

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on  
FFY 2024**

**District of Columbia**



**PART B DUE February 2, 2026**

**U.S. DEPARTMENT OF EDUCATION  
WASHINGTON, DC 20202**

## Introduction

### Instructions

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State's systems designed to drive improved results for students with disabilities and to ensure that the State Educational Agency (SEA) and Local Educational Agencies (LEAs) meet the requirements of IDEA Part B. This introduction must include descriptions of the State's General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

### Executive Summary

The Office of the State Superintendent of Education (OSSE) is submitting this report in the final stretch of its 2023-25 strategic plan, which is designed to allocate resources and supports that accelerate progress in recovery of the coronavirus (COVID-19) pandemic. The strategic plan provides a clear theory of action, resources and projects to directly address historical inequities for learners across the District of Columbia.

Continued strong collaboration with the LEAs remains central to OSSE's work; seeking understanding of the specific circumstances, challenges, and successes at the school and LEA levels informs OSSE's strategic thinking on a daily basis. During the 2020-21 school year, OSSE required all LEAs to submit a Continuous Education and Recovery Plan Application that included specific information on LEA activities to ensure continued IDEA service delivery and procedures through distance learning. OSSE additionally required all LEAs to communicate plans for continuous student data collection to ensure progress monitoring. OSSE required LEAs to update their plans for the full return to in-person learning for the 2021-22 school year and the 2022-23 school year. OSSE monitored implementation of these plans as students returned to classrooms full time and continues to reference these plans as benchmarks. OSSE builds on these collaborative relationships in order to tailor supports and resources to address areas of greatest need and impact.

OSSE continues to dedicate significant resources to improving outcomes for students with disabilities by setting clear and high expectations, improving special education service delivery, providing LEAs with actionable data, and meaningfully engaging families. In FFY 2021, OSSE released a report intended to help schools in the District of Columbia better serve and improve academic achievement for students with disabilities in the upcoming school year and beyond. The Special Education Performance Report (SEPR) evaluates the performance of special education programs in District public schools and suggests targeted supports to improve teaching practices, ensure understanding of requirements and best practices for addressing key areas of special education programming, and establish transparent and meaningful engagement with parents and caregivers. The SEPR outlines the steps the District is taking to accelerate outcomes for students with disabilities and pinpoints supports OSSE can provide LEAs, such as teacher training on classroom practices, school leader training on requirements and best practices for addressing key areas of special education programming, and LEA supports for transparent and meaningful parent engagement. In 2023 OSSE began issuing annual LEA-level SEPR reports. OSSE is hopeful and encouraged that this resource as well as additional recovery resources and initiatives in the 2023-25 strategic plan will enhance the impact of these efforts in the years to come.

### Additional information related to data collection and reporting

OSSE transitioned to a new state special education data system during the 2023-24 school year. During the first year of implementation, OSSE, in collaboration with LEAs, identified system limitations which impacted data collection, reporting and compliance. Through frequent communication with LEAs and by working with the vendor who supplied the data system, OSSE was able to pinpoint problem areas, and the vendor was able to correct the problems. During the 2024-2025 school year, OSSE experienced improvement in accessing relevant student records within the data system and accuracy in data reporting.

### Number of Districts in your State/Territory during reporting year

66

### General Supervision System:

**The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:**

**Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.**

OSSE works collaboratively with LEAs and public agencies to engage in shared accountability practices to maximize success for all children with disabilities. OSSE uses multiple data sources to select LEAs and public agencies via database reviews, review of dispute resolution activities, self-assessments, oversight of nonpublic special education schools, Phase I and Phase II IDEA Part B grant applications, and reviews of audit findings. OSSE conducts a risk assessment to identify which LEAs will be selected for IDEA fiscal monitoring. The assessment considers various factors such as application timeliness and quality, compliance with deadlines, prior monitoring and results, and overall grant funding and utilization. OSSE monitors LEAs for valid and reliable data, significant disproportionality, and reevaluation timeliness.

Additionally, OSSE annually conducts focused desktop and onsite compliance monitoring. In advance of each school year, OSSE identifies a cohort of 10-15 LEAs for monitoring using SEPR scores and time since the last desktop/onsite monitoring activity. Each fall, OSSE notifies the selected LEAs and outlines the processes involved in desktop/onsite monitoring. OSSE begins technical assistance and monitoring activities in the spring. Over the course of the year, OSSE monitors all District LEAs through data collection and review of required indicators.

**Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified noncompliance.**

OSSE's integrated monitoring system is designed to ensure the identification and timely correction of noncompliance in accordance with OSEP Memo 23-01. Findings of non-compliance are issued in writing through the District of Columbia's Corrective Action Tracking System (DC-CATS). This system allows OSSE and LEAs to electronically track each finding of noncompliance, the required corrective action(s), and documentation and timelines for correction. As part of its focused desktop and onsite compliance monitoring, OSSE randomly selects 5-20 student files per LEA (depending on the size of the LEA) from the state data system for review. OSSE verifies that each LEA has corrected each individual case of child-specific noncompliance, unless the child is no longer within the jurisdiction of the LEA, by reviewing documentation demonstrating the LEA completed the required corrective

action. OSSE verifies that each LEA implements the specific regulatory requirements with 100% compliance based on a subsequent file review of 1-5 files, depending on the number of identified instances of noncompliance.

**Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.**

OSSE utilizes data systems that are key to accomplishing the systemic review processes described above. First, the Statewide Longitudinal Education Data System (SLED) houses student-level enrollment, attendance, graduation, and other data for all children in the District of Columbia. Second, PowerSchool Special Programs (PSSP) houses Individualized Education Programs (IEPs) and Part B special education-related documentation for the District of Columbia. Third, as previously mentioned, the District of Columbia's Corrective Action Tracking System (DC-CATS) electronically tracks each finding of noncompliance, the required corrective action(s), and documentation and timelines for correction. OSSE pulls data for all SPP/APR indicators from the above-referenced data systems. Records are reviewed from July 1 – June 30. For student file reviews as part of its focused desktop and onsite compliance monitoring, OSSE reviews each selected student's most recent IEP.

**Describe how the State issues findings: by number of instances or by LEAs.**

OSSE issues findings by LEA.

**If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).**

OSSE grants LEAs 30 calendar days to correct instances of student-level noncompliance prior to the issuance of a finding. OSSE's procedures for pre-finding correction begins when OSSE identifies instances of noncompliance via its state special education data system for each LEA in the District. OSSE then issues pre-findings of noncompliance for each instance of student-level noncompliance identified. Once the LEAs are notified via DC-CATS of pre-findings of noncompliance they have 30 calendar days to submit evidence via DC-CATS demonstrating correction of noncompliance. After the 30-calendar day window has closed, OSSE reviews and determines if the submitted evidence demonstrates compliance. If OSSE determines that noncompliance still exists, a written finding of noncompliance is issued via DC-CATS. OSSE verifies the correction of child-specific noncompliance and the verification of 100% systemic compliance through updated data for all identification of noncompliance.

**Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.**

OSSE's division of Strategic Funding for School Quality (FSQ) implements a coordinated risk-based monitoring approach across key K-12 grants. In this model, OSSE is deliberate in providing differentiated levels of oversight to LEAs based on a review of financial and programmatic data across indicators.

OSSE also employs a range of corrections and sanctions during the annual LEA determinations process. As required by section 34 CFR sections 300.600(a) and 300.604, OSSE will apply the following enforcement actions to programs based on the program's Determination Level, which can include but are not limited to:

- Advising the LEA of available sources of technical assistance and requiring the LEA to work with appropriate entities
- Directing the use of funds
- Imposing special conditions
- Requiring corrective action plans, continuous improvement plans, or compliance agreements
- Recovering funds or withholding further payments

In addition to the enforcement actions described above, OSSE may apply actions determined appropriate to address noncompliance and support continuous improvement. Additional enforcement actions are incorporated into OSSE supports for LEA improvement identified in the LEA's SEPR and may include tiered technical assistance and continuous improvement plans.

**Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.**

Consistent with OSEP's QA 23-01, OSSE uses data from multiple sources to produce annual LEA determinations per the Part B regulations at 34 CFR §§300.600 and 300.603.

One valuable source of information to monitor school performance is the school accountability system, which is required by the Every Student Succeeds Act (ESSA) and is approved by the State Board of Education (SBOE). OSSE annually calculates an accountability score for all public schools using four frameworks: Elementary with PreK, Elementary, Middle and High. The DC School Report Card includes each school's annual accountability score as well as qualitative and quantitative information about each school. The DC School Report Card can be found here: <https://schoolreportcard.dc.gov/home>.

For IDEA general supervision, OSSE's Office of Special Education uses information gained from its Compliance and Continuous Improvement (CCI) monitoring activity. CCI monitoring is cyclical, with all LEAs selected for this monitoring activity at least once every six-years, and tiered based on level of demonstrated need per SEPR. A monitoring activity can include the following:

- Student file reviews;
- Data analysis of Indicator areas;
- LEA IDEA grant application reviews; and/or
- Onsite visit - Interviews with school staff and administrators responsible for the implementation of the special education programs and services, as well as interviews with stakeholders (e.g., parents and students).

Additionally, OSSE monitors and investigates any credible allegations based on complaints from parents and other stakeholders, as well as on reports from the Department of Education and the media.

Dispute resolution provides another valuable data source. There are several dispute resolution options available to the community in the District of Columbia, including due process hearings, mediation, and administrative state complaints. OSSE's Office of Dispute Resolution oversees the District of Columbia's independent hearing office, which manages the District's due process and mediation programs. OSSE's Office of Special Education administers the state complaint process. OSSE reviews dispute resolution data collected from complaints, hearing officer determinations, letters of

decision, and settlement agreements to determine whether there are District-wide or LEA-level issues that can be addressed through OSSE's monitoring or technical assistance systems.

Annual determinations are based upon each LEA's performance, as indicated by information provided in the SPP/APR, information obtained through monitoring visits, fiscal monitoring, dispute resolution tracking and any other public information made available (examples include but are not limited to media reports, parent inquiries, and anonymous reports). In making such determinations, OSSE annually assigns LEAs one of the following determination levels:

1. Meets Requirements
2. Needs Assistance
3. Needs Intervention
4. Needs Substantial Intervention

OSSE issues annual determinations of LEA performance through the SEPR. Each LEA's SEPR is based on metrics in two areas: 1) Individuals with Disabilities in Education Act (IDEA) LEA compliance indicators and 2) key student progress measures. LEA SEPRs include all required LEA determination components under IDEA with additional compliance and results-based indicators:

IDEA Part B Annual Determinations Required Indicators:

- Valid and Reliable Data
- Initial Evaluation
- Secondary Transition
- Significant Discrepancy
- Disproportionate Representation
- Longstanding Noncompliance
- Part C to B Transition
- Onsite Monitoring

Additional Compliance and Results-based Indicators:

- Parent Engagement
- Graduation
- Dropout
- Reevaluation
- Least Restrictive Environment
- Grant Resources
- Child Find for Ages 3-5
- Initiation Evaluation for Ages 3-5
- Part C to B Transition and Start of Service
- Dispute Resolution
- Statewide Assessment Participation
- Statewide Assessment Proficiency
- Statewide Assessment Proficiency (Alternate)
- Statewide Assessment Proficiency Gap
- Preschool Skills

A list of the metrics in OSSE's SEPR framework with additional resources can be found on OSSE's SEPR website:  
[https://osse.dc.gov/sites/default/files/dc/sites/osse/page\\_content/attachments/SEPR%20Template%20-%20Framework.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/SEPR%20Template%20-%20Framework.pdf)

OSSE issues LEA SEPR results in the summer, allowing LEAs 8 weeks to appeal their results. OSSE publishes finalized reports in the fall. The most recently published reports can be found here: <https://osse.dc.gov/node/1683241>.

**Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.**

Information about OSSE's general supervision policies, procedures, and processes can be found by visiting the web links below:

<https://osse.dc.gov/page/special-education-monitoring-and-reporting>

<https://osse.dc.gov/node/360>

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidence-based technical assistance, and support to LEAs.**

OSSE utilizes a range of mechanisms to ensure the timely delivery of high-quality, evidence-based technical assistance and support to LEAs. Data collected from monitoring activities, dispute resolution, state and federal data submissions, grant applications and assurances, and fiscal audits are used to determine the state, LEA, and school-level needs for technical assistance, which is customized to address particular practice challenges or implementation questions that arise.

Also, OSSE publishes resource documents on regulations, policies, and best practices in special education and provides webinar training modules on all state-level special education policies.

As previously mentioned, in FFY 2021, OSSE began releasing a report intended to help schools in the District of Columbia better serve and improve academic achievement for students with disabilities in the upcoming school year and beyond. The SEPR evaluates the performance of special education programs in District public schools and suggests targeted supports to improve teaching practices, ensure understanding of requirements and best practices for addressing key areas of special education programming, and establish transparent and meaningful engagement with parents and caregivers. The SEPR outlines the steps the District is taking to accelerate outcomes for students with disabilities and pinpoints supports OSSE can provide LEAs, such as teacher training on classroom practices, school leader training on requirements and best practices for addressing key areas of special education programming, and LEA supports for transparent and meaningful parent engagement. In 2023 OSSE began issuing annual LEA-level SEPR reports. Additional information on the SEPR can be found on OSSE's website: <https://osse.dc.gov/page/osse%E2%80%99s-special-education-performance-report-sepr>

District LEAs can access a calendar of training and technical assistance opportunities via Power School LMS at: [osse.pl.powerschool.com](https://osse.pl.powerschool.com). Please note, however, that this link is only accessible for LEAs.

Additionally, to ensure that LEA/public agency staff are proficient in using state data systems, OSSE offers regular training on the various data systems.

#### **Professional Development System:**

##### **The mechanisms the State has in place to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities.**

OSSE's system of general supervision includes OSSE's Division of Teaching and Learning. The Division of Teaching and Learning oversees professional development offered to professionals in the District of Columbia and is devoted to increasing knowledge and competence for all staff who provide services to children with disabilities. This team is comprised of subject matter experts in the areas of secondary transition, positive behavioral supports, response to intervention, content-specific instructional best practices, and requirements related to special education law and regulation.

OSSE also provides multiple professional development opportunities to service providers in the District of Columbia. Professional development is geared toward ensuring that District of Columbia teachers and service providers can implement evidence-based strategies for improving student outcomes. OSSE provides both introductory-level professional development opportunities and advanced skill-building opportunities to encourage growth regardless of the individual practitioner's current skill level. OSSE's technical assistance team also works closely with its assessment team to ensure alignment between instruction and assessment.

OSSE believes that sustained engagement with materials and concepts is most likely to result in lasting and systemic gains in professional understanding. To this end, OSSE has established multiple communities of practice in which LEAs learn strategies proven effective to help children with disabilities be successful while being educated in the least restrictive environment. In addition to the provision of ongoing professional development opportunities, OSSE also supports the continued skill-building of service providers in partnership with other child-serving agencies such as the Child and Family Services Administration (CFSA), the Department of Behavioral Health (DBH), and the Department of Youth Rehabilitation Services (DYRS).

Lastly, OSSE works closely with the District of Columbia Public Charter School Board to ensure that charter schools receive timely information and that concerns are addressed in a coordinated manner. Past examples of such efforts include a joint special education training offered each spring to opening charter schools as well as coordinated support to LEAs. OSSE uses data collected from participant surveys, focus groups, and other SEA activities to determine the need for additional areas of training, and to determine whether professional development offerings are effective in building expert knowledge and skill.

#### **Stakeholder Engagement:**

##### **The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.**

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

1. OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
2. Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
3. External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of

baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### **Apply stakeholder engagement from introduction to all Part B results indicators (y/n)**

YES

#### **Number of Parent Members:**

8

#### **Parent Members Engagement:**

**Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

OSSE engaged parent member stakeholders by facilitating a parent advocacy-specific feedback session as outlined below:

1. External Stakeholder Feedback – Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local parent advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
2. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
3. External Stakeholder Feedback – Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local parent advocacy groups with requests for feedback.
4. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.
5. External Stakeholder Feedback – Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.

OSSE facilitated stakeholder sessions with the following parent organizations and advocacy groups:

District's State Advisory Panel on Special Education (SAPSE)

Parent Training and Information Center (PTI)

Parents Amplifying Voices in Education (PAVE)

Special Education Advisory Council (SEAC)

OSSE facilitated ongoing data literacy training sessions with LEAs to review and provide targeted data analysis and support to improve LEA and school-level practices. Through these sessions, OSSE sought feedback on APR data and targets, improvement strategies and evaluating progress.

#### **Activities to Improve Outcomes for Children with Disabilities:**

**The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.**

OSSE facilitated multiple activities for parents to support the development of implementation activities designed to improve outcomes for children with disabilities. OSSE sought feedback from parents via virtual presentations that included "office hours" which provided an open question-and-answer forum. Participants were also encouraged to provide written feedback on a form that could be completed and submitted via email to OSSE. In addition, OSSE provided a draft of its SPP/APR Resource Guide to all stakeholders with a corresponding online feedback form. Information in both modalities was made accessible and included simplified information and data modeling visuals. OSSE will continue to learn from the feedback process and plans to increase engagement by building participation and capacity.

