Special Education Monitoring Updates

Regional Presentation to Special Education Directors
Division of Review and Support
Purpose

Overview of Results Driven Accountability System

Actionable Feedback

Collaborative Planning
Sharing Your Ideas and Questions

Hyperlink

https://bit.ly/2U2Rhx0

QR Code
Defining the Structure
Stakeholder Feedback

What did stakeholders ask for?

• Frequent cyclical monitoring
• Timely monitoring
• Consistent monitoring
• Transparent monitoring
• Progress monitoring
• Monitoring with feedback
• Frequent on-site monitoring
• Monitoring with support solutions
• Proper notification of monitoring visits
• Publicly reported monitoring outcomes
• Appropriate monitoring timeline
Stakeholder Feedback

- Dyslexia*
- RTI*
- Referrals*
- Least Restrictive Environment*
- Individualized Education Programs
- Admission, Review, and Dismissal
- Classroom environment and instruction
- Behavior Intervention Plans
- Medical plans
- 504 plans
- Discipline placements
- Checklists and guidelines used in monitoring

*Specifically requested by parents
Monitoring Expectations

- To include quantitative and qualitative monitoring components
- Will be structured for 20% of LEA’s to receive desk review and/or on-site review
- Will be structured for on-site reviews
- To include a process to identify bright spots and best practices
- Will be based on individualized needs of LEAs
- To be structured to monitor IDEA non-compliance
- Will include process to identify LEAs with greatest needs and provided targeted support through Div. of Escalation
- Will develop standardized monitoring processes with generated feedback
- reported to LEAs
- Will include structured processes for connecting LEAs to technical assistance
Adoption of Results Driven Accountability

- Partner with Stakeholders
- Drives Improved Results
- Provide Data For Positive Impact on Student Results and Respond to LEA Needs
- Minimize the Burden of Effort Duplication to LEAs and Interagency Operations
- Protects Children and Families (NEW!)
- Differentiated Incentives and Supports to LEAs (NEW!)
- Transparent and Understandable to Educators and Families (NEW!)
- Mindset Change from Staging to Performance Level Supports (NEW!)
Risk Assessment Index Design

**Determination Indicators**
* Determination indicators in PBMS will remain the same for 2019-2020.
  * Additional indicators will be report only for data collection in 2019-2020.

**Actionable data**
* Risk Assessment Index will provide diagnostic data for LEAs.
  * All LEAs will receive a report of all result and compliance factors that highlight LEA strengths and weaknesses

**End-User Design**
* Results-Driven Accountability will be designed to meet LEA needs.
  * Information guides and reports will seek make sense of the data for practitioner use for decision making purposes.
Risk Index Data Reporting

Risk Factors

Includes all Federally Required Data

Predictive Indicators will be Added as Data is Validated

Risk Level Cut Points

RL or RL 1
Low Risk
Low = Meets Requirements

RL 2
Moderate Risk
Moderate = Needs Assistance

RL 3
High Risk
High = Needs Intervention

RL 4
Very High Risk
Very High = Needs Substantial Intervention
Improvements in Monitoring

**Then:**
- Performance Based Analysis System (PBMAS)
- School Improvement
- Approximately 8% -10% LEAs monitored annually
- Corrective Action Plans

**Now:**
- Performance Based Analysis System (PBMAS)
- Review and Support Team
- Approximately 10-13% LEAs monitored
- Regional Teams
- Policy and Procedure Review
- Continuous Improvement Coaching
- Monthly Support and Communication
- Corrective Action Plans

**Future:**
- Results-Driven Accountability (RDA) with new Risk Assessment Index (2020)
- Self-Assessment *(Continuous Improvement)*
- Cyclical Monitoring *(Comprehensive)*
- Targeted Monitoring (Risk)
- Approximately 20% LEAs annually
- On-site Reviews *(Best Practices and Risk)*
- Differentiated Universal Supports
- Targeted Technical Assistance
- Regional Teams *(Consistent Messaging and Communication)*
- Professional Development for Monitoring Process
- Corrective Action Plans

