

Special Education

GENERAL SUPERVISION SYSTEM

MONITORING AND RESULT-BASED ACCOUNTABILITY



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
— CHAMPION EXCELLENCE —

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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 a district 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's and districts' performance on a set of compliance and performance indicators through the APR every February. The district 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 district'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 district. The determination and risk assessment are described in more detail in the following paragraphs.

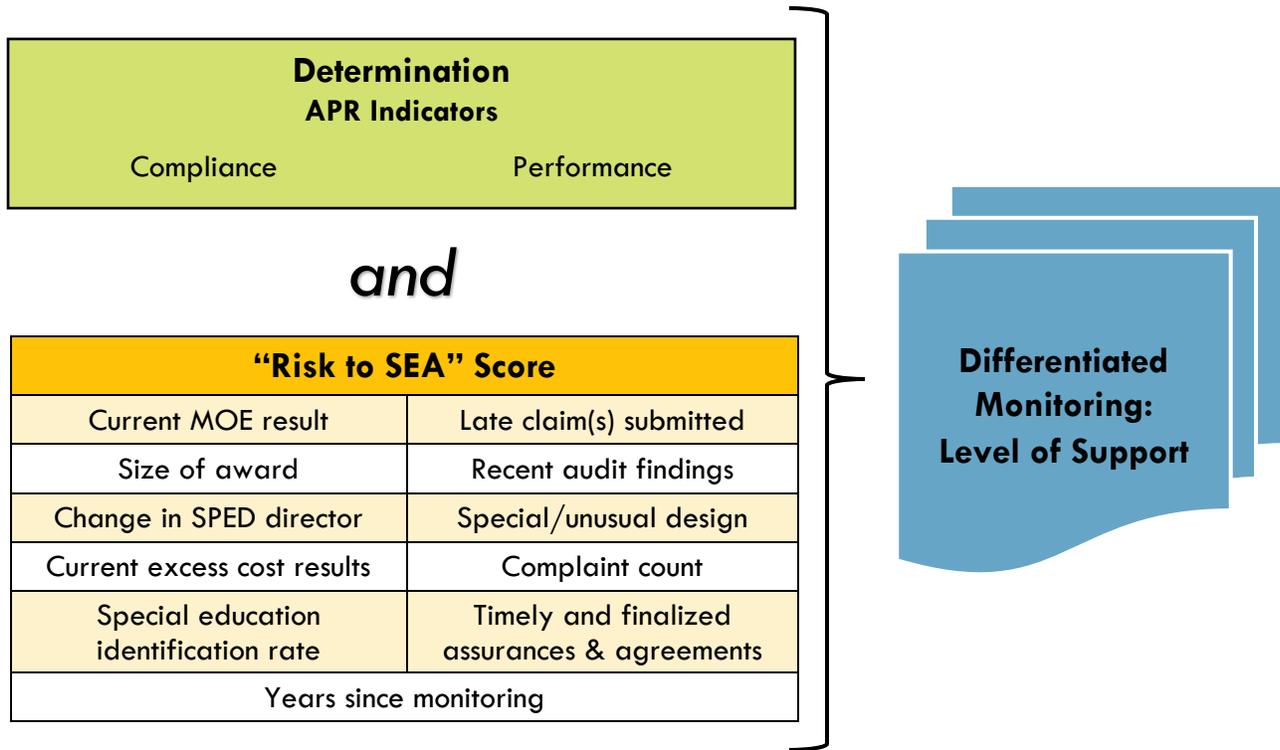
Determinations

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 districts. 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 13 points. The determination is made by adding the points together that the district has earned by meeting the indicator targets and dividing by the total possible points (29). Bonus points are available for meeting various criteria. If a district’s score falls close to the target (“approaching” the target), it will receive 1 point instead of 2. District 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 districts’ 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 district 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 district’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 district’s DMR and corresponding level of support. Table 2 lists the eleven factors included in the 2019 fiscal risk score and their factor weights. Table 3 lists three mitigating factors used to decrease district’s overall fiscal risk. Districts 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 – Districts must expend an equal amount of state and/or federal funds year to year. Districts not meeting MOE are subject to a citation for failure and funds could be withheld from State aid.
- Timely & Finalized Assurances and LEA Agreements – Districts must complete the Oklahoma Assurances and LEA Agreement by June 30 annually. Risk to the SEA increases if districts 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) – Districts are at greater fiscal risk when the special education administrative duties are being conducted by a new director.
- Change in SPED Director – Districts 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 district found not meeting excess cost could incur a penalty requiring districts to pay back a portion of funds.

- Special Education Identification Rate – Districts with very high special education rates may need additional support, increasing the risk to the SEA. In FY2019, the state’s identification rate was 16.3 percent. Districts 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 – Districts that are in COOPs or Interlocals, and/or are charter or virtual schools.
- Late Claim Submitted in FY19 – 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 FY19 – Higher numbers of complaints that resulted in findings against districts increase a district’s risk to the SEA.
