

OSDE Special Education Services

Indicator 9: Disproportionality of Racial/Ethnic Representation

Indicator 9: Racial and Ethnic Representation: disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

Dates to Remember

- December 31st
 - Upload Board approved policies.
 - Complete Procedure and Practice Review Questions.
 - Submit Assurance Statement.
- January 12th
 - Address Root Cause
 - Develop Improvement Plan & establish monitoring tools to measure effectiveness.
- March 31st
 - First Progress Review
- May 31st
 - o Final Progress Review
 - Professional Development Due

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The indicator toolkit will be completed in EdPlan. Professional development documentation will be uploaded to the LEA Document Library Compliance tab in EdPlan.

Purpose

The district has been notified that significant discrepancy was found, and OSDE-SES must review policies, procedures, or practices before determining if the district "meets target". All districts who have three asterisks (*) for Indicator 9 and /or identified that policies, procedures, or practices may be leading to inappropriate identification, refer to the District Determination and address the following: (see exception below).

- **Upload** Board Approved Policy.
- Answer Procedure and Practice Review Questions.
- Address Root Cause.
- **Develop** an improvement plan.
- **Submit** an assurance statement signed by the Superintendent and Special Education Director ensuring correction of noncompliance to 100% in accordance with 34 CFR 300.600(e).
- **Establish** monitoring tools needed to measure effectiveness of the improvement plan.
- Review the progress of the improvement plan twice (by March 31st and again by May 31st).
- Submit professional development documentation (summarized agenda and sign-in sheets).

Exception: Additional activities are required if found to be noncompliant and/or not have met state target in the same area/indicator for three consecutive years. The district will be notified for 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 for additional information.



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Exception:

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.
- 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. An SDE staff or contracted outside representative will 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 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.



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- Upload Board Approved Policies to the LEA Document Library in EdPlan by December 31st.
- Answer Practices and Procedure Questions: The required information on this page is intended
 to assist the district with reviewing internal policy, practices, and procedures (ppp). Answer each
 question thoroughly.

Go to November Determination and identify the racial/ethnic group for which a ppp review is required.

Describe the district's eligibility procedures.

*Detailed procedures should explain how the district implements IDEA.

Describe the district's practices to support teams in making eligibility determinations in accordance with IDEA.

*Detailed practices ensure internal processes are followed.

Describe the district's procedures for ensuring all available existing data are used for eligibilities determinations to assist the team in identifying eligibility and the need for specially designed instruction.

Describe the district's procedures for eligibility determinations for students who move into the district.

Describe the district's procedures for reevaluations.

How often is parent consent obtained for new data?

Describe the district's procedures for universal screening to identify needs for early interventions or targeted supports.

Describe the district's procedures for progress monitoring for developmental, academic, and behavioral progress.



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Assurance Statement

Districts identified with policies, practices, and/or procedures (ppp) that may be leading to the inappropriate identification of a race/ethnic group in a specific disability category are required to provide the OSDE-SES with assurance that the LEA will review and correct ppp to improve Indicator 9.

Please provide the assurance statement in EdPlan signed by both the Superintendent and Special Education Director.

Improvement Plan

- Use the answers to the Practices and Procedure Questions to identify the factors that the team believes are most linked to the root cause.
- **Develop** an improvement plan for Indicator 9.
- **Include** professional development as a part of the plan.
 - Describe the professional development needed to assist the district with improving this indicator.
 - o Identify the topic, audience, and date professional development will be provided.
- **Describe** the progress review activity and/or data source that will assist in determining effectiveness of the improvement plan.
- **Identify** the person responsible for monitoring the progress of the improvement plan.

Progress Review

Analyze the collected data identified in the improvement plan as well as any other data gathered to measure the effectiveness of the improvement plan. If the data sources analyzed do not demonstrate progress towards improving the indicator, the district may continue or amend the improvement plan. Provide justification for the decision to either continue or amend the plan.

Guiding Questions for the first progress review (due March 31st):

Has a team been established with each member having defined roles?

Have meetings been scheduled to review the data?

Have current district policies, practices, and procedures been reviewed and amended if needed?

Have staff been informed and know how to access the improvement plan?

Does the data demonstrate growth toward intended outcomes or are other sources of data needed?

Guiding Questions for the final progress review (due May 31st):

Does the data demonstrate growth toward intended outcomes or are other sources of data needed? Was the activity implemented with fidelity?

What additional activities can be added to the district's improvement plan?

What policies, practices, and/or procedures can be changed or implemented?

What strategies need to be carried into the following school year?





Upload **Professional Development** documents (summarized agenda and sign-in sheets) to the LEA Documents Library Compliance tab in EdPlan by **May 31**st.