Additionally, OSSE collaborated with the DC Special Education Hub to ensure families had access to data and resources in multiple languages and accessible formats. The DC Special Education Hub is a locally-funded parent-facing resource hub that engages a diverse cross-section of District families of students with disabilities and provides supports in multiple languages. The Hub focuses community trainings on building capacity of parents to engage in special education and provide feedback to the District on a variety of topics, including improvement activities to support OSSE in gathering input on SPP/APR and state activities. The Hub conducts events and outreach activities to target diverse and under-engaged populations of parents.

#### **Soliciting Public Input:**

##### **The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

OSSE sought public input targeting advocacy organizations, parent community groups, and LEAs. These activities took place beginning in the spring of 2021 and concluded in the fall of 2021.

Public input for data analysis, developing improvement strategies and evaluation of progress were solicited through stakeholder engagement sessions including but not limited to: SAPSE meetings, LEA engagement sessions and TAC engagement sessions. These convenings were scheduled throughout the school year with ongoing engagement and opportunities for stakeholder feedback around the Special Education Performance Report (SEPR).

#### **Making Results Available to the Public:**

##### **The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

OSSE made its SPP/APR Resource Guide publicly available by publishing this resource on its website prior to submission to the U.S. Department of Education. Additionally, OSSE makes all LEA SEPRs as well as data analysis available to the public on its website.

#### **Reporting to the Public**

**How and where the State reported to the public on the FFY 2023 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2023 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2023 APR in 2025, is available.**

As required by 34 CFR Section 300.602(b)(1)(i)(A), OSSE reports to the public annually on each LEA's performance on the District's SPP/APR targets. To ensure compliance with Section 300.602(b)(1)(i)(A), OSSE posts the annual public reporting document to its website no later than 120 days following submission of the APR.

The District of Columbia's public reporting documents are posted to OSSE's website and can be found here: <https://osse.dc.gov/service/specialized-education-data-and-reports>

#### **Intro - Prior FFY Required Actions**

None

#### **Intro - OSEP Response**

OSEP has imposed Specific Conditions on the District of Columbia's (DC's) IDEA Part B grant awards for the last three or more years. Those conditions are in effect at the time of the Department's 2026 determination.

#### **Intro - Required Actions**

## Indicator 1: Graduation

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with Individualized Education Programs (IEPs) exiting special education due to graduating with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED<sup>Facts</sup> file specification FS009.

#### Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma in the numerator and the number of all youth with IEPs who exited high school (ages 14-21) in the denominator.

#### Instructions

*Sampling is not allowed.*

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma. If the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma are different, please explain.

## 1 - Indicator Data

### Historical Data<sup>1</sup>

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 61.60%        |

| FFY       | 2019             | 2020   | 2021   | 2022   | 2023   |
|-----------|------------------|--------|--------|--------|--------|
| Target >= | 52.70%           | 52.00% | 54.00% | 56.00% | 58.00% |
| Data      | 51% <sup>2</sup> | 61.60% | 72.61% | 78.82% | 57.81% |

### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target >= | 60.00% | 63.00% |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
- External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
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- OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

<sup>1</sup> Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.

<sup>2</sup> Percentage blurred due to privacy protection.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### Prepopulated Data

| Source                                                                                                          | Date       | Description                                                                                                                  | Data |
|-----------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------|------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)     | 660  |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |      |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)                           |      |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)                              | 75   |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)                                  | 319  |

#### FFY 2024 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 660                                                                                                                      | 1,054                                                                   | 57.81%        | 60.00%          | 62.62%        | Met target | No Slippage |

## **Graduation Conditions**

### **Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma.**

The minimum conditions youth, including youth with IEPs, must meet to graduate with a regular diploma during the relevant time period, are specified in Title 5-A of the District of Columbia Municipal Regulations. The current relevant regulatory sections are as follows:

#### **TITLE 5-A, OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION**

#### **CHAPTER 22, GRADUATION**

#### **2203 ACADEMIC REQUIREMENTS**

2203.1 The course work set forth in Subsections 2203.3 shall be required of students who enrolled in ninth (9th) grade in the school year 2007-2008 and thereafter in order to be certified as eligible to receive a high school diploma.

2203.2 At the beginning of the ninth (9th) grade, students shall develop a graduation plan pacing the courses they will take to complete high school. This shall be done with the assistance of the school counselor or other school official designated by the local education agency (LEA).

2203.3 (a) A total of twenty-four (24) Carnegie Units in corresponding subjects and required volunteer community service hours shall have been satisfactorily completed for graduation.

(b) The following Carnegie Units in the following subjects shall be required:

#### **COURSES UNIT(S)**

English 4.0

Mathematics; must include Algebra 1, Geometry, and Algebra II at a minimum 4.0

Science; must include three (3) lab sciences 4.0

Social Studies; must include World History 1 and 2, United States History; United States Government, and District of Columbia History 4.0

World Language 2.0

Art 0.5

Music 0.5

Physical Education/Health 1.5

Electives 3.5

**TOTAL 24.0**

(c) At least two (2) of the twenty-four (24) Carnegie Units for graduation must include a College Level or Career Preparatory (CLCP) course approved by the LEA and successfully completed by the student. The course may fulfill subject matter or elective unit requirements as deemed appropriate by the LEA. CLCP courses approved by the LEA may include courses at other institutions.

(d) All students must enroll in Algebra I no later than tenth (10th) grade commencing with the 2016-2017 school year, unless the school is approved for a waiver pursuant to Subsection 2203.7.

(e) For all students entering the ninth (9th) grade beginning school year 2009-2010, one (1) of the three (3) lab science units, required by paragraph (a) of this subsection, shall be a course in Biology.

(f) In addition to the twenty-four (24) Carnegie Units, one hundred (100) hours of volunteer community service shall be satisfactorily completed. The specific volunteer community service projects shall be established by the LEA.

(g) One and one half (1.5) Carnegie Units in health and physical education shall not be required for the evening program high school diploma.

2203.4 An LEA may establish specialized or career-focused programs or courses of study, which lead to the high school diploma in accordance with Subsection 2203.3. These courses of study can include academic, performing arts, science, and mathematics, and career or vocational education focuses or other areas of concentration. The programs or courses of study may require additional coursework.

2203.5 Electives taken to fulfill the requirements of Subsection 2203.4 shall be required to be taken in courses established by the LEA for each area of concentration in order to receive certification in the area of concentration.

2203.6 Each student who completes the requirements for specialized or career-focused courses of study established under Subsection 2203.4 shall receive appropriate recognition on the student's diploma.

2203.7 Beginning with School Year 2016-2017:

(a) The District of Columbia Public Schools ("DCPS") or the Public Charter School Board ("PCSB") may waive the Carnegie Unit requirement set forth in Subsection 2203.3 for a school seeking to award competency-based unit(s), as defined in this chapter, accordingly:

(1) A school that seeks a waiver from the Carnegie Unit requirement to award competency-based unit(s) shall submit an application to either the DCPS or PCSB. If a charter school is part of an LEA, the application must be submitted to the PCSB through the LEA;

(2) Applications for a waiver to award competency-based unit(s) shall be in the format established by the Office of the State Superintendent of Education ("OSSE") and contain the information required by OSSE; and

(3) The DCPS or PCSB, respectively, shall review the school's application in accordance with the standards and requirements established by OSSE. If the school's application meets the standards and requirements established by OSSE, the DCPS or PCSB, respectively shall approve the school's application for a waiver to award competency-based unit(s);

(b) [RESERVED]

(c) OSSE shall make publicly available aggregated evidence of annual implementation of Subsections 2203.7(a) in a summative report no later than three years after initial implementation, and annually thereafter, to share best practices and lessons learned from implementation.

All other requirements are administrative in nature, e.g. a requirement to enroll and regularly attend for a minimum of eight (8) consecutive months prior to graduation unless certain transfer requirements are met.

**Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? (yes/no)**

NO

**Provide additional information about this indicator (optional)**

## **1 - Prior FFY Required Actions**

None

## **1 - OSEP Response**

## **1 - Required Actions**

## Indicator 2: Drop Out

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with IEPs who exited special education due to dropping out. (20 U.S.C. 1416 (a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in ED*Facts* file specification FS009.

#### Measurement

States must report a percentage using the number of youth with IEPs (ages 14-21) who exited special education due to dropping out in the numerator and the number of all youth with IEPs who exited special education (ages 14-21) in the denominator.

#### Instructions

*Sampling is not allowed.*

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

Do not include in the denominator the number of youths with IEPs who exited special education due to: (a) transferring to regular education; or (b) who moved but are known to be continuing in an educational program.

Provide a narrative that describes what counts as dropping out for all youth. Please explain if there is a difference between what counts as dropping out for all students and what counts as dropping out for students with IEPs.

## 2 - Indicator Data

### Historical Data<sup>3</sup>

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 32.63%        |

| FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|-----------|--------|--------|--------|--------|--------|
| Target <= | 4.60%  | 42.00% | 40.00% | 38.00% | 36.00% |
| Data      | 15.59% | 32.63% | 22.68% | 15.54% | 35.62% |

### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target <= | 34.00% | 32.00% |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
- External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
- External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
- OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of

<sup>3</sup> Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator.

baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### Prepopulated Data

| Source                                                                                                          | Date       | Description                                                                                                                  | Data |
|-----------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------------|------|
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)     | 660  |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |      |
| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)                           |      |
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| SY 2023-24 Children with Disabilities (IDEA) Exiting Special Education (EDFacts file spec FS009; Data group 85) | 03/05/2025 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)                                  | 319  |

#### FFY 2024 SPP/APR Data

| Number of youth with IEPs (ages 14-21) who exited special education due to dropping out | Number of all youth with IEPs who exited special education (ages 14-21) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 319                                                                                     | 1,054                                                                   | 35.62%        | 34.00%          | 30.27%        | Met target | No Slippage |

**Provide a narrative that describes what counts as dropping out for all youth**

Consistent with EDFacts specifications for file FS009, students who have dropped out were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and did not exit special education through any of the other means. This includes dropouts, runaways, GED and IEP certificate recipients who did not have another valid exit reason, expulsions, status unknown, students who moved but are not known to be continuing in another educational program, and other exiters from special education.

**Is there a difference in what counts as dropping out for youth with IEPs? (yes/no)**

NO

**If yes, explain the difference in what counts as dropping out for youth with IEPs.**

**Provide additional information about this indicator (optional).**

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

**2 - Required Actions**

## Indicator 3A: Participation for Children with IEPs

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

#### Data Source

3A. Same data as used for reporting to the Department under Title I of the ESEA, using EDEfacts file specifications FS185 and 188.

#### Measurement

A. Participation rate percent = [(# of children with IEPs participating in an assessment) divided by the (total # of children with IEPs enrolled during the testing window)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The participation rate is based on all children with IEPs, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

#### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 C.F.R. §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3A: Provide separate reading/language arts and mathematics participation rates for children with IEPs for each of the following grades: 4, 8, & high school. Account for ALL children with IEPs, in grades 4, 8, and high school, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3A - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2018          | 96.70%        |
| Reading | B     | Grade 8    | 2018          | 91.40%        |
| Reading | C     | Grade HS   | 2018          | 84.80%        |
| Math    | A     | Grade 4    | 2018          | 96.20%        |
| Math    | B     | Grade 8    | 2018          | 91.10%        |
| Math    | C     | Grade HS   | 2018          | 85.90%        |

### Targets

| Subject | Group | Group Name | 2024   | 2025   |
|---------|-------|------------|--------|--------|
| Reading | A >=  | Grade 4    | 98.00% | 98.00% |
| Reading | B >=  | Grade 8    | 95.00% | 95.00% |
| Reading | C >=  | Grade HS   | 95.00% | 95.00% |
| Math    | A >=  | Grade 4    | 97.00% | 97.00% |
| Math    | B >=  | Grade 8    | 95.00% | 95.00% |
| Math    | C >=  | Grade HS   | 95.00% | 95.00% |

### Targets: Description of Stakeholder Input

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- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
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4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
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## FFY 2024 Data Disaggregation from EDFacts

### Data Source:

SY 2024-25 Assessment Participation in Reading/Language Arts (EDFacts file spec FS188; Data Group: 882, 883)

### Date:

01/07/2026

### Reading Assessment Participation Data by Grade (1)

| Group                                                                     | Grade 4 | Grade 8 | Grade HS |
|---------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs (2)                                                 | 1,360   | 1,141   | 2,194    |
| b. Children with IEPs in regular assessment with no accommodations (3)    | 107     | 41      | 117      |
| c. Children with IEPs in regular assessment with accommodations (3)       | 1,112   | 957     | 1,610    |
| d. Children with IEPs in alternate assessment against alternate standards | 75      | 59      | 47       |

### Data Source:

SY 2024-25 Assessment Participation in Mathematics (EDFacts file spec FS185; Data Group: 880, 881)

### Date:

01/07/2026

### Math Assessment Participation Data by Grade

| Group                                                                     | Grade 4 | Grade 8 | Grade HS |
|---------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs (2)                                                 | 1,361   | 1,144   | 2,110    |
| b. Children with IEPs in regular assessment with no accommodations (3)    | 46      | 25      | 76       |
| c. Children with IEPs in regular assessment with accommodations (3)       | 1,169   | 960     | 1,538    |
| d. Children with IEPs in alternate assessment against alternate standards | 75      | 61      | 45       |

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

(2) The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row A for all the prefilled data in this indicator.

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

#### FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|-------|------------|--------------------------------------------|------------------------------|---------------|-----------------|---------------|---------------------|----------|
| A     | Grade 4    | 1,294                                      | 1,360                        | 97.32%        | 98.00%          | 95.15%        | Did not meet target | Slippage |
| B     | Grade 8    | 1,057                                      | 1,141                        | 95.32%        | 95.00%          | 92.64%        | Did not meet target | Slippage |
| C     | Grade HS   | 1,774                                      | 2,194                        | 85.10%        | 95.00%          | 80.86%        | Did not meet target | Slippage |

#### Provide reasons for slippage for Group A, if applicable

In FFY24, OSSE revised the requirements for what qualifies as a test attempt resulting in a valid score on District general assessments (i.e., the requirement became more stringent). OSSE believes the heightened requirements contributed to the decline in participation rates as fewer test attempts resulted in valid test scores under the new, more stringent standard.

#### Provide reasons for slippage for Group B, if applicable

In FFY24, OSSE revised the requirements for what qualifies as a test attempt resulting in a valid score on District general assessments (i.e., the requirement became more stringent). OSSE believes the heightened requirements contributed to the decline in participation rates as fewer test attempts resulted in valid test scores under the new, more stringent standard.

#### Provide reasons for slippage for Group C, if applicable

In FFY24, OSSE revised the requirements for what qualifies as a test attempt resulting in a valid score on District general assessments (i.e., the requirement became more stringent). OSSE believes the heightened requirements contributed to the decline in participation rates as fewer test attempts resulted in valid test scores under the new, more stringent standard.

#### FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Participating | Number of Children with IEPs | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|-------|------------|--------------------------------------------|------------------------------|---------------|-----------------|---------------|---------------------|----------|
| A     | Grade 4    | 1,290                                      | 1,361                        | 97.09%        | 97.00%          | 94.78%        | Did not meet target | Slippage |
| B     | Grade 8    | 1,046                                      | 1,144                        | 94.20%        | 95.00%          | 91.43%        | Did not meet target | Slippage |
| C     | Grade HS   | 1,659                                      | 2,110                        | 85.46%        | 95.00%          | 78.63%        | Did not meet target | Slippage |

#### Provide reasons for slippage for Group A, if applicable

In FFY24, OSSE revised the requirements for what qualifies as a test attempt resulting in a valid score on District general assessments (i.e., the requirement became more stringent). OSSE believes the heightened requirements contributed to the decline in participation rates as fewer test attempts resulted in valid test scores under the new, more stringent standard.

#### Provide reasons for slippage for Group B, if applicable

In FFY24, OSSE revised the requirements for what qualifies as a test attempt resulting in a valid score on District general assessments (i.e., the requirement became more stringent). OSSE believes the heightened requirements contributed to the decline in participation rates as fewer test attempts resulted in valid test scores under the new, more stringent standard.

**Provide reasons for slippage for Group C, if applicable**

In FFY24, OSSE revised the requirements for what qualifies as a test attempt resulting in a valid score on District general assessments (i.e., the requirement became more stringent). OSSE believes the heightened requirements contributed to the decline in participation rates as fewer test attempts resulted in valid test scores under the new, more stringent standard.

**Regulatory Information**

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

**Public Reporting Information**

**Provide links to the page(s) where you provide public reports of assessment results.**

OSSE hosts all of its statewide assessment results for SY2024-2025, including the public presentation with a summary of the data, on this page:

<https://osse.dc.gov/assessmentresults2025>

**Provide additional information about this indicator (optional)**

The District did not meet its target for this indicator. However, the data reinforced the District's recovery and restoration efforts that were already underway, including, but not limited to providing high-impact tutoring, launching a family resource center for students with disabilities, leading comprehensive trainings for educators, and creating incentives for general education teachers to complete special education coursework.