- Years Since Prior On-site Monitoring – Districts 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 | | | |
|---|---|-------------------------|---|------------|
| MOE Results: Current | Met | Not met, no exception | | |
| | 0 | 10 | | |
| Timely & Finalized Assurances and/or LEA Agreement | Timely & Finalized FY20 | Late or Unfinished FY20 | Late or Unfinished: two or more years in a row | |
| | 0 | 1 | 3 | |
| Size of Award | <\$100,000 | \$100,000 to 500,000 | \$500,000 to 900,000 | >\$900,000 |
| | 0 | 1 | 2 | 3 |
| Change in SPED Director | No Change in Two+ Years | Second Year | First Year/New Change | |
| | 0 | 1 | 3 | |
| Excess Cost Results: Current | Met | Not met | | |
| | 0 | 10 | | |
| Special Education Identification Rate | Less than twice the state average of 16.3% (<33.0%) | | More than twice the state average of 16.3% (33.0%+) | |
| | 0 | | 3 | |
| Recent Audit Findings | No | Other/No SPED | SPED (with or without Other) | |
| | 0 | 3 | 5 | |
| Special Design | No | Yes | | |
| | 0 | 2 | | |

| Late Claim Submitted in FY19 | No | Yes | Late claims submitted two or more years in a row |
|---|--------------------|---------------------|--|
| | 0 | 3 | 5 |
| Complaint Findings in FY19 | Zero or One | Two or More | |
| | 0 | 3 | |
| Years Since Prior On-site Monitoring | Six or Fewer Years | More than Six Years | |
| | 0 | 5 | |

Table 3: Mitigating Factors to Reduce Risk

| | Scoring Elements | |
|--|-------------------------|-----|
| Fiscal Representative Attended “Hands on Budget” Training in 2019 | No | Yes |
| | 0 | -1 |
| Budget Application submitted by November 1, 2019 | No | Yes |
| | 0 | -1 |
| Attended First Year Director’s Training | 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 district 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 district. 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 |
| 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
- D. Professional development modules
- E. Data retreat
- F. Improvement plan
- G. Targeted on-site reviews
- H. Comprehensive on-site 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 district, 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

Districts 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 districts assigned 'lower' levels of support, as space permits.

F. Improvement plan

The improvement plan is required of districts in levels of support 3 and 4. It is intended to serve as a tool for districts to use to guide improvement in risk, compliance and/or student performance. OSDE-SES will assist the district 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 districts will receive a targeted or comprehensive on-site monitoring visit, depending on an initial review of district needs by OSDE personnel. Level 4 districts will automatically receive a comprehensive on-site monitoring visit.

Targeted on-site compliance and performance review

Targeted on-site 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 on-site compliance and performance review

Comprehensive On-Site 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.