Approximately 8-10% LEAs Monitored
Approximately 10-13% LEAs Monitored
Approximately 20% LEAs Monitored
Timeline for Future Changes

Phase I: Rebranding of PBMAS Adoption of Results Driven Accountability

Phase II: Evaluation – year 1
Formative Evaluation of New Risk Factors

Cycle of Continuous Improvement

Phase III: Evaluation – year 2
Impact of General Monitoring and Report on Risk Factors

2019
2020
2021
2022
2023

Results Driven Accountability Implementation using a Risk Assessment Index
Stop and Jot

How will the proposed changes to our current practices increase positive student outcomes?
Summary

- **Representativeness (including RFs):** 450 LEAs
- **Categories of non-compliance:** 33
- **Instances of non-compliance:** 2,300
- **Fast fact:** 21% ($n = 7$) of all non-compliance categories makes up 83% ($n = 1,915$) of all instances of non-compliance

What did the data tell us?
### Monitoring Review Activities

**Desk Review**
- Self-Assessment Review
- State Performance Plan (SPP) Data Review
- Risk-Assessment Determination Review
- Dispute/Complaint Data Review
- Local Policy and Procedure Review
- Student Data Reviews
  - Referral Documentation
  - Evaluation Data
  - Individualized Education Program (IEP)
  - IEP Implementation Documentation
- Stakeholder Interviews

**On-Site Review**
- Self-Assessment Review*
- SPP Data Review*
- Risk-Assessment Determination Review*
- Dispute/Complaint Data Review*
- Local Policy and Procedure Review*
- Student Data Reviews*
  - Referral Documentation
  - Evaluation Data
  - Individualized Education Program (IEP)
  - IEP Implementation Documentation
- Stakeholder Interviews*
- Introduction Meeting
- Observations of IEP Implementation
- Stakeholder interviews
- Preliminary Suggestions and On-Site Conclusion Meeting
- Public Stakeholder Feedback Meeting

*Components may have been completed as part of desk review if LEA received a desk review prior to an on-site and will not be duplicated during the on-site process.
### Compliance/Strategy

<table>
<thead>
<tr>
<th>Compliance/Strategy</th>
<th>Developing</th>
<th>Proficient</th>
<th>Exemplary</th>
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<tbody>
<tr>
<td>6. Offer of Free Appropriate Public Education (FAPE)</td>
<td>Special education services within the LEA are available but limited to one educational environment. Eligibility is determined by 1) the student has a disability, and 2) due to the disability, the student needs special education and related services to benefit from education.</td>
<td>Special education services within the LEA are available and offered across a continuum of services based on the individual needs of the student. The ARD committee makes the eligibility determination within 30 calendar days from the date of completion of the initial evaluation report, or by the first day of classes if the 30th day falls during the summer and school is not in session.</td>
<td>Special education services within the LEA are reviewed and monitored by conducting an internal audit to ensure continuum of services programming for current or potential students with disabilities.</td>
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### Justification for Quality Level

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<thead>
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<th>Justification for Quality Level</th>
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## Desk Review

<table>
<thead>
<tr>
<th>IEP Development Checklist</th>
<th>Priority Diagnostic Questions</th>
<th>Percent Compliant</th>
<th>Evidence: Data Used</th>
<th>Comments</th>
<th>Considerations</th>
<th>Clarifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>34 CFR §300.306(b)(1)</td>
<td>Are identification procedures compliant with state and federal guidelines?</td>
<td>#DV/0!</td>
<td>Student Special Education Record/Declarations: If the current IEP is for initial placement, is there consent for initial placement?</td>
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<td>34 CFR §300.320(4)(1)</td>
<td>Are the student supports and services provided with fidelity?</td>
<td>#DV/0!</td>
<td>ARD: Is there evidence that the IEP contains PLAAFPs that include how the child’s disability affects their involvement and progress in the general education curriculum (describes the student’s strengths and weaknesses); or for preschool children, as appropriate, how the child’s disability affects their development?</td>
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</tr>
<tr>
<td>34 CFR §300.320</td>
<td>Are the student supports and services provided with fidelity?</td>
<td>#DV/0!</td>
<td>ARD: For both special education and related services, are there measurable annual goals, academic and/or functional, based on the PLAAFPs?</td>
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Stakeholders requested the following:

- Effective classroom supports
- Technical supports
- Follow-up for improvements
- Positive rewards for best practices
- Identified interventions
- Consistent feedback
- Supported guidance for non-compliance
- Education Service Center (ESC) support
How will LEAs receive support?