**3A - Prior FFY Required Actions**

None

**3A - OSEP Response**

**3A - Required Actions**

## Indicator 3B: Proficiency for Children with IEPs Against Grade Level Academic Achievement Standards Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

### Data Source

3B. Same data as used for reporting to the Department under Title I of the ESEA, using ED Facts file specifications FS175 and 178.

### Measurement

B. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against grade level academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the regular assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3B: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the regular assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3B - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2018          | 7.70%         |
| Reading | B     | Grade 8    | 2018          | 8.60%         |
| Reading | C     | Grade HS   | 2018          | 7.40%         |
| Math    | A     | Grade 4    | 2018          | 10.20%        |
| Math    | B     | Grade 8    | 2018          | 4.50%         |
| Math    | C     | Grade HS   | 2018          | 1.30%         |

### Targets

| Subject | Group | Group Name | 2024   | 2025   |
|---------|-------|------------|--------|--------|
| Reading | A >=  | Grade 4    | 13.00% | 16.00% |
| Reading | B >=  | Grade 8    | 16.00% | 18.00% |
| Reading | C >=  | Grade HS   | 12.00% | 14.00% |
| Math    | A >=  | Grade 4    | 17.00% | 20.00% |
| Math    | B >=  | Grade 8    | 8.00%  | 10.00% |
| Math    | C >=  | Grade HS   | 4.00%  | 5.00%  |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.

5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District’s State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC’s special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC’s Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE’s plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District’s complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District’s APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE’s framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA’s special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District’s State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA’s special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

**FFY 2024 Data Disaggregation from EDFacts**

**Data Source:**

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

**Date:**

01/07/2026

**Reading Assessment Proficiency Data by Grade (1)**

| Group                                                                                                                | Grade 4 | Grade 8 | Grade HS |
|----------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment     | 1,219   | 998     | 1,727    |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 31      | 7       | 23       |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 105     | 89      | 173      |

**Data Source:**

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

**Date:**

**Math Assessment Proficiency Data by Grade (1)**

| Group                                                                                                                | Grade 4 | Grade 8        | Grade HS       |
|----------------------------------------------------------------------------------------------------------------------|---------|----------------|----------------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment     | 1,215   | 985            | 1,614          |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 13      | x <sup>4</sup> | x <sup>4</sup> |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 84      | 42             | 48             |

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2024 SPP/APR Data: Reading Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 136                                                                                                            | 1,219                                                                                                                            | 8.39%         | 13.00%          | 11.16%        | Did not meet target | No Slippage |
| B     | Grade 8    | 96                                                                                                             | 998                                                                                                                              | 10.17%        | 16.00%          | 9.62%         | Did not meet target | Slippage    |
| C     | Grade HS   | 196                                                                                                            | 1,727                                                                                                                            | 8.44%         | 12.00%          | 11.35%        | Did not meet target | No Slippage |

**Provide reasons for slippage for Group B, if applicable**

The District's SY2024-25 results continue to demonstrate that students farthest from opportunity before the pandemic continue to experience the largest setbacks in proficiency. The District's eighth graders experienced slippage in reading and math.

**FFY 2024 SPP/APR Data: Math Assessment**

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment | FFY 2023 Data  | FFY 2024 Target | FFY 2024 Data  | Status              | Slippage    |
|-------|------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|----------------|---------------------|-------------|
| A     | Grade 4    | 97                                                                                                             | 1,215                                                                                                                            | 7.24%          | 17.00%          | 7.98%          | Did not meet target | No Slippage |
| B     | Grade 8    | x <sup>4</sup>                                                                                                 | 985                                                                                                                              | x <sup>4</sup> | 8.00%           | x <sup>4</sup> | Did not meet target | Slippage    |
| C     | Grade HS   | x <sup>4</sup>                                                                                                 | 1,614                                                                                                                            | 1.84%          | 4.00%           | x <sup>4</sup> | Did not meet target | No Slippage |

**Provide reasons for slippage for Group B, if applicable**

The District's SY2024-25 results continue to demonstrate that students farthest from opportunity before the pandemic continue to experience the largest setbacks in proficiency. The District's eighth graders experienced slippage in reading and math.

**Regulatory Information**

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in

<sup>4</sup> Data suppressed due to small cell size.

those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

**Public Reporting Information**

**Provide links to the page(s) where you provide public reports of assessment results.**

OSSE hosts all of its statewide assessment results for SY2024-2025, including the public presentation with a summary of the data, on this page:

<https://osse.dc.gov/assessmentresults2025>

**Provide additional information about this indicator (optional)**

The District did not meet its target for this indicator. However, the data reinforced the District's recovery and restoration efforts that were already underway, including, but not limited to providing high-impact tutoring, launching a family resource center for students with disabilities, leading comprehensive trainings for educators, and creating incentives for general education teachers to complete special education coursework.

**3B - Prior FFY Required Actions**

None

**3B - OSEP Response**

**3B - Required Actions**

## Indicator 3C: Proficiency for Children with IEPs Against Alternate Academic Achievement Standards

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

### Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using *EDFacts* file specifications FS175 and 178.

### Measurement

C. Proficiency rate percent = [(# of children with IEPs scoring at or above proficient against alternate academic achievement standards) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned for the alternate assessment)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3C: Proficiency calculations in this SPP/APR must result in proficiency rates for children with IEPs on the alternate assessment in reading/language arts and mathematics assessments (separately) in each of the following grades: 4, 8, and high school, including both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3C - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2018          | 42.40%        |
| Reading | B     | Grade 8    | 2018          | 41.10%        |
| Reading | C     | Grade HS   | 2018          | 38.80%        |
| Math    | A     | Grade 4    | 2018          | 48.30%        |
| Math    | B     | Grade 8    | 2018          | 50.70%        |
| Math    | C     | Grade HS   | 2018          | 46.90%        |

### Targets

| Subject | Group | Group Name | 2024   | 2025   |
|---------|-------|------------|--------|--------|
| Reading | A >=  | Grade 4    | 43.00% | 44.00% |
| Reading | B >=  | Grade 8    | 42.00% | 43.00% |
| Reading | C >=  | Grade HS   | 40.00% | 41.00% |
| Math    | A >=  | Grade 4    | 49.00% | 50.00% |
| Math    | B >=  | Grade 8    | 52.00% | 53.00% |
| Math    | C >=  | Grade HS   | 48.00% | 49.00% |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on

Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.

4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

## FFY 2024 Data Disaggregation from EDFacts

### Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

### Date:

01/07/2026

### Reading Assessment Proficiency Data by Grade

| Group                                                                                                              | Grade 4 | Grade 8 | Grade HS |
|--------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 75      | 59      | 47       |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient            | 32      | 24      | 24       |

### Data Source:

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

### Date:

01/07/2026

### Math Assessment Proficiency Data by Grade

| Group                                                                                                              | Grade 4 | Grade 8 | Grade HS |
|--------------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 75      | 61      | 45       |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient            | 46      | 29      | 27       |

### FFY 2024 SPP/APR Data: Reading Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 32                                                                                                           | 75                                                                                                                                 | 40.00%        | 43.00%          | 42.67%        | Did not meet target | No Slippage |
| B     | Grade 8    | 24                                                                                                           | 59                                                                                                                                 | 34.78%        | 42.00%          | 40.68%        | Did not meet target | No Slippage |
| C     | Grade HS   | 24                                                                                                           | 47                                                                                                                                 | 43.64%        | 40.00%          | 51.06%        | Met target          | No Slippage |

### FFY 2024 SPP/APR Data: Math Assessment

| Group | Group Name | Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards | Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 46                                                                                                           | 75                                                                                                                                 | 44.62%        | 49.00%          | 61.33%        | Met target          | No Slippage |
| B     | Grade 8    | 29                                                                                                           | 61                                                                                                                                 | 43.48%        | 52.00%          | 47.54%        | Did not meet target | No Slippage |
| C     | Grade HS   | 27                                                                                                           | 45                                                                                                                                 | 47.27%        | 48.00%          | 60.00%        | Met target          | No Slippage |

### Regulatory Information

The SEA, (or, in the case of a district-wide assessment, LEA) must make available to the public, and report to the public with the same frequency and in the same detail as it reports on the assessment of nondisabled children: (1) the number of children with disabilities participating in: (a) regular assessments, and the number of those children who were provided accommodations in order to participate in those assessments; and (b) alternate assessments aligned with alternate achievement standards; and (2) the performance of children with disabilities on regular assessments and on alternate assessments, compared with the achievement of all children, including children with disabilities, on those assessments. [20 U.S.C. 1412 (a)(16)(D); 34 CFR §300.160(f)]

### Public Reporting Information

Provide links to the page(s) where you provide public reports of assessment results.

OSSE hosts all of its statewide assessment results for SY2024-2025, including the public presentation with a summary of the data, on this page:

<https://osse.dc.gov/assessmentresults2025>

Provide additional information about this indicator (optional)

### 3C - Prior FFY Required Actions

None

**3C - OSEP Response**

**3C - Required Actions**

## Indicator 3D: Gap in Proficiency Rates For Children with IEPs and All Students Against Grade Level Academic Achievement Standards

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Participation and performance of children with IEPs on statewide assessments:

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

(20 U.S.C. 1416 (a)(3)(A))

### Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using EDEfacts file specifications FS175 and 178.

### Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2024-2025 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

### Instructions

Describe the results of the calculations and compare the results to the targets. Provide the actual numbers used in the calculation.

Include information regarding where to find public reports of assessment participation and performance results, as required by 34 CFR §300.160(f), i.e., a link to the Web site where these data are reported.

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2024-2025 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2024-2025 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3D - Indicator Data

### Historical Data:

| Subject | Group | Group Name | Baseline Year | Baseline Data |
|---------|-------|------------|---------------|---------------|
| Reading | A     | Grade 4    | 2018          | 30.60         |
| Reading | B     | Grade 8    | 2018          | 30.90         |
| Reading | C     | Grade HS   | 2018          | 26.10         |
| Math    | A     | Grade 4    | 2018          | 28.20         |
| Math    | B     | Grade 8    | 2018          | 20.10         |
| Math    | C     | Grade HS   | 2018          | 16.80         |

### Targets

| Subject | Group | Group Name | 2024  | 2025  |
|---------|-------|------------|-------|-------|
| Reading | A <=  | Grade 4    | 29.00 | 28.00 |
| Reading | B <=  | Grade 8    | 29.00 | 28.00 |
| Reading | C <=  | Grade HS   | 24.00 | 23.00 |
| Math    | A <=  | Grade 4    | 26.00 | 25.00 |
| Math    | B <=  | Grade 8    | 18.00 | 17.00 |
| Math    | C <=  | Grade HS   | 15.00 | 14.00 |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on

Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.

4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

## FFY 2024 Data Disaggregation from EDFacts

### Data Source:

SY 2024-25 Academic Achievement in Reading/Language Arts (EDFacts file spec FS178; Data Group: 876, 877)

### Date:

01/07/2026

### Reading Assessment Proficiency Data by Grade (1)

| Group                                                                                                          | Grade 4 | Grade 8 | Grade HS |
|----------------------------------------------------------------------------------------------------------------|---------|---------|----------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment           | 6,393   | 5,417   | 9,535    |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment     | 1,219   | 998     | 1,727    |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 2,056   | 1,815   | 3,138    |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level    | 460     | 318     | 497      |

|                                                                                                                      |     |    |     |
|----------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 31  | 7  | 23  |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 105 | 89 | 173 |

**Data Source:**

SY 2024-25 Academic Achievement in Mathematics (EDFacts file spec FS175; Data Group: 874, 875)

**Date:**

01/07/2026

**Math Assessment Proficiency Data by Grade (1)**

| Group                                                                                                                | Grade 4 | Grade 8        | Grade HS       |
|----------------------------------------------------------------------------------------------------------------------|---------|----------------|----------------|
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment                 | 6,436   | 5,398          | 8,476          |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment           | 1,215   | 985            | 1,614          |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level       | 574     | x <sup>5</sup> | x <sup>5</sup> |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level          | 1,404   | 813            | 288            |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 13      | x <sup>5</sup> | x <sup>5</sup> |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level    | 84      | 42             | 48             |

(1)The term “regular assessment” is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

**FFY 2024 SPP/APR Data: Reading Assessment**

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 11.16%                                                                                                                    | 39.36%                                                                                                              | 26.49         | 29.00           | 28.20         | Met target          | No Slippage |
| B     | Grade 8    | 9.62%                                                                                                                     | 39.38%                                                                                                              | 25.32         | 29.00           | 29.76         | Did not meet target | Slippage    |
| C     | Grade HS   | 11.35%                                                                                                                    | 38.12%                                                                                                              | 24.48         | 24.00           | 26.77         | Did not meet target | Slippage    |

**Provide reasons for slippage for Group B, if applicable**

The District's SY2024-25 results continue to demonstrate that students farthest from opportunity before the pandemic continue to experience the largest setbacks in proficiency and slower rates of post-pandemic improvement. The District's eighth graders experienced slippage in reading and math.

**Provide reasons for slippage for Group C, if applicable**

The District's SY2024-25 results continue to demonstrate that students farthest from opportunity before the pandemic continue to experience the largest setbacks in proficiency and slower rates of post-pandemic improvement. The District's high school students experienced slippage in reading.

**FFY 2024 SPP/APR Data: Math Assessment**

<sup>5</sup> Data suppressed due to small cell size.

| Group | Group Name | Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards | Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------|------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A     | Grade 4    | 7.98%                                                                                                                     | 30.73%                                                                                                              | 20.85         | 26.00           | 22.75         | Met target          | No Slippage |
| B     | Grade 8    | x <sup>5</sup>                                                                                                            | x <sup>5</sup>                                                                                                      | 15.45         | 18.00           | 19.75         | Did not meet target | Slippage    |
| C     | Grade HS   | x <sup>5</sup>                                                                                                            | x <sup>5</sup>                                                                                                      | 8.96          | 15.00           | 11.28         | Met target          | No Slippage |

**Provide reasons for slippage for Group B, if applicable**

The District's SY2024-25 results continue to demonstrate that students farthest from opportunity before the pandemic continue to experience the largest setbacks in proficiency and slower rates of post-pandemic improvement. The District's eighth graders experienced slippage in reading and math.

**Provide additional information about this indicator (optional)**

The District did not meet its target for this indicator. However, the data reinforced the District's recovery and restoration efforts that were already underway, including, but not limited to providing high-impact tutoring, launching a family resource center for students with disabilities, leading comprehensive trainings for educators, and creating incentives for general education teachers to complete special education coursework.

**3D - Prior FFY Required Actions**

None

**3D - OSEP Response**

**3D - Required Actions**

## Indicator 4A: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results Indicator:** Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, 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.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

#### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

#### Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) that have a significant discrepancy, as defined by the State, in the rates of suspensions and expulsions for more than 10 days during the school year of children with IEPs) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

#### Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2024 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4A: Provide the actual numbers used in the calculation (based upon LEAs that met the minimum n and/or cell size requirement, if applicable). If significant discrepancies occurred, describe how the State educational agency reviewed and, if appropriate, revised (or required the affected local educational agency to revise) its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, to ensure that such policies, procedures, and practices comply with applicable requirements.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 4A - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023          | 0.00%         |

| FFY       | 2019  | 2020  | 2021  | 2022                   | 2023  |
|-----------|-------|-------|-------|------------------------|-------|
| Target <= | 0.00% | 0.00% | 0.00% | 0.00%                  | 0.00% |
| Data      | 0.00% |       |       | Not Valid and Reliable |       |

### Targets

| FFY       | 2024  | 2025  |
|-----------|-------|-------|
| Target <= | 0.00% | 0.00% |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

1. OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
2. Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
3. External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement

with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State's minimum cell size of five represents the number of children with disabilities the LEA has suspended and/or expelled for more than ten days cumulatively in a school year.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

After consulting stakeholders and analyzing state and LEA level n-sizes, cell sizes and with the intent to maximize data reliability, state level experts concluded that maintaining a minimum cell size of five students with disabilities who were disciplined to determine significant discrepancy was still a lower population size than most other metrics and using an even smaller cell size would reduce data reliability.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

There has been no change from the prior SPP/APR reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

There has been no change from the prior SPP/APR reporting period.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

66

| Number of LEAs that have a significant discrepancy | Number of LEAs that met the State's minimum n/cell-size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage |
|----------------------------------------------------|---------------------------------------------------------|---------------|-----------------|---------------|------------|----------|
| 0                                                  | 1                                                       |               | 0.00%           | 0.00%         | Met target | N/A      |

Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))

Compare the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among LEAs in the State

State's definition of "significant discrepancy" and methodology

OSSE defines "significant discrepancy" as the suspension or expulsion of any child with a disability for more than ten days cumulatively in a school year by an LEA at a rate greater than 1.5 times the equivalent rate for children without disabilities in the same LEA. To be identified as having significant discrepancy, an LEA must meet the following criteria: 1) The LEA has suspended and/or expelled for more than ten days cumulatively in a school year at least five students with disabilities (cell size), 2) The rate of suspensions or expulsions for more than ten days cumulatively in a school year of children with a disability is greater than 1.5 times the rate of suspensions or expulsions for more than ten days cumulatively in a school year of all students without disabilities within the same LEA, and 3) criteria 1) and 2) are met for 3 consecutive school years.