Required activities in response to noncompliance

As stated previously, each state is required to report all findings of noncompliance on APR indicators 4a, and 9 through 13. Any district 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

Districts 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 district is notified of a finding of noncompliance.

X. Prong 1: data correction

Districts 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. Districts 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. Districts 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 district is substantially below the 100 percent target on one or more indicators, the district 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” districts within one year of any finding of noncompliance to ensure that districts 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 district 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 district’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 district 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.

Timeline and Deadlines

The state’s timeline for issuing risk scores and determinations, assigning levels of support, and district 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

| | State Timeframe | District Timeframe |
|--|---|--|
| District Data Profile (DDP) | 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. |
| Differentiated Monitoring Results (DMR) | Result is issued each fall by November 15 via a letter dictating the assigned level of support and all required district activities. | All required activities must be completed by June 30, though specific activities may have earlier deadlines. |
| Risk Assessment | Issued each fall by November 15 in the DMR packet. | May respond within two weeks with questions and concerns. |
| Determination | Issued each fall by November 15 in the DMR packet. | See above. |
| Noncompliance Findings* | Issued each fall by November 15, after DDP is finalized, with the DMR packet. | Noncompliance must be corrected within 45 days. |
| Prong 2 Review | Conducted by May 31. Results issued by June 30 by letter. | If continued noncompliance, additional district 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 take into account (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 2019 District Risk Score Example

District: **EXAMPLE DISTRICT**

RISK CATEGORY 2: LOW RISK

| FACTOR (FY) | District Result | District Score |
|--|------------------|----------------|
| Current MOE Results (2018) | Not met | 10 |
| Timely & Finalized Assurances/Agreements (2019) | Met | 0 |
| Size of Award (2020) | \$100K to \$500K | 1 |
| Change in SPED Director (2020) | Second Year | 1 |
| Current Excess Cost Results (2018) | Met | 0 |
| Special Education Identification Rate | Met | 0 |
| Recent Audit Findings (2017-18) | No | 0 |
| Special or Unusual Design (2020) | No | 0 |
| Late Claim Submitted (2019) | Yes | 3 |
| Complaint Count (2018-19) | None | 0 |
| Years Since Prior On-site Monitoring | Four | 0 |
| BONUS: Budget Training (Fall 2019) | No | 0 |
| BONUS: Timely Budget Application (Nov. 2019) | Yes | -1 |
| BONUS: 1 st Year Director Training Partic. (2019) | No | 0 |
| TOTAL RISK SCORE | | 14 |

| Risk Category | Risk Score |
|---------------------------|----------------|
| Category 1: Very Low Risk | 0 – 9 points |
| Category 2: Low Risk | 10 – 18 points |
| Category 3: Moderate Risk | 19 – 27 points |
| Category 4: High Risk | 28 – 50 points |

Appendix B: FY 2019 District Determination Example

District: **EXAMPLE DISTRICT**

Determination: **TIER 2: NEEDS ASSISTANCE**

| Part B Compliance Matrix: 2018-2019 | | | |
|--|------------------------------|-------------------|-------------------|
| Compliance Elements | District | Target Met | Score |
| Indicator 4A: Risk Ratio for students with disabilities with long-term suspensions/expulsions | 1.6 | Yes | 2 (2 possible) |
| Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification. | Not identified | Yes | 2 (2 possible) |
| Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification | Not identified | Yes | 2 (2 possible) |
| Indicator 11: Child Find; timely initial evaluation | 97.2% | Approaching | 1 (2 possible) |
| Indicator 12: Early Childhood Transition; Individual Education Program developed/implemented by third birthday | 93.0% | No | 0 (2 possible) |
| Indicator 13: Secondary Transition Documented | 100.0% | Yes | 2 (2 possible) |
| Timely Completion of Monitoring Requirements | Not Timely | | 0 (2 possible) |
| Longstanding Noncompliance | Compliant | | 2 (2 possible) |
| Bonus: Timely on Child Count & End of Year Data Submissions & Certification | Yes | | 2 (2 possible) |
| Bonus: Attendance at Child Count <i>and</i> End of Year Training | No | | 0 (1 possible) |
| Compliance Points Earned | Total Points Possible | | Rating |
| 13 | 16 | | 81.25% |

