

MONITORING FOR RESULTS AND COMPLIANCE

Results-Driven Accountability (RDA) Determination and Differentiated Levels of Support

GUIDANCE DOCUMENT

IDAHO STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION | RDA MONITORING SYSTEM

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RDA MONITORING SYSTEM

The Idaho State Department of Education (ISDE), Department of Special Education is responsible for the design and implementation of a system of general supervision that monitors the fulfillment of the Individuals with Disabilities Education Act (IDEA) of 2007. The activities under the RDA Monitoring System will continue to monitor local education agencies (LEAs) for compliance. General supervision will also include monitoring LEAs for results, while providing supports to LEAs to meet the requirements of IDEA.

The ISDE RDA Monitoring System encompasses multiple monitoring activities including General Supervision File Review (GSFR), Significant Disproportionality, State Performance Plan/Annual Performance Report (SPP/APR) Indicators 1-16, SPP/APR Indicator 17 State Systemic Improvement Plan and RDA Determinations. All resources associated with the RDA Monitoring System are located on the ISDE [RDA Monitoring System](#) webpage or the Idaho Training Clearinghouse [RDA Monitoring System](#) page.

Guiding Principles: Results Driven Accountability Monitoring System

The Idaho Department of Education principles align with Section 1416 of the 2004 amendments to IDEA, which reads:

The primary focus of Federal and State monitoring activities shall be on:

- A. improving educational results and functional outcomes for all students with disabilities, and
- B. ensuring that States meet the program requirements under this part, with a particular emphasis on those requirements that are most closely related to improving education results for students with disabilities. (20 U.S. Code § 1416.a.2)

The RDA Monitoring System is designed to guide and support districts in their pursuit of preparing students with disabilities to persevere in life and be ready for college and careers. This system establishes a framework for the Department of Special Education to partner with local educational agencies (LEAs) to encourage mutual responsibility for student outcomes.

Objectives

- Establish a meaningful and continuous monitoring system focused on improving academic results and functional outcomes for students with disabilities by using local data to identify areas for improvement.

- Support LEAs in evaluating their systems to improve compliance- and results-focused efforts through the development of data literacy.
- Link program improvement activities with multi-year planning and supports.

RDA DETERMINATION AND DIFFERENTIATED LEVELS OF SUPPORT

The following document provides guidance specifically on the RDA Monitoring System activity, RDA Determinations, and Differentiated Levels of Support. To meet the general supervision requirements, the ISDE conducts an annual review of each LEA's performance on a pre-identified set of results and compliance indicators and special conditions areas. Data from the annual review is compiled into the RDA Determination Report and LEAs are placed into one of three Differentiated Levels of Support according to the score on the RDA Determination Report. The ISDE provides tiered technical assistance according to LEA need. Information on the data used to calculate scores and requirements for each Differentiated Level of Support are detailed in the following sections.

Changes to the 2021 RDA Determinations

The following changes were made to the RDA Determinations issued in June 2021. For specific information on each change, see the subsequent sections.

- Indicator 1: Graduation Rate was scored using the LEA's five-year adjusted cohort graduation rate instead of the four-year adjusted cohort graduation rate. The LEA's four-year adjusted cohort graduation rate was provided for information only and was not incorporated as part of scoring for the RDA Determination.
- The Idaho Standards Achievement Tests (ISATs) were waived in spring 2020. Therefore, no new data were available for Indicator 3: Assessment – Participation (3B) and Performance (3C). For the June 2021 RDA Determination, LEAs were scored on the same data reported in the June 2020 RDA Determination.
- A qualitative review process was developed to determine whether an LEA previously placed in *Level 3: Directing* made "substantial improvement". An LEA determined to have made substantial improvement is no longer required to complete *Level 3: Directing* activities. See the section titled "Meeting Substantial Improvement for LEAs in *Level 3: Directing*" for more information.
- An additional row in the Compliance area of the RDA Determination Report was added for Indicators 4B, 9, and 10 to clearly indicate if the LEA was determined to have policies, practices or procedures that contributed to the significant discrepancy (4B) or

disproportionate representation (9, 10). See each of these indicators' descriptions under the Compliance Matrix section in Appendix B for more information.

RDA Determination Indicators

The RDA Determination is centered on the SPP/APR 17 priority indicators. The RDA Determination includes the indicators listed below, organized in two parts: Results Indicators and Compliance Indicators.

Results Indicators

- Indicator 1: Graduation Rate
- Indicator 2: Dropout Rate
- Indicator 3: Assessment – Participation (3B) and Performance (3C)

Compliance Indicators

- Indicator 4B: Significant Discrepancy by Race/Ethnicity in rates of suspension and expulsion
- Indicator 9: Disproportionate representation of racial and ethnic groups in special education
- Indicator 10: Disproportionate representation of racial and ethnic groups in special education in specific categories
- Indicator 11: Child Find (Initial eligibility 60-day timeline)
- Indicator 12: Early Childhood Transition (Eligibility and IEP by child's third birthday)
- Indicator 13: Secondary Transition plans
- Timely and Accurate Data
 - GSFR Correction of non-compliance over 365 days

LEAs earn points for each indicator within the areas of Results and Compliance. A percentage is calculated for each area by adding up the points obtained then dividing by the total points possible. Percentages from the Results and Compliance areas are then averaged to produce the RDA Determination Percentage.

RDA Determination

After the RDA Determination Percentage is calculated, LEAs are ordered by rank and a percentile is calculated. The LEA's percentile ranking corresponds with an RDA Determination category, placing an LEA into one of four categories as described below. The RDA Determination categories align with those used by the Office of Special Education Programs (OSEP) when evaluating State Education Agencies (SEAs) 34 CFR § 300.603(b).

- Meets Requirements –21st percentile and above

- Needs Assistance – 6th through 20th percentiles
- Needs Intervention – 5th percentile and below
- Needs Substantial Intervention – determined on a case-by-case basis

Differentiated Levels of Support

Idaho has designed three Differentiated Levels of Support to meet the needs of LEAs to improve educational results and functional outcomes for all students with disabilities. The RDA Determination translates to the Differentiated Levels of Support, as outlined below. See the Differentiated Levels of Support section for more details.