OSSE recently transitioned to utilizing multi-year data in the calculation for indicator 4A. For the FFY21 review, OSSE identified LEAs as having a significant discrepancy when they consecutively met the criteria for the 2019-2020 and 2020-2021 school years. For the FFY22 review, OSSE began lagging LEAs that met the criteria for three (3) consecutive years - namely, SY 2019-2020, SY 2020-2021, and SY 2021-2022. For the current review, OSSE flagged LEAs that consecutively met the criteria for SY 2021-2022, SY 2022-2023, and SY 2023-2024.

Provide additional information about this indicator (optional)

In FFY22, OSSE revised its indicator 4 baseline to reflect a change in methodology (i.e., moving from using 2 to 3 consecutive years of data). This change in methodology rendered the data no longer comparable to prior year's data. In its FFY23 SPP/APR, OSSE reported the baseline year as 2022. However, in response to OSSE's FFY23 SPP/APR, OSEP indicated "DC has revised the baseline for this indicator, using data from FFY 2022 but OSEP cannot accept that revision because DC's FFY 2022 data were not valid and reliable. In the FFY 2024 SPP/APR, DC must report the baseline year and baseline data for this indicator in the Historical Data table." Responsive to OSEP's required actions, OSSE consulted stakeholders to solicit feedback before adjusting the baseline year to 2023 for indicator 4A.

Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)

Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

For FFY 2024, there were zero (0) LEAs that met the state’s definition of significant discrepancy as it relates to indicator 4A.

The State DID NOT identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b)

Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 0                                    | 0                                                               | 0                                                | 0                                      |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

For FFY 2023, there were zero (0) LEAs that met this criterion for indicator 4A.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

4A - Prior FFY Required Actions

In the FFY 2024 SPP/APR, DC must report the baseline year and baseline data for this indicator in the Historical Data table.

Response to actions required in FFY 2023 SPP/APR

Responsive to OSEP’s required actions, OSSE consulted stakeholders to solicit feedback before adjusting the baseline year to 2023 for indicator 4A.

4A - OSEP Response

DC has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

4A - Required Actions

## Indicator 4B: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Compliance Indicator:** Rates of suspension and expulsion:

- A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, 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.

(20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

#### Data Source

State discipline data, including State's analysis of State's Discipline data collected under IDEA Section 618, where applicable. Discrepancy can be computed by either comparing the rates of suspensions and expulsions for children with IEPs to rates for nondisabled children within the LEA or by comparing the rates of suspensions and expulsions for children with IEPs among LEAs within the State.

#### Measurement

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, 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) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

#### Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

The State may only include, in both the numerator and the denominator, LEAs that met that State established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2024 SPP/APR, use data from 2023-2024), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

In the description, specify which method the State used to determine possible discrepancies and explain what constitutes those discrepancies.

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2023-2024 school year, those 100 LEAs would have reported section 618 data in 2023-2024 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2024-2025, suspension/expulsion data from those 15 new LEAs would not be in the 2023-2024 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2023-2024 (which can be found in the FFY 2023 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy, as defined by the State, 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.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July 24, 2023.

If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023          | 0.00%         |

| FFY    | 2019  | 2020  | 2021 | 2022 | 2023 |
|--------|-------|-------|------|------|------|
| Target | 0%    | 0%    | 0%   | 0%   | 0%   |
| Data   | 0.00% | 0.00% |      |      |      |

Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 0%   | 0%   |

FFY 2024 SPP/APR Data

Has the state established a minimum n/cell-size requirement? (yes/no)

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State’s n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State’s cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State’s minimum cell size of three represents the number of students with disabilities the LEA has suspended and/or expelled for more than ten days cumulatively in a school year in a racial/ethnic group category.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

After consulting stakeholders and analyzing state and LEA level n-sizes, cell sizes and with the intent to maximize data reliability, state level experts concluded that maintaining a minimum cell size of three students with disabilities who were disciplined to determine significant discrepancy is still a lower population size than most other metrics and using an even smaller cell size would reduce data reliability.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

There has been no change from the prior SPP/APR reporting period.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

There has been no change from the prior SPP/APR reporting period.

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs totally excluded from the calculation as a result of this requirement.

| Number of LEAs that have a significant discrepancy, by race or ethnicity | Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements | Number of LEAs that met the State's minimum n/cell-size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------|-----------------|---------------|---------------------|----------|
| 1                                                                        | 1                                                                                                                                                  | 2                                                       |               | 0%              | 50.00%        | Did not meet target | N/A      |

**Choose one of the following comparison methodologies to determine whether significant discrepancies are occurring (34 CFR §300.170(a))**

The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

**Were all races and ethnicities included in the review?**

YES

**State's definition of "significant discrepancy" and methodology**

OSSE defines "significant discrepancy" as the suspension or expulsion of any child with a disability for more than ten days cumulatively in a school year by an LEA within a qualifying subgroup at a rate greater than 1.5 times the equivalent rate for non-disabled peers. To be identified as having significant discrepancy by race or ethnicity, an LEA must meet the following criteria: 1) The LEA has suspended and/or expelled for more than ten days cumulatively in a school year at least three students with disabilities in a particular racial and ethnic category (cell size), 2) The rate of suspensions or expulsions for more than ten days cumulatively in a school year of children with a disability within a specific racial and ethnic group is greater than 1.5 times the rate of suspensions or expulsions for more than ten days cumulatively in a school year of all students without disabilities, and 3) criteria 1) and 2) are met for 3 consecutive school years.

OSSE recently transitioned to utilizing multi-year data in the calculation for indicator 4B. For the FFY21 review, OSSE identified LEAs as having a significant discrepancy when they consecutively met the criteria for the 2019-2020 and 2020-2021 school years in the same analysis category. For the FFY22 review, OSSE began flagging LEAs that were identified in the same analysis category for three (3) consecutive years - namely, SY 2019-2020, SY 2020-2021, and SY 2021-2022. For the current review, OSSE flagged LEAs that were identified in the same analysis category for SY 2021-2022, SY 2022-2023, and SY 2023-2024.

**Provide additional information about this indicator (optional)**

In FFY22, OSSE revised its indicator 4 baseline to reflect a change in methodology (i.e., moving from using 2 to 3 consecutive years of data). This change in methodology rendered the data no longer comparable to prior year's data. In its FFY23 SPP/APR, OSSE reported the baseline year as 2022. However, in response to OSSE's FFY23 SPP/APR, OSEP indicated "DC has revised the baseline for this indicator, using data from FFY 2022 but OSEP cannot accept that revision due to the inconsistency in the data reported in the State's FFY 2022 SPP/APR, as described in the OSEP Response for the FFY 2022 SPP/APR. In the FFY 2024 SPP/APR, DC must report the baseline year and baseline data for this indicator in the Historical Data table." Responsive to OSEP's required actions, OSSE consulted stakeholders to solicit feedback before adjusting the baseline year to 2023 for indicator 4B.

**Review of Policies, Procedures, and Practices (completed in FFY 2024 using 2023-2024 data)**

**Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.**

OSSE determined that two (2) LEAs met the "n" and cell size and were identified as meeting the criteria for significant discrepancy in discipline.

In determining if an LEA's significant discrepancy in discipline was a result of inappropriate policies, procedures, and practices, OSSE required completion of a self-study. As part of this self-study, LEAs were to review a specified number of student records with discipline events during the 23-24 school year and to provide documentation of their existing policies and procedures to OSSE for comparison with discipline requirements, including development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Two (2) LEAs submitted their completed self-studies. OSSE reviewed the results of the self-studies, including each LEA's discipline policies and procedures, and found that one (1) LEA had a significant discrepancy due to policies, procedures, and practices that did not comply with IDEA requirements.

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b).

**If YES, select one of the following:**

The State DID NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

**The State must report on the correction of noncompliance in next year's SPP/APR consistent with requirements in the Measurement Table and OSEP QA 23-01, dated July 24, 2023. Please explain why the State did not ensure that policies, procedures, and practices were revised to comply with applicable requirements.**

As a result of the noncompliance identified, OSSE's IDEA Monitoring team required the LEA to submit a Continuous Improvement Plan (CIP) that aligned with the required revisions related to their inappropriate discipline finding. The CIP was approved by OSSE and is being implemented by the LEA and closely monitored by OSSE throughout the school year. In addition to the CIP, OSSE will require the LEA to submit two (2) progress reports to their assigned OSSE IDEA monitor on the progress of the CIP's action items.

The LEA identified is still within the one-year timeline to complete the CIP, with action items including but not limited to revising procedures in the areas of procedural safeguards and the use of positive behavioral interventions and supports. OSSE will verify these required actions by reviewing the revised policies, procedures and trainings submitted by the LEA. Upon completion of the CIP and subsequent review of data, OSSE will determine whether the LEA complies with regulatory requirements.

#### Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 0                                    | 0                                                               | 0                                                | 0                                      |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

For FFY 2023, there were zero (0) LEAs that met this criterion for indicator 4B. OSSE did not identify any findings of noncompliance for this indicator because no LEAs met the criteria for OSSE's definition of significant discrepancy based on its methodology for this indicator.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

#### 4B - Prior FFY Required Actions

In the FFY 2024 SPP/APR, DC must report the baseline year and baseline data for this indicator in the Historical Data table.

#### Response to actions required in FFY 2023 SPP/APR

Responsive to OSEP's required actions, OSSE consulted stakeholders to solicit feedback before adjusting the baseline year to 2023 for indicator 4B.

#### 4B - OSEP Response

DC has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

#### 4B- Required Actions

Because DC reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2024, DC must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. DC must demonstrate, in the FFY 2025 SPP/APR, that the districts identified with noncompliance in FFY 2024 have corrected the noncompliance, including that DC verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why DC did not identify any findings of noncompliance in FFY 2024. If DC did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to DC's issuance of a finding, the explanation must include how DC verified, prior to issuing a finding, that the LEA has corrected each individual case or child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 5: Education Environments (children 5 (Kindergarten) - 21)

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

(20 U.S.C. 1416(a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS002.

#### Measurement

- A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA, explain.

## 5 - Indicator Data

### Historical Data

| Part | Baseline | FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A    | 2020     | Target >= | 64.00% | 58.19% | 60.00% | 62.00% | 62.00% |
| A    | 58.19%   | Data      | 57.19% | 58.19% | 59.71% | 60.33% | 61.65% |
| B    | 2020     | Target <= | 14.00% | 16.80% | 14.00% | 14.00% | 14.00% |
| B    | 16.80%   | Data      | 15.27% | 16.80% | 17.02% | 16.64% | 17.14% |
| C    | 2020     | Target <= | 10.00% | 7.73%  | 9.00%  | 9.00%  | 8.00%  |
| C    | 7.73%    | Data      | 8.10%  | 7.73%  | 6.81%  | 6.45%  | 5.70%  |

### Targets

| FFY         | 2024   | 2025   |
|-------------|--------|--------|
| Target A >= | 65.00% | 65.00% |
| Target B <= | 14.00% | 14.00% |
| Target C <= | 7.00%  | 7.00%  |

#### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
- External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.

6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.

7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### Prepopulated Data

| Source                                                                                           | Date       | Description                                                                                                        | Data   |
|--------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------|--------|
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | Total number of children with IEPs aged 5 (kindergarten) through 21                                                | 15,622 |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day   | 9,911  |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 2,680  |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools                              | 865    |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities                        | 16     |
| SY 2024-25 Children with Disabilities (IDEA) School Age (EDFacts file spec FS002; Data group 74) | 07/30/2025 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements                 | 17     |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

**FFY 2024 SPP/APR Data**

| Education Environments                                                                                                                                        | Number of children with IEPs aged 5 (kindergarten) through 21 served | Total number of children with IEPs aged 5 (kindergarten) through 21 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day                                              | 9,911                                                                | 15,622                                                              | 61.65%        | 65.00%          | 63.44%        | Did not meet target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day                                            | 2,680                                                                | 15,622                                                              | 17.14%        | 14.00%          | 17.16%        | Did not meet target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 898                                                                  | 15,622                                                              | 5.70%         | 7.00%           | 5.75%         | Met target          | No Slippage |

**Provide additional information about this indicator (optional)**

For indicators 5A and 5B, the District did not meet its targets, but the increase in students served in these categories is indicative of the natural progression for students moving from the most restrictive setting into lesser restrictive settings. For some students, incremental transition will include moving into an environment with extensive academic and behavioral support outside of the regular classroom to allow for a smoother reintegration into the general education setting. The District continues to make progress in these areas.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

**5 - Required Actions**

## Indicator 6: Preschool Environments

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of children with IEPs aged 3, 4, and aged 5 who are enrolled in a preschool program attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school, or residential facility.
- C. Receiving special education and related services in the home.

(20 U.S.C. 1416(a)(3)(A))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS089.

#### Measurement

- A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

#### Instructions

*Sampling from the State's 618 data is not allowed.*

States must report five-year-old children with disabilities who are enrolled in preschool programs in this indicator. Five-year-old children with disabilities who are enrolled in kindergarten are included in Indicator 5.

States may choose to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age.

For Indicator 6C: States are not required to establish a baseline or targets if the number of children receiving special education and related services in the home is less than 10, regardless of whether the State chooses to set one target that is inclusive of children ages 3, 4, and 5, or set individual targets for each age. In a reporting period during which the number of children receiving special education and related services in the home reaches 10 or greater, States are required to develop baseline and targets and report on them in the corresponding SPP/APR.

For Indicator 6C: States may express their targets in a range (*e.g.*, 75-85%).

Describe the results of the calculations and compare the results to the target.

If the data reported in this indicator are not the same as the State's data reported under IDEA section 618, explain.

## 6 - Indicator Data

### Not Applicable

**Select yes if this indicator is not applicable.**

NO

#### Historical Data (Inclusive) – 6A, 6B, 6C

| Part | FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|------|-----------|--------|--------|--------|--------|--------|
| A    | Target >= | 60.00% | 55.99% | 60.00% | 60.00% | 60.00% |
| A    | Data      | 55.45% | 55.99% | 54.36% | 56.03% | 57.63% |
| B    | Target <= | 10.00% | 18.41% | 10.00% | 10.00% | 10.00% |
| B    | Data      | 15.28% | 18.41% | 23.70% | 23.04% | 22.79% |
| C    | Target <= |        |        |        |        |        |
| C    | Data      |        | 0.08%  | 0.10%  | 0.15%  | 0.06%  |

#### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.

4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

## Targets

**Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.**

Inclusive Targets

**Please select if the State wants to use target ranges for 6C.**

Target Range not used

## Baselines for Inclusive Targets option (A, B, C)

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A    | 2020          | 55.99%        |
| B    | 2020          | 18.41%        |
| C    |               |               |

## Inclusive Targets – 6A, 6B

| FFY         | 2024   | 2025   |
|-------------|--------|--------|
| Target A >= | 60.00% | 60.00% |
| Target B <= | 10.00% | 10.00% |

### Inclusive Targets – 6C

| FFY         | 2024 | 2025 |
|-------------|------|------|
| Target C <= |      |      |

### Prepopulated Data

#### Data Source:

SY 2024-25 Children with Disabilities (IDEA) Early Childhood (EDFacts file spec FS089; Data group 613)

#### Date:

07/30/2025

| Description                                                                                                                                                                    | 3   | 4     | 5  | 3 through 5 - Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------|----|---------------------|
| Total number of children with IEPs                                                                                                                                             | 616 | 1,147 | 46 | 1,809               |
| a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 327 | 645   | 26 | 998                 |
| b1. Number of children attending separate special education class                                                                                                              | 177 | 206   | 10 | 393                 |
| b2. Number of children attending separate school                                                                                                                               | 1   | 5     | 0  | 6                   |
| b3. Number of children attending residential facility                                                                                                                          | 0   | 0     | 0  | 0                   |
| c1. Number of children receiving special education and related services in the home                                                                                            | 0   | 0     | 0  | 0                   |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

### FFY 2024 SPP/APR Data - Aged 3 through 5

| Preschool Environments                                                                                                                           | Number of children with IEPs aged 3 through 5 served | Total number of children with IEPs aged 3 through 5 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 998                                                  | 1,809                                               | 57.63%        | 60.00%          | 55.17%        | Did not meet target | Slippage    |
| B. Separate special education class, separate school, or residential facility                                                                    | 399                                                  | 1,809                                               | 22.79%        | 10.00%          | 22.06%        | Did not meet target | No Slippage |
| C. Home                                                                                                                                          | 0                                                    | 1,809                                               | 0.06%         |                 | 0.00%         | N/A                 | N/A         |

### Provide reasons for slippage for Group A aged 3 through 5, if applicable

In recent years, the District has strengthened its child find efforts, resulting in a higher identification of children ages 3 to 5 with developmental delays. However, this increase has not translated into an increase in the percentage of children with IEPs in regular early childhood programs. Instead, as confirmed through OSSE data analysis, an increased number of the children identified with developmental delays presented with significant social, emotional, and language deficits that adversely impact their ability to access learning in regular early childhood environments. As a result, these children receive special education and related services in more restrictive environments.

