to the area.

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

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

If 10% or more growth is demonstrated while implementing the plan from the previous year, the district will remain at Tier 1 for the current year. If the district drops down below the gain the district will move to the next tier below current placement.

Review district data and work toward compliance for each indicator with an effort to reduce the risk of significant disproportionality.

Refer to DMR Dates to Remember document located on the website for additional information.

If compliant or have completed this step, move to step II.

STEP II: COMPLIANCE INDICATORS 11, 12, & 13 (required for all levels if target not met)

Compliance Indicators: Indicator(s) 11, 12, and/or 13

Indicators 11, 12, and/or 13 require 100% compliance. If the district has not met the 100% target and is notified of noncompliance, complete the following activities for the corresponding indicator toolkit. Refer to the Annual District Determination and District Data Profile for indicator results. The indicator toolkit will guide the district in the review of its special education program. **(See exception below).**

- ✓ **Address** the Guiding Questions and identify the root cause of noncompliance **(by January 12th)**.
- ✓ **Develop** improvement plan including professional development aligned to the indicator **(by**

DIFFERENTIATED MONITORING RESULTS (DMR) LEVEL III (NEEDS INTERVENTION/MODERATE RISK)



January 12th).

- ✓ **Submit** assurance statement signed by Superintendent and Special Education director **(by January 12th).**
- ✓ **Review** improvement plan progress twice by **(March 31st and again by May 31st).**
- ✓ **Submit** professional development documentation **(summarized agenda & sign-in sheets by May 31st).**

Upload Toolkit documentation to EdPlan. Select from the main menu bar: **Tools>LEA Document Library>Compliance>current school year.**

Exception: 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 tiered activities.

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.

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. The district will be notified of any additional required activities. Activities are developed on a tiered system based on the number of consecutive years with a growth measure built in. Refer to the General Supervision System Manual for additional detailed information.

If 10% or more growth is demonstrated while implementing the plan from the previous year, the district will remain at Tier 1 for the current year. If the district drops down below the gain, the district will move to the next tier below current placement LEAs identified as noncompliant (less than 100%) for three consecutive years for the same indicator are required to complete the appropriate tiered activities.

DMR Level 3 and/or Level 4

LEAs identified as a DMR Level 3 or DMR Level 4 in the same focus/target area of improvement for 3 consecutive years are required to complete the appropriate tier.

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.

STEP II: COMPLIANCE INDICATORS 11, 12, & 13 (CONTINUED)

OSDE Compliance check for improvement

Prong I (Identification of needed supports and corrections)

- ✓ **Letter of Assurance:** Inform the OSDE-SES that noncompliance will be corrected and monitored to ensure future compliance.
- ✓ **Data Corrections (Student Level Corrections):** Districts with identified noncompliance must correct all records in accordance with IDEA.
- ✓ **Improvement Plan:** Submit an improvement plan to address the sources of noncompliance for the

DIFFERENTIATED MONITORING RESULTS (DMR) LEVEL III (NEEDS INTERVENTION/MODERATE RISK)



indicator(s) (see above requirements).

- ✓ **Data Retreat:** Levels 3 and 4 are required to attend for data management and improvement.
- ✓ **Professional Development:** Submit documentation aligned to the improvement plan (summarized agenda & sign-in sheets)

Upload Toolkit documentation to EdPlan. Select from the main menu bar: **Tools>LEA Document Library>Compliance>current school year.**

Prong II (Monitor for continued compliance)

The Office of Special Education Programs (OSEP) requires a review of areas identified within one year of any finding of noncompliance to ensure that districts have corrected and are maintaining compliance. OSDE-SES will conduct continuous compliance reviews through a random sampling process, by which student records will be randomly selected and reviewed for compliance.

Review the District Data Profile for all areas not meeting the targets and develop plans to move towards compliance. Remember to keep monitoring district data to ensure progress.

Refer to DMR Dates to Remember document located on the website for additional information.