1. Meets Requirements: *Level 1 – Supporting and Guiding*
2. Needs Assistance: *Level 2 – Assisting and Mentoring*
3. Needs Intervention: *Level 3 – Directing*

Understanding the Results Driven Accountability Determination Report

The findings from the Results and Compliance Indicators are compiled in the RDA Determination Report. This section explains how the Results and Compliance Indicators are scored. The RDA Determination Report consists of the items listed below in the order they appear on the RDA Determination Report. A sample report is located in Appendix A.

1. The LEA's RDA Determination
2. The LEA's Differentiated Level of Support
3. The RDA Determination Percentage is based on the Compliance Matrix Percentage and the Results Matrix Percentage
4. The Results Matrix score and Compliance Matrix score
5. The Results Matrix which includes scoring on SPP/APR priority Results Indicators
6. The Compliance Matrix which includes scoring on SPP/APR priority Compliance Indicators

Results Indicators

The ISDE, Department of Special Education, with broad stakeholder input, establishes targets for the Results Indicators 1 (Graduation Rate), 2 (Dropout Rate) and 3 (Assessment Participation and Performance). Points for each indicator are based on the LEA's performance toward state targets. Scoring for each of the Results Indicators is summarized below. A detailed explanation for scoring these Indicators is included in Appendix B.

- 4 points – **Met state target**
- 3 points - **≥ 80.00% of the state target**
- 2 points - **< 80.00% ≥ 60.00% of the state target**
- 1 point - **< 60.00% of the state target**

NOTE: State targets are subject to change as expectations for student performance increase.

Minimum N-size Requirement

Beginning with the 2019-2020 RDA Determination, a new requirement was added that establishes minimum numbers of students to calculate Results Indicator percentages. To calculate a percentage for a given Results Indicator, an LEA must have a minimum number of 20 students in the denominator. An n-size of 20 aligns with Idaho's Consolidated State Plan and is a widely accepted minimum number required to reduce variability of percentages. Due to small numbers of students at the LEA level, this requirement would greatly reduce the number of Results Indicator data points for many LEAs. To address this issue, two years of data are aggregated for each Results Indicator and the percentage is calculated. For example, for the 2019-20 RDA Determination, assessment data from 2017-18 and 2018-19 were used to determine an LEA's assessment proficiency rate. If the denominator of a Results Indicator was less than 20 over the two-year period, the LEA received an 'NA' for that area (more details found in the 'Calculating RDA Determinations' section). An LEA must have 20 or more students in the denominator for at least four out of six of the Results Indicators to receive a Results Matrix Percentage. If an LEA does not meet this criterion, the LEA will not receive an overall percentage score using the quantitative methods described above. Instead, a qualitative review will be completed and the RDA Determination and Differentiated Level of Support will be issued based on the outcome of the qualitative review.

Compliance Indicators

The RDA Determination Report Compliance Indicators include 4B (Significant Discrepancy by Race/Ethnicity in Rates of Suspension and Expulsion), 9 (Disproportionate Representation of Racial and Ethnic Groups in Special Education), 10 (Disproportionate Representation of Racial and Ethnic Groups in Special Education in Specific Eligibility Categories), 11 (Child Find), 12 (Early Childhood Transition), and 13 (Secondary Transition Plans). The Timely and Accurate Data subsection includes GSFRC correction of non-compliance over 365 days. LEAs can earn up to 28 points on these Indicators.

On Indicators 4B, 9, and 10, LEAs earn four points for each requirement met or one point for each requirement not met. Detailed explanations for scoring these Indicators is included in Appendix B.

On Indicators 11, 12, and 13, LEAs earn points per indicator for their percentage of compliance. Points are awarded following the four-point scale listed below. Detailed explanation for scoring these Indicators is included in Appendix B.

- 4 points – **Met state target**
- 3 points - **≥ 80.00% of the state target**

- 2 points - < 80.00% ≥ 60.00% of the state target
- 1 point - < 60.00% of the state target
 - NOTE: If applicable, LEAs that do not have early childhood and or secondary program(s) will receive an NA so as not to count against the LEA's overall score.

The Timely and Accurate Data subsection was added beginning with the 2019-20 Determination. LEAs that correct GSFR issues of noncompliance within 365 days receive 4 points. LEAs that have outstanding issues of noncompliance after the 365-day window receive 1 point. Timely and Accurate Data submission areas will be added to future determinations as needed.

Qualitative Review

An RDA Determination Percentage is not calculated for LEAs that do not meet requirements for minimum numbers of students. Instead, a qualitative review is performed. The qualitative review carefully considers how small numbers of students impact percentages. A panel of at least two reviewers completes the qualitative review using evidence from the following items.

- Results Indicators
 - Numbers and percentages over three years
 - Growth over three years
 - Comparison to other LEAs using percentile rankings
- Compliance Indicators
 - Comparison of Compliance Matrix percentage to other LEAs using percentile rankings
 - Numbers and percentages on individual Compliance Indicators
- General Supervision File Review compliance percentages over the past three years

Each qualitative reviewer conducts an independent qualitative analysis and assigns an RDA Determination and Differentiated Level of Support to the LEA. The reviewers then convene and establish consensus. The reviewers make recommendations on RDA Determinations for LEAs in the qualitative review group to the Director of Special Education who authorizes all final decisions.

Differentiated Levels of Support

The support levels for the Idaho Differentiated Levels of Support system are based on the LEA's RDA Determination.

- **Level 1 – Supporting and Guiding**, RDA Determination of Meets Requirements
- **Level 2 – Assisting and Mentoring**, RDA Determination of Needs Assistance
- **Level 3 – Directing**, RDA Determination of Needs Intervention

Level 3: Directing is a **three-year process** that focuses on implementing strategies to improve outcomes for students with disabilities. Specific activities required for each Differentiated Level of Support are outlined in Table A.