### Provide additional information about this indicator (optional)

Through its Special Education Performance Report (SEPR), the District provides each LEA a detailed data analysis. The District will continue to provide an in-depth look at LRE within each LEA and deliver technical assistance as appropriate.

DC is not required to provide targets for Indicator 6C until any fiscal year in which ten or more children receive special education and related services in the home. In the current fiscal year, zero children received special education and related services in the home.

## **6 - Prior FFY Required Actions**

None

## **6 - OSEP Response**

DC reported fewer than ten children receiving special education and related services in the home in FFY 2024. DC is not required to provide targets for Indicator 6C until any fiscal year in which ten or more children receive special education and related services in the home.

## **6 - Required Actions**

## Indicator 7: Preschool Outcomes

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416 (a)(3)(A))

#### Data Source

State selected data source.

#### Measurement

Outcomes:

- A. Positive social-emotional skills (including social relationships);
- B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
- C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

- a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
- b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
- d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
- e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

#### Summary Statements for Each of the Three Outcomes:

**Summary Statement 1:** Of those preschool children who entered the preschool program below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 1:** Percent = [(# of preschool children reported in progress category (c) plus # of preschool children reported in category (d)) divided by ((# of preschool children reported in progress category (a) plus # of preschool children reported in progress category (b) plus # of preschool children reported in progress category (c) plus # of preschool children reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of preschool children who were functioning within age expectations in each Outcome by the time they turned 6 years of age or exited the program.

**Measurement for Summary Statement 2:** Percent = [(# of preschool children reported in progress category (d) plus # of preschool children reported in progress category (e)) divided by ((the total # of preschool children reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

#### Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

In the measurement include, in the numerator and denominator, only children who received special education and related services for at least six months during the age span of three through five years.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements. States have provided targets for the two Summary Statements for the three Outcomes (six numbers for targets for each FFY).

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three Outcomes.

In presenting results, provide the criteria for defining "comparable to same-aged peers." If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS), then the criteria for defining "comparable to same-aged peers" has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

## 7 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

| Part | Baseline | FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|------|----------|-----------|--------|--------|--------|--------|--------|
| A1   | 2019     | Target >= | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| A1   | 74.59%   | Data      | 74.59% | 76.35% | 76.92% | 72.59% | 75.45% |

|    |        |           |        |        |        |        |        |
|----|--------|-----------|--------|--------|--------|--------|--------|
| A2 | 2019   | Target >= | 68.00% | 68.00% | 68.00% | 68.00% | 68.00% |
| A2 | 61.47% | Data      | 61.47% | 53.64% | 64.65% | 59.23% | 53.85% |
| B1 | 2019   | Target >= | 87.00% | 87.00% | 87.00% | 87.00% | 87.00% |
| B1 | 76.43% | Data      | 76.43% | 69.67% | 80.26% | 72.73% | 78.06% |
| B2 | 2019   | Target >= | 68.00% | 68.00% | 68.00% | 68.00% | 68.00% |
| B2 | 64.90% | Data      | 64.90% | 43.68% | 62.24% | 59.76% | 55.62% |
| C1 | 2019   | Target >= | 84.00% | 84.00% | 84.00% | 84.00% | 84.00% |
| C1 | 56.95% | Data      | 56.95% | 76.19% | 80.09% | 71.40% | 76.09% |
| C2 | 2019   | Target >= | 80.00% | 80.00% | 80.00% | 80.00% | 80.00% |
| C2 | 60.10% | Data      | 60.10% | 54.79% | 68.88% | 64.14% | 61.93% |

## Targets

| FFY          | 2024   | 2025   |
|--------------|--------|--------|
| Target A1 >= | 80.00% | 80.00% |
| Target A2 >= | 68.00% | 68.00% |
| Target B1 >= | 87.00% | 87.00% |
| Target B2 >= | 68.00% | 68.00% |
| Target C1 >= | 84.00% | 84.00% |
| Target C2 >= | 80.00% | 80.00% |

## Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

1. OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
2. Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
3. External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
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7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### FFY 2024 SPP/APR Data

##### Number of preschool children aged 3 through 5 with IEPs assessed

1,020

##### Outcome A: Positive social-emotional skills (including social relationships)

| Outcome A Progress Category                                                                                                   | Number of children | Percentage of Children |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| a. Preschool children who did not improve functioning                                                                         | 84                 | 8.24%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 152                | 14.90%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 350                | 34.31%                 |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 222                | 21.76%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 212                | 20.78%                 |

| Outcome A                                                                                                                                                                                                                                                   | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------|-----------------|---------------|---------------------|----------|
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i> | 572       | 808         | 75.45%        | 80.00%          | 70.79%        | Did not meet target | Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>                                                         | 434       | 1,020       | 53.85%        | 68.00%          | 42.55%        | Did not meet target | Slippage |

##### Outcome B: Acquisition and use of knowledge and skills (including early language/communication)

| Outcome B Progress Category                                                                                                   | Number of Children | Percentage of Children |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| a. Preschool children who did not improve functioning                                                                         | 99                 | 9.71%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 164                | 16.08%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 342                | 33.53%                 |

| Outcome B Progress Category                                                                   | Number of Children | Percentage of Children |
|-----------------------------------------------------------------------------------------------|--------------------|------------------------|
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 244                | 23.92%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers     | 171                | 16.76%                 |

| Outcome B                                                                                                                                                                                                                                                           | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------|-----------------|---------------|---------------------|----------|
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.<br><i>Calculation:</i><br>$(c+d)/(a+b+c+d)$ | 586       | 849         | 78.06%        | 87.00%          | 69.02%        | Did not meet target | Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation:</i><br>$(d+e)/(a+b+c+d+e)$                                                            | 415       | 1,020       | 55.62%        | 68.00%          | 40.69%        | Did not meet target | Slippage |

**Outcome C: Use of appropriate behaviors to meet their needs**

| Outcome C Progress Category                                                                                                   | Number of Children | Percentage of Children |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| a. Preschool children who did not improve functioning                                                                         | 58                 | 5.69%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 123                | 12.06%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 285                | 27.94%                 |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 286                | 28.04%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 268                | 26.27%                 |

| Outcome C                                                                                                                                                                                                                                                           | Numerator | Denominator | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|---------------|-----------------|---------------|---------------------|-------------|
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.<br><i>Calculation:</i><br>$(c+d)/(a+b+c+d)$ | 571       | 752         | 76.09%        | 84.00%          | 75.93%        | Did not meet target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program.<br><i>Calculation:</i><br>$(d+e)/(a+b+c+d+e)$                                                         | 554       | 1,020       | 61.93%        | 80.00%          | 54.31%        | Did not meet target | Slippage    |

| Part | Reasons for slippage, if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A1   | OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness. |
| A2   | OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness. |
| B1   | OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness. |
| B2   | OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness. |
| C2   | OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness. |

**Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? (yes/no)**

YES

| Sampling Question  | Yes / No |
|--------------------|----------|
| Was sampling used? | NO       |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process? (yes/no)**

YES

**List the instruments and procedures used to gather data for this indicator.**

Beginning in 2009, all LEA preschool programs providing services under IDEA, Part B, were required to use the Child Outcomes Summary Process (COS) to measure the required outcomes outlined above. Programs must collect and report performance data within 90 days of a child's entry into a preschool program and within 60 days prior to a child's exit. Entry and exit data must be reported to OSSE on a rolling basis in the DC-CATS system. As data is entered on a rolling basis, OSSE conducts bi-annual data verification checks to ensure that all preschool students who receive special education services ages 3-5 have COS scores entered into the system. Upon verification of COS data entry, the data system and OSSE's data team generate a report. This report is used for reporting on APR Indicator 7.

**Provide additional information about this indicator (optional)**

OSSE has and will continue to provide targeted technical assistance, working group sessions and special education webinars on the COS process. Additionally, OSSE recently transitioned to a new special education data system that provides real time reminders to LEAs to submit entry and/or exit data.

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

## Indicator 8: Parent involvement

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of parents with a child receiving special education services who report that schools facilitated parent involvement as a means of improving services and results for children with disabilities.

(20 U.S.C. 1416(a)(3)(A))

#### Data Source

State selected data source.

#### Measurement

Percent = [(# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities) divided by the (total # of respondent parents of children with disabilities)] times 100.

#### Instructions

*Sampling of parents from whom response is requested is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)*

Describe the results of the calculations and compare the results to the target.

Provide the actual numbers used in the calculation.

If the State is using a separate data collection methodology for preschool children, the State must provide separate baseline data, targets, and actual target data or discuss the procedures used to combine data from school age and preschool data collection methodologies in a manner that is valid and reliable.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

Include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

If the analysis shows that the demographics of the children for whom parents responding are not representative of the demographics of children receiving special education services in the State, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to parents (e.g., by mail, by e-mail, on-line, by telephone, in-person through school personnel), and how responses were collected.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 8 - Indicator Data

| Question                                                                  | Yes / No |
|---------------------------------------------------------------------------|----------|
| Do you use a separate data collection methodology for preschool children? | NO       |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
- External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
- External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
- OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and

LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2019          | 88.49%        |

| FFY       | 2019   | 2020   | 2021   | 2022   | 2023   |
|-----------|--------|--------|--------|--------|--------|
| Target >= | 85.00% | 89.00% | 89.00% | 90.00% | 90.00% |
| Data      | 88.49% | 77.89% | 80.07% | 85.16% | 87.45% |

#### Targets

| FFY       | 2024   | 2025   |
|-----------|--------|--------|
| Target >= | 90.00% | 90.00% |

#### FFY 2024 SPP/APR Data

| Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities | Total number of respondent parents of children with disabilities | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 3,000                                                                                                                                                      | 3,409                                                            | 87.45%        | 90.00%          | 88.00%        | Did not meet target | No Slippage |

Since the State did not report preschool children separately, discuss the procedures used to combine data from school age and preschool surveys in a manner that is valid and reliable.

In the District of Columbia, a single survey is made available to parents of both preschool and school-aged students with IEPs via direct text message sent from the District's centralized communications platform. All questions apply to both parents of preschool and school-aged children.

Consistent with FY23 data, parents of preschool aged students had higher response rates than parents in most other gradebands and they had slightly higher rates of agreement than most other gradebands. As data are collected through a uniform survey, data are also treated uniformly.

The number of parents to whom the surveys were distributed.

17,178

Percentage of respondent parents

19.85%

#### Response Rate

| FFY           | 2023   | 2024   |
|---------------|--------|--------|
| Response Rate | 17.99% | 19.85% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

To determine representativeness of FFY24 data, the District applied the same metric designed in consultation with the IDEA Data Center (IDC) and implemented in FFY23. In FFY 23, the District adjusted its representativeness metric to ensure the metric includes more subgroups by lowering the required population sizes and conducting both relative and absolute difference analyses. Only groups with at least 10 survey respondents and 100 enrolled SWDs are included. A group is considered to be representative if they meet representativeness through at least one of the tests below.

Relative difference: measures the difference between the percent of respondents from a particular group relative to the share of those groups in District enrollments by dividing the groups' share of total respondents over the groups' population share. Groups are representative if they are within 15% of the enrollment rate, meaning that their relative difference is between 85% and 115%.

Absolute difference: measures the difference between the percent of respondents from a particular group and the share of those groups in District enrollments by measuring the difference between the groups' share of total respondents and the groups' share of the population. Groups are representative if they are within a +/- 3 percentage point difference threshold. This metric is used to account for the district having many small subgroups.

A t-test is not recommended for a population with as many small subgroups as the District has. IDC agreed with this conclusion, which is why the District used the two metrics above.

**Include the State's analyses of the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

Survey response rates were representative of the District's special education population in terms of geographical location across all wards.

As in FY22 and FY23, parents of Hispanic/Latino students were again overrepresented (22.12 % of total participants compared to 17.18% of the enrolled population) in survey responses. The relative difference in response rate was 128.75% and the absolute difference was 4.94 percentage points. After this subgroup was underrepresented in FY21, the survey was distributed via text message in both English and Spanish (although the survey was available in the top 6 languages used in the District). In FY24, 13.64% of respondents (n=465) completed the survey in Spanish.

#### 1. Participation by Ward

Ward of Residence / Percentage of Total Participants / Enrollment Rate by Ward of Residence / Relative difference between enrollment and participants/ Absolute difference between enrollment and participants/ Meets Representativeness

Ward 1 8.48% 8.49% 99.88% -0.01% YES, meets on both representativeness measures

Ward 2 3.36% 2.57% 130.74% 0.79% YES, meets on absolute representativeness

Ward 3 4.72% 3.88% 121.65% 0.84% YES, meets on absolute representativeness

Ward 4 16.86% 15.42% 109.34% 1.44% YES, meets on both representativeness measures

Ward 5 15.41% 16.00% 96.31% -0.59% YES, meets on both representativeness measures

Ward 6 8.20% 7.28% 112.64% .92% YES, meets on both representativeness measures

Ward 7 21.24% 21.93% 96.85% -0.69% YES, meets on both representativeness measures

Ward 8 21.73% 24.42% 88.98% -2.69% YES, meets on both representativeness measures

#### 2. Participation by Race/Ethnicity

(NOTE: The Native Hawaiian or Other Pacific Islander and Native American/ Alaska Native racial groups did not meet minimum n-sizes)

Race / Percentage of Total Participants / Enrollment Rate by Race / Relative Difference in Response Rates / Absolute Difference in Response Rates / Is Group Representative for Reporting?

Black or African American 66.68% 73.63% 90.56% -6.95% YES, meets on relative representativeness

White 6.29% 6.24% 100.80% 0.05% YES, meets on both representativeness measures

Hispanic or Latino 22.12% 17.18% 128.75% 4.94% NO

Asian 0.66% 0.64% 103.13% 0.02% YES, meets on both representativeness measures

Native Hawaiian or Other Pacific 0.06% 0.08% 75.00% -0.02% N/A, fewer than 100 students with disabilities in this group

Native American/Alaska Native 0.24% 0.12% 200.00% 0.12% N/A, fewer than 100 students with disabilities in this group

Two or More Races 3.96% 2.10% 188.57% 1.86% YES, meets on both representativeness measures

**The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)**

NO

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

The District's data again show overrepresentation of Hispanic families. OSSE will continue efforts to engage all parents of students with disabilities through broad outreach to community partners, distribution through direct SMS text messaging, and supporting LEAs in disseminating information about the survey to parents.

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

In FY24, OSSE built on prior success in distributing the survey via direct SMS text messages in both English and Spanish and will continue this strategy in future years. In FY23, OSSE changed the timing of survey distribution from late in the calendar year (after the school year had concluded) to the spring, to coincide with the end of the current school year and encourage contemporaneous documentation of parent sentiments. After moving survey distribution from the end of the calendar year to the end of the school year in FY23, response rates continued to increase from 14.7% in FY22 to 18.0% in FY23, and again increased to 19.85% in FY24. OSSE continues to partner with community stakeholders, including the SAPSE, to identify reasons for nonparticipation and develop strategies to increase parent response. Through engagement related to the District's Special Education Performance Report (SEPR), OSSE provided technical assistance to LEAs related to increasing parent participation in and understanding of the survey. To support parent understanding and continued participation, OSSE is designing parent-facing publications to tell longitudinal data stories about survey results. OSSE is also considering ways in which the parent survey could be provided to parents immediately following the annual IEP team meeting, including through electronic communication via the new statewide special education data system, which features a parent portal for ease in communication.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.**

OSSE examined nonresponse bias by examining both the representativeness of survey responses and how key subgroups responded to the survey.

OSSE calculated a weighted survey agreement statistic to account for nonresponse bias. OSSE did weigh the survey responses based on a cross-tabulation of race/ethnicity and geographic ward and determined that the summary rate of 88.15% of parents who agreed versus the raw rate of 88.00% was very similar. Thus, even though some groups may not be fully representative, this does not strongly affect the overall outcome and the result from the survey can be interpreted to be reliable. The weighted survey response was calculated by gathering the population shares of different races and ethnicities by ward, multiplying the enrollment rates by the percent of respondents who agreed amongst different races and ethnicities by ward, and summing up those values. As ward residence and race/ethnicity are highly correlated in the District, OSSE combined the two variables to create a single weighted metric. As no subgroup was underrepresented, and given the negligible difference in the weighted survey estimate and the non-weighted survey estimate discussed above, nonresponse bias with respect to race/ ethnicity is not a concern.