| Part B Results Driven Accountability Matrix: 2018-2019 | | | | | |
|---|-------------|-------------|-----------------------|------------|-------------------|
| Student Assessment Results | 17-18 Score | 18-19 Score | Target Met | Growth | Score |
| Indicator 3C: Percent of students with disabilities across all grades participating in Regular Statewide Assessments who achieve Proficient or Advanced scores AND Growth over time | | | | | |
| Reading | 12.05% | 12.25% | Approaching | Yes | 2 (3 possible) |
| Math | 11.42% | 11.90% | Approaching | Yes | 2 (3 possible) |
| Other Results Elements | | | District | Target Met | Score |
| Indicator 1: Percent of youth with IEPs, in Cohort Year 2017, who graduated with a diploma | | | 91.0% | Yes | 2 (2 possible) |
| Indicator 2: Percentage of students with disabilities dropping out of high school | | | 9.5% | No | 0 (2 possible) |
| Indicator 7: For each Outcome listed, the percentage of students with disabilities who improved functioning to a level nearer to same-aged peers, improved functioning to a level comparable to same aged peers, or maintained functioning at a level comparable to same-aged peers in regards to... | | | | | |
| Outcome 7A: Positive social-emotional skills | | | 93.0% | Yes | 1 (1 possible) |
| Outcome 7B: Acquisition and use of knowledge and skills | | | 90.2% | Yes | 1 (1 possible) |
| Outcome 7C: Use of appropriate behaviors to meet their needs | | | 92.4% | Yes | 1 (1 possible) |
| Bonus: 50% or greater parent response rate on parent survey or annual response increase of 5% | | | No | | 0 (1 possible) |
| Bonus: District-driven improvement activities to enhance student outcomes or district processes* | | | Yes | | 1 (2 possible) |
| Results Points Earned | | | Total Points Possible | | Rating |
| 10 | | | 13 | | 76.90% |

* A district may earn one bonus point for each improvement activity (up to two) such as a program self-assessment, assistive technology training, and/or special education training that includes general education teachers (training must be at least 1/2 day and be linked to indicators, student outcomes, or a district improvement plan).

| DETERMINATION DATA SUMMARY | | |
|-----------------------------------|----------------------------|----------------------------|
| Compliance Points Available | Compliance Points Earned | Compliance Performance |
| 16 | 13 | 81.25% |
| Results Points Available | Results Points Earned | Results Performance |
| 13 | 10 | 76.90% |
| TOTAL POINTS AVAILABLE | TOTAL POINTS EARNED | PERCENT TARGETS MET |
| 29 | 23 | 79.3% |
| TIER 2: NEEDS ASSISTANCE | | |

| Percentage of Points Earned | Level of Determination |
|-----------------------------|--|
| 85% to 100% | Tier 1: Meets Requirements |
| 70% to 84.9% | Tier 2: Needs Assistance |
| 55% to 69.9% | Tier 3: Needs Intervention |
| less than 55% | Tier 4: Needs Substantial Intervention |

| History of Determinations for District | |
|---|---------------------------|
| 2015 – 2016: | <i>Needs Assistance</i> |
| 2016 – 2017: | <i>Needs Assistance</i> |
| 2017 – 2018: | <i>Meets Requirements</i> |

NA: Indicates that the indicator does not apply for the district but still receives full credit for ease in calculations.

NR: Indicates that the district did not submit data to calculate compliance or performance. District receives no credit.

For more information, the FFY 2017 *Oklahoma Annual Performance Report (APR)* can be located on the OSDE-SES website: <http://ok.gov/sde/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21>