Table A. Idaho Differentiated Support System: Level Descriptions

| Level 1: Supporting and Guiding | | |
|--|---|---|
| Description | LEAs that are identified with the RDA Determination ‘Meets Requirements’ (80% of LEAs annually) are placed in <i>Level 1: Supporting and Guiding</i> . Below are the activities required of LEAs in this category along with their due dates. | |
| Activities | <ol style="list-style-type: none"> 1. LEA special education director or designee(s) signs an <u>electronic assurance</u> that they participated in one of the following data activities: <ul style="list-style-type: none"> ○ Attend the ISDE Special Education Data Drill Down, receiving training around data literacy and identifying potential areas for improvement. ○ The special education director and appropriate staff have reviewed the LEA’s RDA Determination data and understand them. 2. LEA special education director or designee(s) signs an <u>electronic assurance</u> that all *new special education staff have completed one of the following: <ul style="list-style-type: none"> ○ participated in Idaho SESTA <u>Essential Components</u> (face-to-face) or Essential Components Hybrid Learning Series ○ participated in the LEA’s new special education teacher training of comparable quality. <p>*New is defined by the LEA but must include 1st year special education staff new to the profession.</p> | <p>All assurances due on or before May 13, 2022</p> <p>Submit assurances here</p> |
| Supports Available | <ul style="list-style-type: none"> • State and or Idaho SESTA supports are available to review data on results and or compliance with the LEA and assist with the data analysis, if necessary. | |

| Level 2: Assisting and Mentoring | | |
|---|---|--|
| Description | LEAs that are identified with the RDA Determination 'Needs Assistance' (15% of LEAs annually) are placed in <i>Level 2: Assisting and Mentoring</i> . Below are the activities required of LEAs in this category along with their due dates. | |
| Activities | <ol style="list-style-type: none"> 1. LEA special education director or designee(s) signs an <u>electronic assurance</u> that they participated in one of the following data activities: 2. Attend the ISDE Special Education Data Drill Down, receiving training around data literacy and identifying potential areas for improvement. 3. The special education director and appropriate staff have reviewed the LEA's RDA Determination data and understand them. 4. LEA special education director or designee(s) signs an <u>electronic assurance</u> that all *new special education staff have completed one of the following: <ul style="list-style-type: none"> ○ participated in Idaho SESTA <u>Essential Components</u> (face-to-face) or Essential Components Hybrid Learning Series ○ participated in the LEA's new special education teacher training of comparable quality. <p>*New is defined by the LEA but must include 1st year special education staff new to the profession.</p> <ol style="list-style-type: none"> 5. Special education director or designee(s) identifies appropriate staff to attend a SESTA or ISDE training around an area of needed improvement as indicated by the LEA's RDA report. Special education director or designee signs an <u>electronic assurance</u> indicating the name of training attended, team members in attendance, area targeted for improvement and a minimum of one action item to be implemented as a result of attendance at the identified training. A list of ISDE and SESTA trainings can be found <u>here</u>. | <p>All assurances due on or before May 13, 2022</p> <p>Submit assurances <u>here</u></p> |
| Supports Available | <ul style="list-style-type: none"> ● State and or Idaho SESTA supports are available to review data on results and or compliance with the LEA and assist with the data analysis, if necessary. ● Idaho SESTA are available to recommend trainings related to the targeted area of improvement | |

| Level 3: Directing | | |
|---------------------------|--|--|
| Description | <p>LEAs that are identified with the RDA Determination ‘Needs Intervention’ (5% of LEAs annually) are placed in <i>Level 3: Directing</i>. LEAs in this category will participate in formal action planning to improve outcomes for students with disabilities and receive direct support from ISDE and SESTA.</p> <p>Supports and activities in <i>Level 3: Directing</i> help build the capacity of the LEA to develop and implement improvement activities and strategies. As such, this is a three-year process. In year one, LEAs complete a self-assessment and submit an improvement plan. In years two and three, LEAs submit a performance report including activities that were implemented during the previous year and any data collected as evidence of improvement.</p> | |
| Activities | <ol style="list-style-type: none"> 1. LEA special education director or designee(s) signs an <u>electronic assurance</u> that they participated in one of the following data activities: 2. Attend the ISDE Special Education Data Drill Down, receiving training around data literacy and identifying potential areas for improvement. 3. The special education director and appropriate staff have reviewed the LEA’s RDA Determination data and understand them. 4. LEA special education director or designee(s) signs an <u>electronic assurance</u> that all new special education staff have completed one of the following: <ul style="list-style-type: none"> ○ participated in Idaho SESTA <u>Essential Components</u> (face-to-face) or Essential Components Hybrid Learning Series ○ participated in the LEA’s new special education teacher training of comparable quality. <p>*New is defined by the LEA but must include 1st year special education staff new to the profession.</p> <ol style="list-style-type: none"> 5. Special education director or designee(s) identifies appropriate staff to attend a SESTA or ISDE training around an area of needed improvement as indicated by the LEA’s RDA report. Special education director or designee signs an <u>electronic assurance</u> indicating the name of training attended, team members in attendance, area targeted for improvement and a minimum of one action item to be implemented as a | <p>All assurances due on or before May 13, 2022</p> <p>Submit assurances <u>here</u></p> |

| | | |
|---------------------------|---|--|
| | <p>result of attendance at the identified training. A list of ISDE and SESTA trainings can be found here.</p> <p>6. Special education director is notified in the fall of a required webinar. Special education director or designee(s) and other appropriate staff participate in a self-assessment and improvement plan/SMART Goal development meeting with ISDE and or SESTA staff. In year 1, LEAs submit an improvement plan in the form of SMART Goal(s). In years 2 and 3, LEAs submit a performance report including activities, processes and procedures that took place and evidence of progress towards each SMART goal as a result of the reported activities. More information can be found here.</p> | <p>Improvement plan due on or before May 13, 2022</p> <p>Submit improvement plan here.</p> |
| <p>Supports Available</p> | <ul style="list-style-type: none"> • Analysis of local data by ISDE and or SESTA staff • Technical assistance to support the LEA’s planning and implementation of improvement strategies identified in the improvement plan. • Ongoing support from designated ISDE and or Idaho SESTA staff to monitor and evaluate the implementation of the improvement plan. | |