To promote response from a broad cross section of parents, OSSE employed the use of direct SMS text messages in FY21 and saw dramatic increases in overall response rates and parental participation in previously underrepresented geographical locations (Wards), which suggests prior methods of outreach were less successful in accessing that geographical population. In FY23, the text message was sent in both English and Spanish; representative analysis showed that parents of Hispanic or Latino students were slightly overrepresented in their participation as compared to other races and ethnicities, as they were in FY22 also. During the 2024-25 school year, OSSE began collecting parent preferred language data as part of its statewide longitudinal educational data system and will continue to explore the possibility of sending text messages in parents' preferred languages, while supporting LEAs in disseminating information about the survey in a variety of languages. As part of larger infrastructure changes to better support parents, and better support LEAs in supporting parents, OSSE will engage stakeholders to identify ways it could reach more diverse populations.

| Sampling Question  | Yes / No |
|--------------------|----------|
| Was sampling used? | NO       |

| Survey Question                        | Yes / No |
|----------------------------------------|----------|
| Was a survey used?                     | YES      |
| If yes, is it a new or revised survey? | NO       |
| If yes, provide a copy of the survey.  |          |

**Provide additional information about this indicator (optional)**

## 8 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, DC must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions DC is taking to address this issue. DC must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

### Response to actions required in FFY 2023 SPP/APR

Survey response rates were representative of the District's special education population in terms of geographical location across all wards but parents of Hispanic/Latino students were overrepresented (22.12 % of total participants compared to 17.18% of the enrolled population) in survey responses. The relative difference in response rate was 128.75% and the absolute difference was 4.94 percentage points. The District's data again show overrepresentation of Hispanic families. OSSE will continue efforts to engage all parents of students with disabilities through broad outreach to community partners, distribution through direct SMS text messaging, and supporting LEAs in disseminating information about the survey to parents.

After weighting the data to account for slightly disproportionate response rates, 88.15% of respondent parents reported that schools facilitated parent involvement as a means of improving services and results for children with disabilities, compared to an almost identical 88.00% of unweighted responses.

## **8 - OSEP Response**

### **8 - Required Actions**

In the FFY 2025 SPP/APR, DC must report whether the FFY 2025 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions DC is taking to address this issue. DC must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.

(20 U.S.C. 1416(a)(3)(C))

Data Source

State’s analysis, based on State’s Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “disproportionate representation”. Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA, aggregated across all disability categories. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in special education and related services and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2022          | 0.00%         |

| FFY    | 2019  | 2020  | 2021  | 2022  | 2023  |
|--------|-------|-------|-------|-------|-------|
| Target | 0%    | 0%    | 0%    | 0%    | 0%    |
| Data   | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

Targets

| FFY | 2024 | 2025 |
|-----|------|------|
|-----|------|------|

|        |    |    |
|--------|----|----|
| Target | 0% | 0% |
|--------|----|----|

#### FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

9

| Number of districts with disproportionate representation of racial/ethnic groups in special education and related services | Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 0                                                                                                                          | 0                                                                                                                                                                             | 57                                                                  | 0.00%         | 0%              | 0.00%         | Met target | No Slippage |

Were all races and ethnicities included in the review?

YES

Define "disproportionate representation." Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Prior to FFY24, OSSE changed its definition of disproportionate representation as follows:

1) OSSE changed its calculation method from a weighted risk ratio to a risk ratio or alternate state risk ratio for indicator 9 using its SY 2024-2025 Enrollment Audit and Child Count data to determine disproportionate representation. The risk ratio compares the chance, or risk, of children of a particular racial/ethnic group being identified for special education with the chance, or risk, of children of all other racial/ethnic groups being identified for special education.

As required by OSEP, OSSE reviewed data related to the following required racial/ethnic groups: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Other Pacific Islander, White, or two or more races.

2) The District of Columbia adopted a risk ratio threshold of five (5) which means that OSSE will determine disproportionate representation for an LEA if a particular racial/ethnic group is more than five (5) times as likely as all other racial/ethnic groups to be identified for special education.

3) OSSE transitioned to utilizing multi-year data in the calculation for disproportionate representation. For the 2020-21 school year review, OSSE identified LEAs as having disproportionate representation for the 2020-2021 school year only. For the 2021-22 school year review, OSSE identified LEAs with significant discrepancy and/or disproportionate representation that consecutively met the criteria for the 2020-2021 and 2021-2022 school years in the same analysis category. For the 2022-23 school year review, OSSE began flagging LEAs identified in the same analysis category for three (3) consecutive years. Since this time, OSSE has used three (3) consecutive years for review.

4) An LEA must have at least ten (10) children from a racial/ethnic group with a disability and 30 children from a racial/ethnic group enrolled to calculate a risk ratio or alternate risk ratio. OSSE applies an alternate risk ratio when LEAs meet the minimum cell size (10 children with disabilities in racial/ethnic group) and n size (30 children enrolled in racial/ethnic group) requirements for the target group (racial/ethnic group being analyzed) but do not meet the minimum cell and n size requirements for the comparison groups. In such instances, statewide data serve as the comparison group for calculating risk ratios.

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

For FFY 2024, zero (0) LEAs met the District's definition of disproportionate representation as it relates to indicator 9.

Provide additional information about this indicator (optional)

#### Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 0                                    | 0                                                               | 0                                                | 0                                      |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

For FFY 2023, there were zero (0) LEAs that met this criterion for indicator 9.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response****9 - Required Actions**

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.  
(20 U.S.C. 1416(a)(3)(C))

Data Source

State’s analysis, based on State’s Child Count data collected under IDEA section 618, to determine if the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification.

Measurement

Percent = [(# of districts, that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups, with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification) divided by the (# of districts in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “disproportionate representation”. Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2024 reporting period (i.e., after June 30, 2025).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and aged 6 through 21 served under IDEA. Provide these data at a minimum for children in the following six disability categories: intellectual disability, specific learning disabilities, emotional disturbance, speech or language impairments, other health impairments, and autism. If a State has identified disproportionate representation of racial and ethnic groups in specific disability categories other than these six disability categories, the State must include these data and report on whether the State determined that the disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification. Provide the actual numbers used in the calculation.

States are not required to report on underrepresentation.

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, districts that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of districts totally excluded from the calculation as a result of this requirement because the district did not meet the minimum n and/or cell size for any racial/ethnic group.

Consider using multiple methods in calculating disproportionate representation of racial and ethnic groups to reduce the risk of overlooking potential problems. Describe the method(s) used to calculate disproportionate representation.

Provide the number of districts that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups identified with disproportionate representation of racial and ethnic groups in specific disability categories and the number of those districts identified with disproportionate representation that is the result of inappropriate identification.

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2022          | 2.63%         |

| FFY    | 2019  | 2020  | 2021  | 2022  | 2023  |
|--------|-------|-------|-------|-------|-------|
| Target | 0%    | 0%    | 0%    | 0%    | 0%    |
| Data   | 0.00% | 2.33% | 2.56% | 2.63% | 0.00% |

## Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 0%   | 0%   |

## FFY 2024 SPP/APR Data

Has the state established a minimum n and/or cell size requirement? (yes/no)

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n and/or cell size. Report the number of districts excluded from the calculation as a result of the requirement.

26

| Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts that met the State's minimum n and/or cell size | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status     | Slippage    |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------|-----------------|---------------|------------|-------------|
| 3                                                                                                                  | 0                                                                                                                                                                     | 40                                                                  | 0.00%         | 0%              | 0.00%         | Met target | No Slippage |

Were all races and ethnicities included in the review?

YES

Define "disproportionate representation". Please specify in your definition: 1) the calculation method(s) being used (i.e., risk ratio, weighted risk ratio, e-formula, etc.); and 2) the threshold at which disproportionate representation is identified. Also include, as appropriate, 3) the number of years of data used in the calculation; and 4) any minimum cell and/or n-sizes (i.e., risk numerator and/or risk denominator).

Prior to FFY24, OSSE changed its definition of disproportionate representation as follows:

1) OSSE changed its calculation method from a weighted risk ratio to a risk ratio or alternate risk ratio for indicator 10 using its SY 2024-2025 Enrollment Audit and Child Count data to determine disproportionate representation. The risk ratio compares the chance, or risk, of children of a particular racial/ethnic group being identified for special education in a specific disability category with the chance, or risk, of children of all other racial/ethnic groups being identified for special education in a specific disability category. As required by OSEP, OSSE reviewed data related to the following required racial/ethnic groups: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Other Pacific Islander, White, or two or more races.

2) The District of Columbia adopted a risk ratio threshold of seven (7) which means that the OSSE will determine disproportionate representation for an LEA if a particular racial/ethnic group is more than 7 times as likely as all other racial/ethnic groups to be identified for special education in a specific disability category.

3) OSSE transitioned to utilizing multi-year data in the calculation for disproportionate representation. For the 2020-21 school year review, OSSE identified LEAs as having disproportionate representation for the 2020-2021 school year only. For the 2021-22 school year review, OSSE identified LEAs with significant discrepancy and/or disproportionate representation that consecutively met the criteria for the 2020-2021 and 2021-2022 school years in the same analysis category. For the 2022-23 school year review, OSSE began flagging LEAs identified in the same analysis category for three (3) consecutive years. Since this time, OSSE has used three (3) consecutive years for review.

4) An LEA must have at least ten (10) children from a racial/ethnic group in a disability category and 30 children from a racial/ethnic group enrolled to calculate a risk ratio or alternate risk ratio. OSSE applies an alternate risk ratio when LEAs meet the minimum cell size (10 children from a racial/ethnic group in a disability category) and n size (30 children enrolled in racial/ethnic group) requirements for the target group (racial/ethnic group being analyzed) but do not meet the minimum cell and n size requirements for the comparison groups. In such instances, statewide data serve as the comparison group for calculating risk ratios.

**Describe how the State made its annual determination as to whether the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification.**

Step One: Identifying the Number of Districts Identified with Disproportionate Representation using the criteria established in the section above, OSSE determined that three (3) of 40 LEAs that met the "n" size and cell size were identified as meeting the data threshold for disproportionate representation in a specific disability category.

Step Two: Determining if Disproportionate Representation is a Result of Inappropriate Identification for each of the three (3) LEAs that the State identified as having disproportionate representation of racial and ethnic groups in a specific disability category, OSSE required completion of a self-study to determine if the disproportionate representation was a result of inappropriate identification. As part of this self-study, LEAs must review a specified number of student records (depending on the overall number of students with IEPs at the LEA); and provide existing policies, procedures, and practices documentation to OSSE for comparison with child find, evaluation, and eligibility requirements.

Each LEA submitted a completed self-study. OSSE reviewed the results of the self-studies, including reviewing each LEA's child find, evaluation, and eligibility policies and practices, and found that none of the LEAs had disproportionate representation as a result of inappropriate identification.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2023**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 0                                    | 0                                                               | 0                                                | 0                                      |

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

For FFY 2023, there were zero (0) LEAs that met this criterion for indicator 10.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

**10 - Required Actions**

## Indicator 11: Child Find

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Child Find

**Compliance indicator:** Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Data to be taken from State monitoring or State data system and must be based on actual, not an average, number of days. Indicate if the State has established a timeline and, if so, what is the State's timeline for initial evaluations.

#### Measurement

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

Percent = [(b) divided by (a)] times 100.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Note that under 34 CFR §300.301(d), the timeframe set for initial evaluation does not apply to a public agency if: (1) the parent of a child repeatedly fails or refuses to produce the child for the evaluation; or (2) a child enrolls in a school of another public agency after the timeframe for initial evaluations has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability. States should not report these exceptions in either the numerator (b) or denominator (a). If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in b.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 11 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 22.30%        |

| FFY    | 2019   | 2020   | 2021   | 2022   | 2023   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 70.71% | 63.09% | 76.15% | 79.18% | 73.29% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2024 SPP/APR Data

| (a) Number of children for whom parental consent to evaluate was received | (b) Number of children whose evaluations were completed within 60 days (or State-established timeline) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 3,302                                                                     | 2,638                                                                                                  | 73.29%        | 100%            | 79.89%        | Did not meet target | No Slippage |

**Number of children included in (a) but not included in (b)**

664

**Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.**

The days beyond the 60-day timeline from evaluation ranged from one (1) day to 352 days. There were 289 evaluations delayed due to parental delay. There were 375 evaluations delayed due to the LEA, including delayed action taken related to initial referral and delays in scheduling meetings.

**Indicate the evaluation timeline used:**

The State used the 60 day timeframe within which the evaluation must be conducted

**What is the source of the data provided for this indicator?**

State database that includes data for the entire reporting year

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

OSSE used Special Programs, a web-based application, to manage compliance, intervention and special education data statewide. Data was collected for the entire reporting year (July 1, 2024 - June 30, 2025) on all children referred for initial evaluation. OSSE reviewed data from all LEAs. Following the data review, OSSE issued findings of noncompliance to each LEA that had individual instances of noncompliance in the area of initial evaluation.

**Provide additional information about this indicator (optional)**

The District did not meet its target for this indicator. However, the District will continue to engage stakeholders and OSSE staff to implement strategies and provide resources for improving timely initial evaluation. OSSE is continuously collecting LEA data and reviewing it to ensure that data system concerns are resolved, and LEAs maintain access to the necessary tools

**Correction of Findings of Noncompliance Identified in FFY 2023**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 24                                   | 24                                                              | 0                                                | 0                                      |

**FFY 2023 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

OSSE verified that each LEA with findings of noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through the State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 23-01. OSSE requires submission of documentation showing the correction of noncompliance as soon as possible and in no case longer than one year from the notification. The student-level corrections were demonstrated when OSSE verified that the student had received the evaluation, although late.

Below are the steps OSSE used to verify correction of noncompliance related to untimely initial evaluations: 1) Each LEA provided evidence of correction of each finding of student-level noncompliance unless the child was no longer within the jurisdiction of the LEA. The student-level corrections were demonstrated when OSSE verified that the student had received the evaluation, although late. 2) In order to ensure that the LEA demonstrated the compliant implementation of the regulatory requirement to conduct initial evaluations in a timely manner, OSSE conducted a subsequent review of the timeliness of initial evaluations for each LEA.

**Describe how the State verified that each individual case of noncompliance was corrected**

During FFY 2023 there were 24 individual cases of identified noncompliance. OSSE verified that each individual case of noncompliance was corrected by verifying documentation provided by the LEA that an evaluation had been provided for each student unless the student was no longer within the jurisdiction of the LEA. After OSSE verified that each individual instance of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide a timely evaluation. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 24 individual cases of identified noncompliance were corrected within the 365-day timeline.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

OSSE granted LEAs 30 calendar days to correct instances of student-level noncompliance prior to the issuance of a finding. OSSE's procedures for pre-finding correction began when OSSE identified instances of noncompliance via its special education data system for each LEA in the District. OSSE then issued to LEAs via its DC Corrective Action Tracking System (DC-CATS) pre-findings of noncompliance for each instance of student-level noncompliance identified. Once the LEAs were notified via DC-CATS of pre-findings of noncompliance they had 30 calendar days to submit evidence via DC-CATS demonstrating correction of noncompliance. Specifically, OSSE required LEAs to provide an explanation for identified noncompliance and documentation of the student's completed eligibility determination in the States' special education data system to demonstrate compliance.

After the 30-calendar day window closed, OSSE reviewed the explanation and the eligibility determination to determine if the submitted evidence demonstrated compliance. In instances where OSSE determined that noncompliance still existed, a written finding of noncompliance was issued via DC-CATS. OSSE verified the correction of child-specific noncompliance and the verification of systemic compliance through updated data for all identification of noncompliance.

#### Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

## 11 - Prior FFY Required Actions

Because DC reported less than 100% compliance for FFY 2023, DC must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, DC must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under DC's complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why DC did not identify any findings. If DC did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the DC's issuance of a finding, the explanation must include how DC verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### Response to actions required in FFY 2023 SPP/APR

OSSE used the following steps to verify corrections of noncompliance for untimely initial evaluations: 1) Each LEA provided evidence of correction of each individual case of student-level noncompliance unless the child was no longer within the jurisdiction of the LEA. OSSE used the State data system to verify the submitted evidence and that the student had received an evaluation, although late. 2) To ensure each LEA was correctly implementing the regulatory requirement to timely conduct initial evaluations, OSSE conducted a subsequent review – requiring the LEA to submit additional timely student files before verifying compliance using the State data system. Once an LEA had demonstrated 100% compliance on subsequent data pulls, OSSE closed the findings of noncompliance. Within a year of issuance, OSSE verified and closed each finding of noncompliance identified in FFY 2023.

Specifically, during FFY 2023 there were 24 individual cases of identified noncompliance. OSSE verified that each individual case of noncompliance was corrected by verifying documentation provided by the LEA that an evaluation had been provided for each student unless the student was no longer within the jurisdiction of the LEA. After OSSE verified that each individual instance of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide a timely evaluation. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 24 individual cases of identified noncompliance were corrected within the 365-day timeline.

## 11 - OSEP Response

DC reported that it has procedures that permit LEAs to correct noncompliance prior to DC's issuance of a finding (i.e., pre-finding correction). However, OSEP could not determine if DC ensured, consistent with OSEP QA 23-01, that each LEA: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

## 11 - Required Actions

Because DC reported less than 100% compliance for FFY 2024, DC must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, DC must demonstrate, in the FFY 2025 SPP/APR, that the noncompliance identified in FFY 2023 prior to the issuance of a finding was corrected, consistent with OSEP QA 23-01. When reporting on the correction of noncompliance, DC must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 and each LEA with noncompliance identified in FFY 2023 prior to the issuance of a finding for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why DC did not identify any findings. If DC did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to DC's issuance of a finding, the explanation must include how DC verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 12: Early Childhood Transition

Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Compliance indicator:** Percent of children 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.