1. Meets Requirements (Universal Supports)
   - Showcase best practices
   - LEAs request support as needed

2. Needs Assistance (Universal Supports)
   - Quarterly check-ins
   - Self-guided Technical Assistance
   - Identify formative metrics
   - R&S facilitates connections for professional development modules
   - Recommendations to ESC supports
   - Highlight best practices

3. Needs Intervention (Targeted Supports)
   - Required bi-monthly communication
   - Collaborative coaching & connection to targeted resources
   - TEA required Technical Assistance and/or professional development modules
   - Facilitated training and support from ESC
   - Timeline for Technical Assistance follow-up & fidelity check

4. Needs Substantial Intervention (Intensive Supports)
   - Required monthly communication
   - Direct funding for Technical Assistance
   - Prescribed fidelity checks with LEA regarding Technical Assistance resources
   - Direct training and support with ESCs
Stop and Jot

What do you see as needed technical assistance to support the continuous improvement process?

What recommendations will be most valuable? What does universal and targeted supports mean to you?

Where would you like to receive these supports? (i.e. ESC, TEA, networks, 3rd party vendors/educational consultants)
Projected Monitoring Schedule
### Monitoring Schedule

<table>
<thead>
<tr>
<th>Year</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>2 Years of Cyclical Monitoring Posted</td>
<td>SPP Data Closes for LEA Input</td>
<td>Notify LEAs Self-Assessment is Open</td>
<td>TAA for RDA Results Posted and First Cycle Notifications for Monitoring Sent to LEAs</td>
<td>TEA Completes SPP Clarifications</td>
<td>LEAs Notified for Risk Monitoring and CAP Requirements</td>
<td>TETN for RDA Results Second Notification for Risk Monitored LEAs send with Monitoring Requirements</td>
<td>Group 1 Risk-Based Monitoring Notifications Sent to LEAs</td>
<td>Group 2 Risk-Based Monitoring Notifications Sent to LEAs</td>
<td>Cycle 1 Monitoring</td>
<td></td>
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</tr>
<tr>
<td>2020</td>
<td>January</td>
<td>February</td>
<td>March</td>
<td>April</td>
<td>May</td>
<td>June</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Second Cycle Notifications for Monitoring Sent to LEAs</td>
<td>Third Cycle Notifications for Monitoring Sent to LEAs</td>
<td>Cycle 2 Monitoring</td>
</tr>
</tbody>
</table>

*LEAs Notified in Advance  **No Site Visits April 7-10
Corrective Action Plan Process

Internal Facing Flow Chart of Non-Compliance

LEAs have one year to correct all findings of noncompliance

1. Review non-compliance assignment in ISAM
2. Communication to LEA of noncompliance
   - Phone
   - Email
3. Record communication in ISAM
4. Verification of CAP submission, review specific area of non-compliance in ISAM
5. Utilize "Verification Chart" to determine individual citation needs
   - Request the required documentation from LEA, record communication in ISAM
   - Review documents and make a preliminary determination if compliance
5. Meet with Regional Manager to discuss findings (noncompliance or latter)
   - If not approved, after additional assistance is provided. Refer to Noncompliance Cadre team to determine if Escalation assistance is warranted
6. Once verified, indicate "corrected & verified" in ISAM

- Locate appropriate "Correction of Non-compliance" correspondence template
- Fill template out and follow protocol for correspondence delivery
- Save and send completed letter to regional manager for approval

Regional Manager/Non-compliance consultants supporting LEAs correction of all non-compliance issues until corrections are achieved