Meeting “Substantial Improvement” for LEAs in Level 3: Directing

As stated in the previous paragraph, *Level 3: Directing’s* support and activities span over three years. Systemic change takes time and usually cannot happen over the course of one year. In the uncommon case that an LEA’s data suggests has made systemic improvements before the three-year period has ended, the LEA may qualify to finish the *Level 3: Directing* requirements early. The ISDE has developed a formal process for reviewing LEAs that have made “substantial improvement” in their special education systems. The review automatically takes place each year before RDA Determinations are made and the result of the review is applied to the year’s new RDA Determinations. To initiate the formal review, the LEA must meet two criteria:

- Meet the scoring requirements to be placed in the Meets Requirements RDA Determination category for the current year;
- Have completed all activities required of LEAs in *Level 3: Directing* during the period the LEA was placed in *Level 3: Directing*.

An ISDE team then completes a qualitative review of various indicators related to the LEA’s system to determine whether they have made substantial improvement in areas not included in

the RDA Determinations but that still related to results and compliance. Based on the results, the ISDE may determine the LEA no longer needs to complete *Level 3: Directing* activities. Some of the areas the ISDE team analyzes when completing the qualitative review may include, but are not limited to, the following:

- Increased proficiency and participation rates on statewide summative assessments in ELA and Math
- GSFR results over a three-year period
- Substantiated complaints against the LEA
- Significant disproportionality results over a three-year period
- Collaboration efforts with SESTA coordinator(s) and/or the ISDE
- Timely and accurate submission of data
- Idaho Alternate Assessment (IDAA) participation rates
- Early Childhood Outcome results

The outcome of the qualitative review for substantial improvement is reflected on the LEA's most current RDA Determination Report. LEAs that make substantial improvement are placed in the Meets Requirements RDA Determination category and only need to complete activities associated with the *Level 1: Supporting and Guiding* Differentiated Level of Support. LEAs that do not make substantial improvement continue to be placed in the Needs Intervention RDA Determination category and *Level 3: Directing* Differentiated Level of Support until substantial improvement is reached or the three-year period ends.

APPENDIX A: RESULTS DRIVEN ACCOUNTABILITY DETERMINATION REPORT

Results Driven Accountability Determination Report

999 EXAMPLE LEA

| RDA Determination |
|-------------------|
| Needs Assistance |

| Differentiated Level of Support |
|----------------------------------|
| Level 2: Assisting and Mentoring |

| Scoring Area | Points earned | Total Points Available | Percentage |
|----------------------------|---------------|------------------------|---------------|
| Results Area | 12 | 24 | 50.00% |
| Compliance Area | 26 | 28 | 92.86% |
| RDA Determination % | | | 71.43% |

RDA Determination and Differentiated Level of Support are based on the RDA Determination %.

Results Indicators:

| Results Area | | | |
|--|------------------------|-----------------|---------------|
| Results Indicators | 2019-2020 State Target | *LEA Percentage | Score (1-4) |
| Exiting data elements - percentage of students with disabilities who: | | | |
| Indicator 1: Graduated (5-year grad cohort) | 70.7% | 34.15% | 1 |
| Indicator 1: Graduated (4-year grad cohort – area not scored for RDA Determinations) | 75.3% | 30.12% | N/A |
| Indicator 2: Dropped Out | 2.08% | 8.43% | 1 |
| Reading assessment elements - percentage of students with disabilities who: | | | |
| Indicator 3B: participated in statewide assessments (all students) | 95.0% | 98.61% | 4 |
| Indicator 3C: scored proficient or above on statewide assessments (all students) | 29.2% | 8.03% | 1 |
| Math assessment elements - percentage of students with disabilities who: | | | |
| Indicator 3B: participated in statewide assessments (all students) | 95.0% | 98.81% | 4 |
| Indicator 3C: scored proficient or above on statewide assessments (all students) | 29.3% | 9.02% | 1 |
| Total Results Score | | | 12 |
| Total Points Possible | | | 24 |
| Results Matrix Percentage | | | 50.00% |

***Data in the 'LEA Percentage' column reflect an average over 2 years. Data for all Results Indicators are from the 2017-18 and 2018-19 school years. Indicator 1: 4-year grad cohort is not scored but is displayed for the LEA's records. These data represent the most current information reported to the U.S. Department of Education in Idaho's State Performance Plan/Annual Performance Report (SPP/APR) submitted in February 2021.**

For a detailed explanation of how the Results Matrix, Compliance Matrix, and the Results-Driven Accountability Percentage and Determination were calculated, review "Idaho's Special Education Results Driven Accountability (RDA) Monitoring System".

Note: The minimum number of students needed to calculate a percentage in the results area is 20 students in the denominator over two years. LEAs that have 'NA' in a results area do not meet the requirement for minimum number of students. LEAs that have an 'NA' in a compliance area either do not meet the requirement for minimum number of students or do not have an early childhood and/or secondary program. An 'NA' in an area will not count against the LEA's overall score.

Compliance Indicators:

| Compliance Area | | | |
|---|------------------------|--------------------|---------------|
| Compliance Indicators | 2019-2020 State Target | 2019-2020 LEA Data | Score (1-4) |
| Indicator 4B: Significant discrepancy by race/ethnicity in the rates of suspensions and expulsions greater than 10 days in a school year for students with IEPs. | 0.00% | 0.00% | 4 |
| Did policies, procedures or practices contribute to the significant discrepancy? | | N/A | |
| Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services. | 0.00% | 0.00% | 4 |
| Was the disproportionate representation a result of inappropriate identification? | | N/A | |
| Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories. | 0.00% | 0.00% | 4 |
| Was the disproportionate representation a result of inappropriate identification? | | N/A | |
| Indicator 11: The percent of children with parental consent to evaluate, who were evaluated within the 60 school day timeline. | 100.00% | 96.58% | 3 |
| Indicator 12: Percent of students referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 100.00% | 88.89% | 3 |
| Indicator 13: Percent of students reviewed for secondary transition with an IEP that includes coordinated, measurable, annual IEP goals and transition services and course of study that will reasonably enable the student to meet their postsecondary goals. | 100.00% | 100.00% | 4 |
| Timely and Accurate Data | | | |
| Correction of non-compliance: Did the LEA correct all GSFR noncompliance findings within 365 days? | | Yes | 4 |
| Total Compliance Score | | | 26 |
| Total Compliance Points Possible | | | 28 |
| Compliance Matrix Percentage | | | 92.86% |