(20 U.S.C. 1416(a)(3)(B))

**Data Source**

Data to be taken from State monitoring or State data system.

**Measurement**

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # 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.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

**Instructions**

If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Category f is to be used only by States that have an approved policy for providing parents the option of continuing early intervention services beyond the child's third birthday under 34 CFR §303.211 or a similar State option.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 37.00%        |

| FFY    | 2019   | 2020   | 2021   | 2022   | 2023   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 84.34% | 56.21% | 90.85% | 97.20% | 95.00% |

Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

FFY 2024 SPP/APR Data

|                                                                                                                                                                                               |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.                                                                             | 721 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.                                                                       | 49  |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.                                                                                         | 195 |
| d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.                                 | 72  |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays.                                                                                             | 40  |
| 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. | 356 |

| Measure                                                                                                                                                          | Numerator (c) | Denominator (a-b-d-e-f) | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------|---------------|-----------------|---------------|---------------------|-------------|
| Percent of children 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. | 195           | 204                     | 95.00%        | 100%            | 95.59%        | Did not meet target | No Slippage |

**Number of children who served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f**

9

**Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.**

Nine (9) children who were served in Part C and referred to Part B for eligibility determination did not have an IEP developed and implemented by their third birthday. The number of days beyond the child's third birthday was 11 to 189 days, and reasons for delay included delay in evaluations, delay in scheduling meetings, and transfer between LEAs.

**Attach PDF table (optional)**

**What is the source of the data provided for this indicator?**

State database that includes data for the entire reporting year

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

The District implemented a two-phase plan to collect and report data for this indicator. The first phase included collecting data from Part C data systems and completing a direct pull from Part B data systems. The second phase included a record review for each of the students who did not have an IEP developed and implemented by their third birthdays to determine the reason for the delay(s).

**Provide additional information about this indicator (optional)**

The District did not meet its target for this indicator. However, the District will continue to engage stakeholders and OSSE staff to implement strategies and provide resources for improving effective Part C to Part B transition. OSSE is continuously collecting LEA data and reviewing it to ensure that data system concerns are resolved, and LEAs maintain access to the necessary tools.

#### Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 4                                    | 4                                                               | 0                                                | 0                                      |

#### FFY 2023 Findings of Noncompliance Verified as Corrected

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

OSSE verified that each LEA with findings of noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through the State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 23-01. OSSE requires submission of documentation showing the correction of noncompliance as soon as possible and in no case longer than one year from the notification. Student-level corrections were demonstrated when OSSE verified that the student had received an IEP, although late.

OSSE issued findings of noncompliance using the District of Columbia Corrective Action Tracking System (DC-CATS). DC-CATS allows SEA and LEA staff members to view findings issued, as well as deadlines for correction. LEA staff submitted evidence of correction of noncompliance to the DC-CATS system. After OSSE verified that the LEA had properly corrected every instance of noncompliance associated with a specific regulatory requirement, OSSE reviewed subsequent data from the LEA. OSSE closed the finding(s) of noncompliance when each instance of noncompliance had been corrected, and the LEA was 100% compliant in a subsequent data review.

**Describe how the State verified that each individual case of noncompliance was corrected**

During FFY 2023 there were four (4) individual cases of identified noncompliance. OSSE verified that each individual case of noncompliance was corrected by verifying documentation provided by the LEA that an IEP had been developed and was being implemented unless the student was no longer within the jurisdiction of the LEA. After OSSE verified that each individual instance of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to develop and implement an IEP by the child's third birthday. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 4 individual cases of identified noncompliance were corrected within the 365-day timeline.

**If procedures have been adopted that permit LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.**

OSSE granted LEAs 30 calendar days to correct instances of student-level noncompliance prior to the issuance of a finding. OSSE's procedures for pre-finding correction began when OSSE identified instances of noncompliance via its special education data system for each LEA in the District. OSSE then issued pre-findings of noncompliance for each instance of student-level noncompliance identified. Once the LEAs were notified via DC-CATS of pre-findings of noncompliance they had 30 calendar days to submit evidence via DC-CATS demonstrating correction of noncompliance. Specifically, OSSE required LEAs to provide an explanation for identified noncompliance and completed Individualized Education Plan (IEP) to demonstrate compliance.

After the 30-calendar day window closed, OSSE reviewed the explanation and completed IEP to determine if the submitted evidence demonstrated compliance. In instances where OSSE determined that noncompliance still existed, a written finding of noncompliance was issued via DC-CATS. OSSE verified the correction of child-specific noncompliance and the verification of systemic compliance through updated data for all identification of noncompliance.

#### **Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| <b>Year Findings of Noncompliance Were Identified</b> | <b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR</b> | <b>Findings of Noncompliance Verified as Corrected</b> | <b>Findings Not Yet Verified as Corrected</b> |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|
|                                                       |                                                                                   |                                                        |                                               |
|                                                       |                                                                                   |                                                        |                                               |
|                                                       |                                                                                   |                                                        |                                               |
|                                                       |                                                                                   |                                                        |                                               |
|                                                       |                                                                                   |                                                        |                                               |

## **12 - Prior FFY Required Actions**

Because the DC reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, DC must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a DC complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why DC did not identify any findings. If DC did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the DC's issuance of a finding, the explanation must include how DC verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

#### **Response to actions required in FFY 2023 SPP/APR**

OSSE used the following steps to verify corrections of noncompliance for early childhood transitions: 1) Each LEA provided evidence of correction of each individual case of student-level noncompliance unless the child was no longer within the jurisdiction of the LEA. OSSE used the State data system to verify the submitted evidence and that the LEA had developed and implemented an IEP for each student previously cited for noncompliance. 2) To ensure each LEA was correctly implementing the regulatory requirements for early childhood transitions, OSSE conducted a subsequent review – requiring the LEA to submit additional compliant student files before verifying compliance using the State data system. Once an LEA had demonstrated 100% compliance on subsequent data pulls, OSSE closed the findings of noncompliance. Within a year of issuance, OSSE verified and closed each finding of noncompliance identified in FFY 2023.

Specifically, during FFY 2023 there were four (4) individual cases of identified noncompliance. OSSE verified that each individual case of noncompliance was corrected by verifying documentation provided by the LEA that an IEP had been developed and was being implemented unless the student was no longer within the jurisdiction of the LEA. After OSSE verified that each individual instance of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to develop and implement an IEP by the child's third birthday. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 4 individual cases of identified noncompliance were corrected within the 365-day timeline.

## **12 - OSEP Response**

DC reported that it has procedures that permit LEAs to correct noncompliance prior to DC's issuance of a finding (i.e., pre-finding correction). However, OSEP could not determine if DC ensured, consistent with OSEP QA 23-01, that each LEA: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

## 12 - Required Actions

Because DC reported less than 100% compliance for FFY 2024, DC must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, DC must demonstrate, in the FFY 2025 SPP/APR, that the noncompliance identified in FFY 2023 prior to the issuance of a finding was corrected, consistent with OSEP QA 23-01. When reporting on the correction of noncompliance, DC must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 and each LEA with noncompliance identified in FFY 2023 prior to the issuance of a finding for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why DC did not identify any findings. If DC did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to DC's issuance of a finding, the explanation must include how DC verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 13: Secondary Transition

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Compliance indicator:** Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Data to be taken from State monitoring or State data system.

#### Measurement

Percent = [(# of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age appropriate transition assessment, transition services including courses of study that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency that is likely to be responsible for providing or paying for transition services, including, if appropriate, pre-employment transition services, was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority) divided by the (# of youth with an IEP age 16 and above)] times 100.

If a State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16, the State may, but is not required to, choose to include youth beginning at that younger age in its data for this indicator. If a State chooses to do this, it must state this clearly in its SPP/APR and ensure that its baseline data are based on youth beginning at that younger age.

#### Instructions

*If data are from State monitoring, describe the method used to select LEAs for monitoring. If data are from a State database, include data for the entire reporting year.*

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State's monitoring, describe the procedures used to collect these data. Provide the actual numbers used in the calculation.

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training) and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2024 SPP/APR, the data for FFY 2023), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## 13 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2020          | 65.00%        |

| FFY    | 2019   | 2020   | 2021   | 2022   | 2023   |
|--------|--------|--------|--------|--------|--------|
| Target | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   | 70.00% | 65.00% | 65.00% | 57.50% | 10.50% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

### FFY 2024 SPP/APR Data

| Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition | Number of youth with IEPs aged 16 and above | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| 103                                                                                                               | 200                                         | 10.50%        | 100%            | 51.50%        | Did not meet target | No Slippage |

**What is the source of the data provided for this indicator?**

State monitoring

**Describe the method used to collect these data, and if data are from the State's monitoring, describe the procedures used to collect these data.**

OSSE uses a weighted data pull approach which reviews secondary transition data for all LEAs serving students 16 years of age and older. This weighted data pull is based on the number of students ages 16 years and older at each LEA, divided by the total number of students ages 16 and up in DC. The minimum 'n' size for each LEA is five (5) student files.

OSSE is conducting monitoring annually, reviewing a total of 200 selected student transition plans as a sample of all LEAs serving students ages 16 and up for each reporting period. Student file review sampling using this methodology will result in a simultaneous review of 200 total files across Q2 and Q3 (100 per quarter). The methodology allows for more frequent touchpoints with LEAs in the area of secondary transition.

| Question                                                                                                                                                                                   | Yes / No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?                                                                | YES      |
| If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? | NO       |

**If no, please explain**

Currently, the District is under specific conditions for secondary transition and reviews transition plans for students age 16 and up from all LEAs. In order to maintain consistent data comparisons and appropriately demonstrate progress, OSSE will continue to monitor for students age 16 and up. Additionally, OSSE will continue to provide ongoing training and technical assistance for middle school staff on the secondary transition requirements to prepare LEAs for the changes in OSSE's monitoring of secondary transition to include 14 and 15-year-olds.

**Provide additional information about this indicator (optional)**

As a result of our attention to DC's specific conditions under IDEA, OSSE continues to engage in interagency collaboration with a variety of stakeholders, including the District's vocational rehabilitation agency, Rehabilitation Services Administration (RSA). OSSE participates in the capacity building institute hosted by the National Technical Assistance Center on Transition: The Collaborative (NTACT:C) and, as part of the state plan, has entered into a data sharing agreement with RSA. This agreement supports RSA's capacity and ability to provide preemployment and pretransition skill building initiatives as required under the Workforce Innovation and Opportunity Act (WIOA).

#### Correction of Findings of Noncompliance Identified in FFY 2023

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| 17                                   | 17                                                              | 0                                                | 0                                      |

#### FFY 2023 Findings of Noncompliance Verified as Corrected

**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

OSSE verified that each LEA with findings of noncompliance identified in FFY 2023: (1) correctly implemented the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data subsequently collected through the State data system; and (2) corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP Memo 23-01. OSSE required submission of documentation showing the correction of noncompliance as soon as possible and in no case longer than one year from the notification.

OSSE issued findings of noncompliance using the District of Columbia Corrective Action Tracking System (DC CATS). DC CATS allows SEA and LEA staff members to view findings issued, as well as deadlines for correction. LEA staff submitted evidence of correction of noncompliance to the DC CATS system. If the LEA's first submission did not correct noncompliance, OSSE compliance monitors followed up with the LEA to provide additional technical assistance on the requirements for correction. After OSSE verified that the LEA had properly corrected every instance of noncompliance associated with a specific regulatory requirement, OSSE reviewed subsequent data from the LEA. OSSE closed the finding of noncompliance when each finding had been corrected, and the state verified that the LEA was 100% compliant in a subsequent data review.

**Describe how the State verified that each individual case of noncompliance was corrected**

During FFY 2023 there were 17 individual cases of identified noncompliance. OSSE verified that each individual case of noncompliance was corrected by reviewing documentation provided by the LEA evidencing appropriate measurable postsecondary goals in the IEP unless the student was no longer within the jurisdiction of the LEA. After OSSE verified that each individual instance of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide appropriate measurable postsecondary goals in the IEP. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 17 individual cases of identified noncompliance were corrected within the 365-day timeline.

If procedures have been adopted that permit LEAs to correct noncompliance prior to the State’s issuance of a finding (i.e., pre-finding correction), describe how, for instances of noncompliance discovered in FFY 2023, the State verified: (1) that the source of noncompliance is correctly implementing the regulatory requirements; and, (2) each individual case of noncompliance was corrected.

OSSE granted LEAs 30 calendar days to correct instances of student-level noncompliance prior to the issuance of a finding. OSSE’s procedures for pre-finding correction began when OSSE identified instances of noncompliance via its special education data system for each LEA in the District. OSSE then issued pre-findings of noncompliance for each instance of student-level noncompliance identified. Once the LEAs were notified via DC-CATS of pre-findings of noncompliance they had 30 calendar days to submit evidence via DC-CATS demonstrating correction of noncompliance. Specifically, OSSE required LEAs to provide a secondary transition plan.

After the 30-calendar day window closed, OSSE reviewed the secondary transition plan to determine if the submitted evidence demonstrated compliance. In instances where OSSE determined that noncompliance still existed, a written finding of noncompliance was issued via DC-CATS. OSSE verified the correction of child-specific noncompliance and the verification of systemic compliance through updated data for all identification of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2023

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

13 - Prior FFY Required Actions

Because DC reported less than 100% compliance for FFY 2023, DC must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, DC must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why DC did not identify any findings of noncompliance in FFY 2023.

Response to actions required in FFY 2023 SPP/APR

OSSE used the following steps to verify corrections of noncompliance for secondary transitions: 1) Each LEA provided evidence of correction of each individual case of student-level noncompliance unless the child was no longer within the jurisdiction of the LEA. OSSE used the State data system to verify the submitted evidence and that the LEA had completed the required action (e.g., develop an appropriate measurable postsecondary goal that addresses education or training). 2) To ensure each LEA was correctly implementing the regulatory requirements for secondary transitions, OSSE conducted a subsequent review – requiring the LEA to submit additional compliant student files before verifying compliance using the State data system. Once an LEA had demonstrated 100% compliance on subsequent data pulls, OSSE closed the findings of noncompliance. Within a year of issuance, OSSE verified and closed each finding of noncompliance identified in FFY 2023.

Specifically, during FFY 2023 there were 17 individual cases of identified noncompliance. OSSE verified that each individual case of noncompliance was corrected by reviewing documentation provided by the LEA evidencing appropriate measurable postsecondary goals in the IEP unless the student was no longer within the jurisdiction of the LEA. After OSSE verified that each individual instance of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide appropriate measurable postsecondary goals in the IEP. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 17 individual cases of identified noncompliance were corrected within the 365-day timeline.

13 - OSEP Response

DC reported that it has procedures that permit LEAs to correct noncompliance prior to DC’s issuance of a finding (i.e., pre-finding correction). However, OSEP could not determine if DC ensured, consistent with OSEP QA 23-01, that each LEA: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

13 - Required Actions

Because DC reported less than 100% compliance for FFY 2024, DC must report on the status of correction of noncompliance identified in FFY 2024 for this indicator. In addition, DC must demonstrate, in the FFY 2025 SPP/APR, that the noncompliance identified in FFY 2023 prior to the issuance of a finding was corrected, consistent with OSEP QA 23-01. When reporting on the correction of noncompliance, DC must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2024 and each LEA with noncompliance identified in FFY 2023 prior to the issuance of a finding for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, DC must describe the specific actions that were taken to verify the correction. If DC did not identify any findings of noncompliance in FFY 2024, although its FFY 2024 data reflect less than 100% compliance, provide an explanation of why DC did not identify any findings. If DC did not issue any findings because it has adopted

procedures that permit its LEAs to correct noncompliance prior to DC's issuance of a finding, the explanation must include how DC verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

## Indicator 14: Post-School Outcomes

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Effective Transition

**Results indicator:** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

- A. Enrolled in higher education within one year of leaving high school.
- B. Enrolled in higher education or competitively employed within one year of leaving high school.
- C. Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

State selected data source.

#### Measurement

- A. Percent enrolled in higher education =  $\left[ \frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$ .
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school =  $\left[ \frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$ .
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment =  $\left[ \frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}} \right] \times 100$ .

#### Instructions

*Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 3 for additional instructions on sampling.)*

Collect data by September 2025 on students who left school during 2023-2024, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2023-2024 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

#### I. Definitions

*Enrolled in higher education* as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

*Competitive employment* as used in measures B and C: States have two options to report data under “competitive employment”:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

*Enrolled in other postsecondary education or training* as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

*Some other employment* as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services).

#### II. Data Reporting

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

Provide the total number of targeted youth in the sample or census.