STEP III: PERFORMANCE INDICATOR 1 & 2, 3, 7 & FISCAL

Performance Indicators 1 & 2, 3, 7, and/or Fiscal

The Oklahoma State Department of Education-Office of Special Education Services (OSDE-SES) has identified one or more performance indicator(s) as furthest from the target. The district must address low performance by following the guidance below. Refer to the Annual District Data Determination and District Data Profile for identified **area(s) of focus**.

Performance Indicators: Indicator(s) 1 & 2, 3, 7 and/or Fiscal

If the indicator(s) identified have not met the target, complete the corresponding indicator toolkit in EdPlan. The toolkit will guide the district in the review of its special education program to assist with compliance by completing the following (**see exception below**):

- ✓ **Complete** Guiding Questions, analyze data, and determine root cause (**by January 12**).
- ✓ **Develop** improvement plan including professional development aligned to indicator (**by January 12th**).
- ✓ **Submit** assurance statement signed by Superintendent and Special Education Director (**by January 12th**).
- ✓ **Review** improvement Plan progress twice (**by March 31st and May 31st**).
- ✓ **Submit** professional development documentation (**summarized agenda & sign-in sheets by May 31st**).

Upload Toolkit documentation to EdPlan. Select from the main menu bar: **Tools>LEA Document Library>Compliance>current school year.**

Exception: Additional activities are required if found to be noncompliant and/or not have met the state target in the same focus area/indicator across three consecutive years and/or have been identified as a DMR Level 3 or DMR Level 4 in the same focus/target area. The district will be notified of additional required activities. Activities are developed on a tiered system based on the number of consecutive years with a growth measure built in. Refer to the General Supervision System Manual for additional

DIFFERENTIATED MONITORING RESULTS (DMR) LEVEL III (NEEDS INTERVENTION/MODERATE RISK)



detailed information.

Review the District Data Profile for areas not meeting the target and develop plans to move toward compliance.

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STEP IV: DMR III MONITORING ACTIVITIES

Compliance and Performance Review

If the district's Differentiated Monitoring Results (DMR) status is Level 3, the district is required to participate in monitoring activities to assist in determining areas of needed support. The district will receive either a Targeted or a Comprehensive Monitoring. Refer to the Annual District Data Determination and District Data Profile for identified **areas(s) of focus**.

Targeted Compliance and Performance Review

Target monitoring activities are administered with the intent of assessing the district's implementation of IDEA requirements. The monitoring activities may include:

- ✓ Review of student records
- ✓ Data verification review
- ✓ Interviews with LEA personnel
- ✓ Other activities as needed

Comprehensive Compliance and Performance Review

Comprehensive monitoring activities are administered with the intent of assessing the district's implementation of IDEA requirements and to review the special education program to its entirety. This type of monitoring activity will include:

- ✓ IDEA Part B fiscal review
- ✓ Review of LEA policy and procedures (administrative records)
- ✓ Review of student records
- ✓ Data verification review
- ✓ Interviews with LEA personnel
- ✓ Individual student tracking
- ✓ Parent interviews
- ✓ Other activities as needed

STEP IV: DMR LEVEL 3 MONITORING ACTIVITIES (CONTINUED)

Prong I (Identified noncompliance correction)

The Oklahoma State Department of Education-Special Education Services (OSDE-SES) will notify the district of all low-performing areas identified and may prescribe a Corrective Action Plan (CAP) addressing identified areas of low performance and improvement strategies to ensure correction. The corrective action(s) may include:

- ✓ Professional Development

DIFFERENTIATED MONITORING RESULTS (DMR) LEVEL III (NEEDS INTERVENTION/MODERATE RISK)



- ✓ Review of Policies, Practices & Procedures
- ✓ Letter of Assurance
- ✓ Child Specific Findings (student file corrections)
- ✓ Improvement Plan
- ✓ Caseload Class Size Exception (may be required)
- ✓ Systemic Compliance (Prong II Review)

Prong II (Monitor for systemic compliance)

Compliance

Within one year of any findings, the Office of Special Education Programs (OSEP) requires a review of all monitoring corrective actions identified in the Prong I process. OSDE-SES will conduct a Prong II systemic compliance review through a random sampling process. The district should demonstrate systemic compliance in all areas identified in the corrective action plan.