APPENDIX B: HOW THE IDAHO STATE DEPARTMENT OF EDUCATION MADE LOCAL DETERMINATIONS

Overview

Idaho is required, under Section 616(a)(1)(C)(i) and 300.600(a) of IDEA 2004, to make annual determinations on the performance of each Local Education Agency (LEA) with regards to the provision of special education and related services.

States are required to make determinations based on priority indicators identified as part of the IDEA and delineated in the State Performance Plan (SPP). Indicators are separated into results indicators (which measure outcomes for students with disabilities) and compliance indicators (which measure compliance with the IDEA regulations). These determinations are a way of designating the status of local LEAs into one of the following four categories, as outlined in Section 616 (d) of IDEA 2004:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

To bring LEA determinations in line with state-level determinations generated by the Office of Special Education Programs (OSEP), Idaho has developed the Results Driven Accountability Report. This report combines results and compliance indicators to improve accountability for quality services that meet the requirements under section 616(d) of the Individuals with Disabilities Education Act (IDEA). Below is a list of all priority indicators that are used to calculate an LEA's annual Results Driven Accountability (RDA) Determination.

- **Indicator 1- Graduation Rates:** The percent of students with disabilities (SWD) who met Idaho graduation requirements within the students' five-year cohort.
- **Indicator 2- Dropout Rates:** The percent of students with disabilities dropping out of high school.
- **Indicator 3- Participation and Performance on Statewide Assessments:** Participation and performance of students with disabilities on statewide assessments.
- **Indicator 4- Suspensions and Expulsions:** Significant discrepancy in the rates of suspensions and expulsions for students with disabilities.
- **Indicator 9- Disproportionate Representation in Special Education that is the Result of Inappropriate Identification:** Disproportionate representation of racial and ethnic groups

in special education and related services that is the result of inappropriate policies, practices, or procedures.

- **Indicator 10- Disproportionate Representation in Specific Disability Categories:** Disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate policies, practices, or procedures.
- **Indicator 11- Timeframe between Evaluation and Identification (Child Find):** Percent of students who were evaluated and eligibility determined within 60 days of parental consent.
- **Indicator 12- Transition between Part C and Part B (Early Childhood Transition):** Percent of students referred by Part C, who are found eligible for Part B, and have an IEP developed by their third birthday.
- **Indicator 13- Post-Secondary Transition:** Percent of students reviewed for secondary transition with an IEP that includes coordinated, measurable, annual IEP goals, transition goals, transition services, and course of study that will reasonable enable the student to meet their postsecondary goals.
- **GSFR Timely and Accurate Correction of Noncompliance:** General Supervision File Review (GSFR) Issues of non-compliance as well as improvement activities and assurances around each issue of noncompliance are to be corrected by June 30 or no later than 365 days from the February 14th notification.

Calculating RDA Determinations

| RDA Percentage and Determination | |
|--|---|
| <p>Measurement</p> <p>To ensure that both the Results and Compliance sections have equal weight, the LEA's RDA Percentage is calculated as the mean average of the LEA's Results Matrix Percentage and Compliance Matrix Percentage.</p> $/ 2$ <p>Categories that are "Not Applicable" for a particular LEA will not be included in the calculation. For example; Indicator 12 – Early Childhood Transition will be "Not Applicable" for high school or charter LEAs since they do not serve children turning three years old.</p> <p>Calculations will be determined to the hundredth (two decimal places) and will not be rounded up to whole numbers.</p> <p>The LEA's RDA Determination is defined as follows:</p> | |
| Determination | Criteria |
| Meets Requirements | An LEA's RDA Determination is Meets Requirements if its RDA Percentage puts it in the 21 st percentile and above compared to all other LEAs. |
| Needs Assistance | An LEA's RDA Determination is Needs Assistance if its RDA Percentage puts it in the 6 th percentile to 20 th percentile compared to all other LEAs. |
| Needs Intervention | An LEA's RDA Determination is Needs Intervention if its RDA Percentage puts it below the 6 th percentile compared to all other LEAs. |
| Needs Substantial Intervention | Placement of an LEA in Needs Substantial Intervention is determined on a case-by-case basis. |

Results Matrix

The Results Matrix includes information from the SPP/APR priority indicators for participation and performance of students with disabilities (SWD) on graduation, dropout, and statewide assessments. Participation and performance on statewide assessments are scored separately for reading and math. Each Results Indicator percentage represents the aggregate of two years of data (e.g., for the RDA Determinations issued in June, 2020, assessments data are from the 2018-19 and 2017-18 school years).

| <u>Indicator 1: Graduation</u> | |
|--|--|
| The percentage of SWD who met Idaho graduation requirements within the five-year adjusted cohort. | |
| Measurement The percentage is calculated by dividing the number of students who were served under <i>IDEA</i> Part B, in the five-year adjusted cohort and were reported in the district exit reason category of <i>graduated with a regular high school diploma</i> by the total number of students who were served under <i>IDEA</i> Part B in the five-year adjusted cohort, then multiplying the result by 100. | |
| Data Sources | EDFacts - This is a lag year data point (i.e., data are from two and three years prior). |
| Points | Criteria |
| 4 | Met state target |
| 3 | ≥ 80.00% of the state target |
| 2 | < 80.00% ≥ 60.00% of the state target |
| 1 | < 60.00% of the state target |

Indicator 2: Dropout

The percentage of SWD, grades 9 through 12, who exited school by dropping out.

Measurement

The percentage is calculated by dividing the number of students in grades 9 through 12 served under *IDEA* Part B, who *dropped out* by the total number of students in grades 9 through 12 served under *IDEA* Part B, then multiplying the result by 100.

Definition of dropout:

The same definition for a dropout is used for all Idaho students, including students with disabilities on IEPs. A dropout is an individual who was enrolled in school at some time during the previous school year and was not enrolled at the beginning of the current school year, and who does not meet any of the following conditions:

- Graduation from high school or completion of a State or District approved educational program, or
- Transfer to another public school district, private school, or State or District approved educational program (including correctional or health facility programs), or
- Temporary school-recognized absence due to suspension or illness, or
- Death

| | |
|-------------|--|
| Data Source | EDFacts - This is a lag year data point (i.e., data are from two and three years prior). |
| Points | Criteria |
| 4 | Met state target |
| 3 | ≥ 80.00% of the state target |
| 2 | < 80.00% ≥ 60.00% of the state target |
| 1 | < 60.00% of the state target |

Indicator 3b: Percentage of SWD Participating in Regular Statewide Assessments

The percent of SWD by subject (math and reading), who participated in Statewide assessments. This does not include students with only a Section 504 plan.

Measurement

The numerator for this calculation is the number of SWD participating in Statewide assessments, and the denominator is the number of all SWD participants and non-participants on Statewide assessments, excluding medical emergencies. The calculation is done separately by subject (math and reading).

Percent = $\frac{\text{SWD participating in Statewide assessments}}{\text{All SWD, (SWD Participants in regular Statewide assessments + SWD nonparticipants in regular Statewide assessments + SWD taking Alternate assessments)}}$

| | |
|-------------|---------|
| Data Source | EDFacts |
|-------------|---------|

| Points | Criteria |
|--------|----------|
|--------|----------|

| | |
|---|------------------|
| 4 | Met state target |
|---|------------------|

| | |
|---|------------------------------------|
| 3 | $\geq 80.00\%$ of the state target |
|---|------------------------------------|

| | |
|---|--|
| 2 | $< 80.00\% \geq 60.00\%$ of the state target |
|---|--|

| | |
|---|---------------------------------|
| 1 | $< 60.00\%$ of the state target |
|---|---------------------------------|

Indicator 3c: Percentage of SWD Scoring Advanced or Proficient on Regular Statewide Assessments

The percent of SWD by subject (math and reading), who scored advanced or proficient on the Statewide assessment. This does not include students with only a Section 504 plan.

Measurement

Percent = $\frac{\text{SWD scoring advanced or proficient on Statewide assessments}}{\text{All SWD who received a valid score}}$

| | |
|-------------|---------|
| Data Source | EDFacts |
|-------------|---------|

| Points | Criteria |
|--------|----------|
|--------|----------|

| | |
|---|------------------|
| 4 | Met state target |
|---|------------------|

| | |
|---|------------------------------------|
| 3 | $\geq 80.00\%$ of the state target |
|---|------------------------------------|

| | |
|---|---------------------------------------|
| 2 | < 80.00% ≥ 60.00% of the state target |
| 1 | < 60.00% of the state target |

Once all information on the Results Matrix is completed, the Results Matrix Percentage is calculated. The total points possible on the Results Matrix are divided by the actual points received by the LEA on the Results Matrix, times one hundred.

Compliance Matrix

| <u>Indicator 4B: Suspension/Expulsion</u> | |
|--|--|
| <p>Significant discrepancy by race/ethnicity in the rates of suspensions and expulsions greater than 10 days in a school year for students with IEPs and policies, procedures or practices that contribute to the significant discrepancy.</p> <p>To determine significant discrepancy, the state’s rate of suspensions and expulsions greater than 10 days is calculated and the LEA’s rate is compared to the state’s rate. If the LEA’s rate is one percentage point or more above the state’s rate, the LEA is determined to have significant discrepancy. When an LEA is determined to have significant discrepancy, a review of the LEA’s policies, practices and procedures is conducted and a determination is made on whether those contributed to the significant discrepancy.</p> | |
| <p>Measurement</p> <p>1) Significant discrepancy by race or ethnicity in the rate of suspensions and expulsions greater than 10 days in a school year for students with IEPs; AND</p> <p>2) As a result of ISDE investigation was found to have policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.</p> | |
| Data Source | EDFacts - This is a lag year data point (i.e., data are from two years prior) |
| Points | Criteria |
| 4 | LEA does not have a significant discrepancy in the rates of suspensions and expulsions greater than 10 days by race/ethnicity for students with IEPs as a result of policies, procedures or practices. |
| 1 | LEA has a significant discrepancy in the rates of suspensions and expulsions greater than 10 days by race/ethnicity for students with IEPs, AND is the |

| | |
|--|---|
| | result of policies, procedures or practices that contribute to the significant discrepancy. |
|--|---|

| Indicator 9: Disproportionate Representation | |
|--|--|
| <p>Disproportionate representation of racial and ethnic groups in special education and related services that are a result of inappropriate identification.</p> <p>To determine disproportionate representation, LEAs’ rates of identification for special education by racial and ethnic groups are compared to the state’s rates. If the LEA’s rate(s) is three times greater than the state’s rate(s), the LEA is determined to have disproportionate representation. When an LEA is determined to have significant discrepancy, the ISDE selects student eligibility files to review to ensure students were appropriately identified for special education.</p> | |
| <p>Measurement</p> <p>1) The LEA has disproportionate representation in at least one racial/ethnic group in special education overall, AND</p> <p>2) As a result of ISDE investigation, the LEA was found to have this disproportionate representation due to the inappropriate identification of students as needing special education and related services.</p> | |
| Data Sources | Child Count and Fall Enrollment Data |
| Points | Criteria |
| 4 | LEA does not have disproportionate representation due to inappropriate identification in any racial/ethnic group receiving special education or related services as a result of policies, procedures or practices. |
| 1 | LEA does have disproportionate representation due to inappropriate identification for a particular racial/ethnic group receiving special education or related services, AND is the result of policies, procedures or practices that contribute to the disproportionate representation. |

Indicator 10: Disproportionate Representation – Disability Category

Disproportionate representation of racial and ethnic groups in specific disability categories that are a result of inappropriate identification.

To determine disproportionate representation, LEAs' rates of identification for specific disability categories by racial and ethnic groups are compared to the state's rates. If the LEA's rate(s) is three times greater than the state's rate(s), the LEA is determined to have disproportionate representation. When an LEA is determined to have disproportionate representation, the ISDE selects student eligibility files to review to ensure students were appropriately identified for those specific disability categories.

Measurement

- 1) The LEA has disproportionate representation in at least one racial/ethnic group of students with specific learning disabilities, cognitive disabilities, emotional disabilities, speech/language impairments, other health impairments, or autism, AND
- 2) As a result of ISDE investigation, the LEA was found to have this disproportionate representation due to inappropriate identification of students as needing special education and related services.

| | |
|--------------|--------------------------------------|
| Data Sources | Child Count and Fall Enrollment Data |
|--------------|--------------------------------------|

| | |
|--------|----------|
| Points | Criteria |
|--------|----------|

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|---|--|
| 4 | LEA does not have disproportionate representation due to inappropriate identification in any racial/ethnic group in specific disability categories as a result of policies, procedures or practices. |
|---|--|

| | |
|---|---|
| 1 | LEA does have disproportionate representation due to inappropriate identification for a particular racial/ethnic group in a particular disability category AND is the result of policies, procedures or practices that contribute to the disproportionate representation. |
|---|---|

Indicator 11: Evaluation Timelines (60-Day Timeline)

The percent of students with parental consent to evaluate, who were evaluated within the 60-day timeline.

Measurement

- A. Number of students for whom parental consent to evaluate was received.

B. Number of students whose evaluations were completed within 60 days (or State established timeline)

Per 34 CFR 300.301(d), the following exceptions have been completely factored out of A, B, and C in the Indicator 11 calculation:

1. The parent of the child repeatedly fails or refuses to produce the child for the evaluation, OR
2. The child is enrolled in a school of another public agency after the relevant timeframe had begun and prior to the determination by the child’s previous public agency.

| | |
|-------------|---|
| Data Source | LEA Child Find (60-day timeline) report |
| Points | Criteria |
| 4 | 100% |
| 3 | ≥80% - <100% |
| 2 | ≥60% - <80% |
| 1 | <60% |

Indicator 12: Early Childhood Transition (ECT)

Percent of students referred by Part C (Infant-Toddler Program) prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

Measurement

- A. Number of children who have been served in Part C and referred to Part B for eligibility determination.
- B. Number of those referred determined to be NOT eligible and whose eligibilities were determined prior to their third birthdays.
- C. Number of those found eligible who have an IEP developed and implemented by their third birthdays.
- D. Number of children for who parent refusal to provide consent caused delays in evaluation or initial services.
- E. Number of children who were referred to Part B less than 90 days before their third birthdays.
- F. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

| | |
|---------------|--|
| Data Sources | Department of Health & Human Services data sharing agreement LEA Early Childhood Transition Tracking Report |
| Points | Criteria |
| 4 | 100% |
| 3 | ≥80% - <100% |
| 2 | ≥60% - <80% |
| 1 | <60% |

Indicator 13: Secondary Transition

Percent of students reviewed for secondary transition with an IEP that includes coordinated, measurable, annual IEP goals, transition goals, transition services, and course of study that will reasonably enable the student to meet their postsecondary goals.

Measurement

For the current school, based on General Supervision File Review

A. Number of students with disabilities, reviewed through the GSFR, with an IEP that includes coordinated, measurable, annual IEP goals and transition services that will reasonably enable the student to meet the postsecondary goals

B. Number of students with a secondary transition IEP reviewed through the GSFR

| | |
|-------------|---------------------------------|
| Data Source | General Supervision File Review |
| Points | Criteria |
| 4 | 100% |
| 3 | ≥80% - <100% |
| 2 | ≥60% - <80% |
| 1 | <60% |

GSFR Timely Correction of Non-Compliance

General Supervision File Review (GSFR) issues of non-compliance as well as improvement activities and assurances around each issue of noncompliance are to be corrected by June 30 or no later than 365 days from the February 14th notification.

| | |
|--------------|---|
| Data Sources | General Supervision File Review |
| Points | Criteria |
| 4 | LEA corrected all issues of noncompliance within 365 days of notification of noncompliance. |

| | |
|---|---|
| 1 | LEA had outstanding issues of noncompliance after 365 days of notification of noncompliance |
|---|---|

Once all information on the Compliance Matrix is completed, the Compliance Matrix Percentage is calculated. The total points possible on the Compliance Matrix are divided by the actual points received by the LEA on the Compliance Matrix times one hundred.

The Compliance Matrix Percentage and the Results Percentage are used to calculate the RDA Determination Percentage.

APPENDIX C: OSEP MEMO 09-02

OSEP Timely Correction Memo

UNITED STATES DEPARTMENT
OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND
REHABILITATIVE SERVICES

| | |
|------------|----------------|
| | Contact Person |
| Name: | Ruth Ryder |
| Telephone: | (202) 245-7513 |

TO: Chief State School Officers
Lead Agency Directors

FROM: William W. Knudsen
Acting Director
Office of Special Education Programs

SUBJECT: Reporting on Correction of Noncompliance in the Annual
Performance Report Required under Sections 616 and 642 of the Individuals with
Disabilities Education Act.

Introduction

Pursuant to sections 616(d) and 642 of the Individuals with Disabilities Education Act (IDEA), the Department reviews each state's Annual Performance Report (APR) and, based on data provided in the state's APR, information obtained through monitoring visits, including verification visits, and any other public information, determines if the State: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. In making determinations in 2007 and 2008, the Office of Special Education Programs (OSEP) considered, among other factors, whether a State demonstrated substantial compliance on all compliance indicators either through reporting a very high level of performance (generally 95% or better) or correction of noncompliance.

The purpose of this memorandum is twofold. First, the memorandum reiterates the steps a State must take in order to report that the previously identified noncompliance has been corrected. Second, the memorandum describes how we will factor evidence of correction into our analysis of whether the State has demonstrated substantial compliance for purposes of determinations under sections 616 and 642 of the IDEA (beginning with the Department's 2010 determinations based on a review of the FFY 2008 APRs). This memorandum also addresses concerns identified in our review of States' FFY 2005 and FFY 2006 APRs about identification and correction of noncompliance and low performance in compliance areas.

Issue 1 — Demonstrating Correction

As noted in OSEP's prior monitoring reports and verification visit letters, in order to demonstrate that previously identified noncompliance has been corrected, a State must:

- (1) Account for all instances of noncompliance, including noncompliance identified: (a) through the State's on-site monitoring system or other monitoring procedures such as self-assessment; (b) through the review of data collected by the State, including compliance data collected through a State data system; and (c) by the Department;
- (2) Identify where (in what local educational agencies (LEAs) or early intervention services (EIS) programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance;
- (3) If needed, change, or require each LEA or EIS program to change, policies, procedures and or practices that contributed to or resulted in noncompliance; and
- (4) Determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must

be based on the State's review of updated data such as data from subsequent on-site monitoring or data collected through a State data system.

If an LEA or EIS program did not correct identified noncompliance in a timely manner (within one year from identification), the State must report on whether the noncompliance was subsequently corrected. Further, if an LEA or EIS program is not yet correctly implementing the statutory/regulatory requirement(s), the State must explain what the State has done to identify the cause(s) of continuing noncompliance, and what the State is doing about the continued lack of compliance including, as appropriate, enforcement actions taken against any LEA or EIS program that continues to show noncompliance.

Regardless of the specific level of noncompliance, if a State finds noncompliance in an LEA or EIS program, the State must notify the LEA or EIS program in writing of the noncompliance, and of the requirement that the noncompliance be corrected as soon as possible, but in no case more than one year from identification (i.e., the date on which the State provided written notification to the LEA or EIS program of the noncompliance). In determining the steps that the LEA or EIS program must take to correct the noncompliance and to document such correction, the State may consider a variety of factors, including whether the noncompliance: (1) was extensive or found in only a small percentage of files; (2) resulted in the denial of a basic right under the IDEA (e.g., an extended delay in an initial evaluation with a corresponding delay in the child's receipt of a free appropriate public education or early intervention services, or a failure to provide services in accordance with the individualized education program or individualized family service plan); and (3) represents an isolated incident in the LEA or EIS program, or reflects a long-standing failure to meet the IDEA requirements. Thus, while a State may determine the specific nature of the required corrective action, the State must ensure that any noncompliance is corrected as soon as possible, but in no case more than one year from identification.

For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement (State Performance Plan (SPP)/APR Indicators B-9, B-10, B-13, C-8A and C-8B), in addition to the steps above, the State also must ensure that the LEA or EIS program has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA or EIS program. Similarly, for any noncompliance concerning a child-specific timeline requirement (SPP/APR Indicators B-11, B-12, C-1, C-7, and CSC), in addition to the steps enumerated above, the State must ensure that the LEA or EIS program has completed the required action (e.g., the evaluation or initiation of services), though late, unless the child is no longer within the jurisdiction of the LEA or EIS program. In ensuring that each individual case of noncompliance has been corrected, the State does not need to review each child's record in the LEAs or EIS programs where the noncompliance occurred, but rather may review a

reasonable sample of the previously noncompliant files to verify that the noncompliance was corrected.

Issue 2 — Factoring Correction into Evaluation of Substantial Compliance

For purposes of the Department's IDEA section 616 determinations issued since June 2007, we considered a State to be in substantial compliance relative to a compliance indicator if the State's data indicate a very high level of compliance (generally 95% or above), or if the State nonetheless demonstrated correction of identified noncompliance related to that indicator. In the interest of fairness to all States, we will evaluate whether a State demonstrated correction of identified noncompliance related to an indicator when we make our 2009 determinations based on the FFY 2007 APRs, and will use the same approach we used in 2007 and 2008. However, some States are reporting very low levels of compliance year after year, while also reporting that they have corrected previously identified noncompliance. This concerns us because it indicates that systemic correction of noncompliance did not occur. Thus, in the interest of improving LEA and EIS program performance and ultimately improving results for infants, toddlers, children and youth with disabilities, beginning with our 2010 determinations:

- (1) We will no longer consider a State to be in substantial compliance relative to a compliance indicator based on evidence of correction of the previous year's noncompliance if the State's current year data for that indicator reflect a very low level of compliance (generally 75% or below); and
- (2) We will credit a State with correction relative to a child-specific compliance indicator only if the State confirms that it has addressed each instance of noncompliance identified in the data for an indicator that was reported in the previous year's APR, as well as any noncompliance identified by the Department more than one year previously. The State must specifically report for each compliance indicator whether it has corrected all of the noncompliance identified in its data for that indicator in the prior year's APR as well as that identified by the Department more than one year previously.

For example

- Reporting correction of noncompliance identified in on-site monitoring findings alone will not be sufficient to demonstrate correction if the data reported in a State's prior year's APR showing noncompliance were collected through the State's data system, and the monitoring findings do not include all of the instances of noncompliance identified through the prior year's data.

- In order to report correction of noncompliance identified in data based on a statewide sample, the State would need to track the noncompliance identified in the sample data reported in its prior year's APR back to the specific LEAs or EIS programs with noncompliance and report correction for those LEAs or EIS programs.

In other words, a State's demonstration of correction needs to be as broad in scope as the noncompliance identified in the prior year's data.

We hope that you find the information in this memorandum helpful in collecting and reporting data for your future SPP/APR submissions. OSEP is committed to supporting your efforts to improve results for infants, toddlers, children and youth with disabilities and looks forward to working with your State over the next year. If you have any questions, would like to discuss this further, or would like to request technical assistance, please do not hesitate to call your OSEP State Contact-

cc: Part B State Directors
Part C Coordinators