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;
2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2024 SPP/APR, compare the FFY 2024 response rate to the FFY 2023 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

### III. Reporting on the Measures/Indicators

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school *must* be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data

### Historical Data

| Measure | Baseline | FFY         | 2019   | 2020   | 2021   | 2022   | 2023   |
|---------|----------|-------------|--------|--------|--------|--------|--------|
| A       | 2012     | Target<br>≥ | 32.00% | 22.00% | 24.00% | 26.00% | 28.00% |
| A       | 23.00%   | Data        | 21.95% | 17.54% | 28.44% | 27.19% | 25.53% |
| B       | 2012     | Target<br>≥ | 59.00% | 23.00% | 25.00% | 27.00% | 29.00% |
| B       | 25.62%   | Data        | 22.51% | 20.11% | 34.75% | 38.88% | 34.70% |
| C       | 2012     | Target<br>≥ | 74.00% | 28.00% | 30.00% | 32.00% | 34.00% |
| C       | 30.81%   | Data        | 27.60% | 53.97% | 44.66% | 54.38% | 45.46% |

### Targets

| FFY        | 2024   | 2025   |
|------------|--------|--------|
| Target A ≥ | 30.00% | 32.00% |
| Target B ≥ | 31.00% | 33.00% |
| Target C ≥ | 36.00% | 38.00% |

### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District’s targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.

4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### FFY 2024 SPP/APR Data

|                                                                                                                                                                                                                                  |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Total number of targeted youth in the sample or census                                                                                                                                                                           | 978     |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school                                                                                                             | 978     |
| Response Rate                                                                                                                                                                                                                    | 100.00% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school                                                                                                                            | 263     |
| 2. Number of respondent youth who competitively employed within one year of leaving high school                                                                                                                                  | 83      |
| 3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)                         | 35      |
| 4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed). | 68      |

| Measure                                                                                                                                                        | Number of respondent youth | Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|-------------|
| A. Enrolled in higher education (1)                                                                                                                            | 263                        | 978                                                                                                                  | 25.53%        | 30.00%          | 26.89%        | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)                                                        | 346                        | 978                                                                                                                  | 34.70%        | 31.00%          | 35.38%        | Met target          | No Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 449                        | 978                                                                                                                  | 45.46%        | 36.00%          | 45.91%        | Met target          | No Slippage |

**Please select the reporting option your State is using:**

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

**Response Rate**

| FFY           | 2023    | 2024    |
|---------------|---------|---------|
| Response Rate | 100.00% | 100.00% |

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).**

Through the use of administrative data sources, the District obtained data for 100% of all leavers; therefore, the data are fully representative of the target group. Students who re-enroll in DC public schools after exiting in the prior year are excluded from this analysis, as they would not be expected to be employed or enrolled in higher education.

**Include the State's analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State's analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

Through the use of administrative data sources, the District obtained data for 100% of all leavers; therefore, the data are fully representative of the target group.

**The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)**

YES

**If no, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

Through the use of administrative data sources, the District obtained data for 100% of all leavers; therefore, the data are fully representative of the target group.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

The District has a 100% response rate therefore our data are representative of all leavers.

| Sampling Question  | Yes / No |
|--------------------|----------|
| Was sampling used? | NO       |
| Survey Question    | Yes / No |
| Was a survey used? | NO       |

**Provide additional information about this indicator (optional)**

OSSE and its postsecondary transition support vendor (SchoolTalk) continue to work with their Secondary Transition Community of Practice to maintain and improve their strategies to address performance metrics and strategize program improvements both within the SEA and across LEAs. This includes program improvements related to post-school outcomes, particularly ensuring LEA's capacity to support a higher percentage of students who wish to enroll in postsecondary education.

**14 - Prior FFY Required Actions**

None

**14 - OSEP Response**

**14 - Required Actions**

## Indicator 15: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.  
(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specifications FS229.

#### Measurement

Percent = (3.1(a) divided by 3.1) times 100.

#### Instructions

*Sampling is not allowed.*

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

### 15 - Indicator Data

Select yes to use target ranges

Target Range is used

#### Prepopulated Data

| Source                                                                                                               | Date       | Description                                                              | Data |
|----------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------|------|
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896) | 11/19/2025 | 3.1 Number of resolution sessions                                        | 173  |
| SY 2024-25 IDEA Part B Dispute Resolution - Due Process Complaints (ED <i>Facts</i> file spec FS229; Data group 896) | 11/19/2025 | 3.1(a) Number resolution sessions resolved through settlement agreements | 3    |

**Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.**

NO

#### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
- External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
- External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
- OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 3.00%         |

| FFY       | 2019          | 2020          | 2021          | 2022          | 2023          |
|-----------|---------------|---------------|---------------|---------------|---------------|
| Target >= | 31.00%-46.00% | 12.00%-15.00% | 12.00%-15.00% | 12.00%-15.00% | 12.00%-15.00% |
| Data      | 12.44%        | 2.70%         | 2.86%         | 1.76%         | 3.96%         |

#### Targets

| FFY       | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|-----------|------------|-------------|------------|-------------|
| Target >= | 12.00%     | 15.00%      | 12.00%     | 15.00%      |

#### FFY 2024 SPP/APR Data

| 3.1(a) Number resolutions sessions resolved through settlement agreements | 3.1 Number of resolutions sessions | FFY 2023 Data | FFY 2024 Target (low) | FFY 2024 Target (high) | FFY 2024 Data | Status              | Slippage |
|---------------------------------------------------------------------------|------------------------------------|---------------|-----------------------|------------------------|---------------|---------------------|----------|
| 3                                                                         | 173                                | 3.96%         | 12.00%                | 15.00%                 | 1.73%         | Did not meet target | Slippage |

#### Provide reasons for slippage, if applicable

The District experiences a high rate of settlements resolving complaints prior to going to hearing. Slippage continues to be accounted for by the vast majority of settlements being reached outside of the measurement period. The existing measurement period excludes settlement agreements reached prior to hearing, but not at a resolution session.

#### Provide additional information about this indicator (optional)

There are several dispute resolution options available to the community in the District of Columbia, including due process hearings, mediation, and administrative state complaints. OSSE's Office of Dispute Resolution (ODR) oversees the District of Columbia's independent hearing office, which manages the District's due process and mediation programs. OSSE's division of Strategic Funding for School Quality (FSQ) administers the state complaint process. Both ODR and FSQ will continue to design and implement strategies to address performance metrics and program improvements, including program improvements related to dispute resolution activities.

**15 - Prior FFY Required Actions**

None

**15 - OSEP Response**

**15 - Required Actions**

## Indicator 16: Mediation

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements.

(20 U.S.C. 1416(a)(3)(B))

#### Data Source

Same data as used for reporting to the Department under section 618 of the IDEA, using the definitions in ED*Facts* file specification FS228.

#### Measurement

Percent =  $(2.1(a)(i) + 2.1(b)(i))$  divided by 2.1 times 100.

#### Instructions

*Sampling is not allowed.*

Describe the results of the calculations and compare the results to the target.

States are not required to establish baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State's data under IDEA section 618, explain.

States are not required to report data at the LEA level.

## 16 - Indicator Data

### Select yes to use target ranges

Target Range is used

#### Prepopulated Data

| Source                                                                                                           | Date       | Description                                                         | Data |
|------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|------|
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1 Mediations held                                                 | 28   |
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1.a.i Mediations agreements related to due process complaints     | 7    |
| SY 2024-25 IDEA Part B Dispute Resolution - Mediation Requests (ED <i>Facts</i> file spec FS228; Data group 895) | 11/19/2025 | 2.1.b.i Mediations agreements not related to due process complaints | 11   |

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.

NO

#### Targets: Description of Stakeholder Input

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

- OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
- Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
- External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
- OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
- External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
- External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
- OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted

extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

#### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2005          | 23.10%        |

| FFY       | 2019          | 2020          | 2021          | 2022          | 2023          |
|-----------|---------------|---------------|---------------|---------------|---------------|
| Target >= | 70.00%-85.00% | 57.00%-60.00% | 57.00%-60.00% | 57.00%-60.00% | 57.00%-60.00% |
| Data      | 57.14%        | 91.67%        | 70.83%        | 68.97%        | 73.33%        |

#### Targets

| FFY       | 2024 (low) | 2024 (high) | 2025 (low) | 2025 (high) |
|-----------|------------|-------------|------------|-------------|
| Target >= | 57.00%     | 60.00%      | 57.00%     | 60.00%      |

#### FFY 2024 SPP/APR Data

| 2.1.a.i<br>Mediation agreements related to due process complaints | 2.1.b.i<br>Mediation agreements not related to due process complaints | 2.1 Number of mediations held | FFY 2023 Data | FFY 2024 Target (low) | FFY 2024 Target (high) | FFY 2024 Data | Status     | Slippage    |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------|---------------|-----------------------|------------------------|---------------|------------|-------------|
| 7                                                                 | 11                                                                    | 28                            | 73.33%        | 57.00%                | 60.00%                 | 64.29%        | Met target | No Slippage |

Provide additional information about this indicator (optional)

#### 16 - Prior FFY Required Actions

None

**16 - OSEP Response**

**16 - Required Actions**

## Indicator 17: State Systemic Improvement Plan

### Instructions and Measurement

**Monitoring Priority:** General Supervision

**Results indicator:** The State's SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

#### Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

#### Instructions

**Baseline Data:** The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

**Targets:** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

#### Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

##### **Phase I: Analysis:**

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

**Phase II: Plan** (which, in addition to the Phase I content (including any updates) outlined above):

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

**Phase III: Implementation and Evaluation** (which, in addition to the Phase I and Phase II content (including any updates) outlined above):

- Results of Ongoing Evaluation and Revisions to the SSIP.

#### Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

##### **Phase III: Implementation and Evaluation**

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

##### **A. Data Analysis**

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

##### **B. Phase III Implementation, Analysis and Evaluation**

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2025). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2024 APR, report on anticipated outcomes to be obtained during FFY 2025, i.e., July 1, 2025-June 30, 2026).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (e.g., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2024 APR, report on activities it intends to implement in FFY 2025, i.e., July 1, 2025-June 30, 2026) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

The District of Columbia will improve early literacy outcomes for preschool students with disabilities.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State’s theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

[https://osse.dc.gov/sites/default/files/dc/sites/osse/service\\_content/attachments/DC%20SSIP%20Theory%20of%20Action%20-%20FFY20-25.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/DC%20SSIP%20Theory%20of%20Action%20-%20FFY20-25.pdf)

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

YES

Historical Data

| Part | Baseline Year | Baseline Data |
|------|---------------|---------------|
| A    | 2019          | 76.43%        |
| B    | 2019          | 64.90%        |

Targets

| FFY      | Current Relationship                             | 2024   | 2025   |
|----------|--------------------------------------------------|--------|--------|
| Target A | Data must be greater than or equal to the target | 87.00% | 87.00% |
| Target B | Data must be greater than or equal to the target | 68.00% | 68.00% |

FFY 2024 SPP/APR Data

| Part | Number of preschool children aged 3 through 5 who demonstrated improved literacy consistent with Indicator 7B | Number of preschool children aged 3 through 5 with IEPs assessed | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|----------|
| A    | 586                                                                                                           | 849                                                              | 78.06%        | 87.00%          | 69.02%        | Did not meet target | Slippage |
| B    | 415                                                                                                           | 1,020                                                            | 55.62%        | 68.00%          | 40.69%        | Did not meet target | Slippage |

**Provide reasons for A slippage, if applicable**

OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness.

**Provide reasons for B slippage, if applicable**

OSSE attributes slippage in indicator 7 to variability in local implementation of Child Outcomes Summary (COS) process. As COS data collection practices have been refined through the State Systemic Improvement Plan (SSIP), OSSE's review of LEA submission continues to identify inconsistent applications of COS decision-making procedures within and across programs, including variability in how LEAs apply COS guidance, inconsistent use of multiple required data sources and differing interpretation of functional outcomes. These inconsistencies have been exacerbated by ongoing staff turnover in early childhood special education, resulting in loss of institutional knowledge and uneven implementation of COS procedures. Consequently, reported data reflects implementation and data quality challenges rather than a decline in program effectiveness.

**Provide the data source for the FFY 2024 data.**

District of Columbia Child Outcomes Summary (COS) Process

**Please describe how data are collected and analyzed for the SiMR.**

To assess progress toward the SiMR, OSSE uses statewide data from APR Indicator 7: Preschool Outcomes; Outcome B: Percent of preschool children aged 3 through 5 with IEPs who demonstrate improved acquisition and use of knowledge and skills (including early language/ communication and early literacy). Student-level data are collected through the Child Outcomes Summary process and analyzed to determine: Indicator 7B-1: Of those preschool children who entered the preschool program below age expectations, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program; and Indicator 7B-2: The percent of preschool children who were functioning within age expectations by the time they turned 6 years of age or exited the program.

Beginning in 2009, all LEA preschool programs providing services under IDEA, Part B were required to use the Child Outcomes Summary Process (COS) to measure the required outcomes outlined above. Programs are required to collect and report performance data within 90 days of a child's entry into a preschool program, and within 60 days prior to a child's exit. Entry and exit data must be reported to OSSE on a rolling basis in the DC-CATS state monitoring data collection system. Starting with SY23-24, the COS data collection was transitioned to the new statewide special education data system.

As data is entered on a rolling basis, OSSE conducts quarterly data verification checks to ensure that all preschool students who receive special education services ages 3-5 have COS scores documented as appropriate. Upon verification of COS data entry, the statewide special education data system, Special Programs, generates a report. This report is used for reporting on APR Indicator 7 and SSIP.

**Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)**

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Percentage of students with significant growth in curriculum-embedded literacy assessments

**Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)**

YES

**Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.**

In prior years, the District identified fluctuations across LEAs and student populations in student performance data reported in the Child Outcomes Summary data collection for APR Indicator 7. Through the Early Childhood Working Group and stakeholder engagement activities, LEAs and District educators continued to report that the subjective nature of the Child Outcomes Summary standards presented challenges in application. LEAs expressed a need for more training to improve decision-making related to designating student performance scores consistent with the Child Outcomes Summary scales. The District considers this to be a data reliability and data validity concern that impacts the District's ability to correctly identify causes or factors affecting changes in student outcome data, including Indicator 7. To address these concerns, OSSE updated the COS Process Guidance Manual in 2024 to be easier to understand, quicker to read, and more aligned with resources provided through the Early Childhood Technical Assistance Center. In 2025, OSSE published a COS quick reference guide and updated the COS Frequently Asked Questions document to further support LEAs in understanding and implementing COS guidelines. OSSE also maintained a dedicated COS Help Desk, which provides a direct link between the state and LEAs to promote accurate data collection and facilitate the effective implementation of COS requirements, and provided regular updates and training on the COS process through the Early Childhood Special Education Community of Practice and asynchronous trainings available to all educators in the District's learning management system (LMS). The Child Outcomes Summary process was integrated into the new statewide special education data system in 2023 to support long-term improvement in data quality and reliability. In 2024-25, the District continued to address user- and system-related challenges and improve functionality by updating system templates, providing trainings through the LMS, and providing targeted technical assistance to support data accuracy and quality.

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

NO

**Section B: Implementation, Analysis and Evaluation****Please provide a link to the State's current evaluation plan.**

[https://osse.dc.gov/sites/default/files/dc/sites/osse/service\\_content/attachments/DC%20SSIP%20Evaluation%20Plan%20-%20FFY20-25.pdf](https://osse.dc.gov/sites/default/files/dc/sites/osse/service_content/attachments/DC%20SSIP%20Evaluation%20Plan%20-%20FFY20-25.pdf)

**Is the State's evaluation plan new or revised since the previous submission? (yes/no)**

### **Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

The District's SSIP contemplates infrastructure improvement activities across four major areas: data collection and use, accountability, training and technical assistance, and educator practice and instruction. The following is a list of improvement strategies implemented during the reporting period in each area.

#### **Data Collection and Use:**

- Updated COS Process Guidance: OSSE updated the COS Process Guidance Manual in 2024 to be easier to understand, quicker to read, and more aligned with resources provided through the Early Childhood Technical Assistance Center (ECTA). In 2025, OSSE published a companion COS quick reference guide and updated the COS Frequently Asked Questions to further support LEAs in understanding and implementing COS guidelines. OSSE maintained a dedicated COS Help Desk, which provides a direct link between the state and LEAs to promote accurate data collection and facilitate the effective implementation of COS requirements, and provided regular updates and training on the COS process through the Early Childhood Special Education Community of Practice and the District's LMS.
- Integrated COS data collection into new statewide system: During FY23, the District transitioned all LEAs into a new statewide special education data system, which is a comprehensive warehouse for student special education documentation and related data. A key enhancement was the integration of the COS data collection into the centralized system, which supports LEAs in documenting COS data and monitoring student progress and outcomes in a more streamlined manner. In FY24, OSSE continued to work with the system vendor and LEAs to support data collection within the new system, including completing system enhancements to clarify documentation requirements and support data analysis and reporting.

#### **Accountability:**

- Released the third annual Special Education Performance Report (SEPR): In 2022, OSSE launched the Special Education Performance Report (SEPR), a new accountability system for LEA performance specific to students with disabilities. COS data is included in the SEPR, as well as other local requirements related to early childhood education. In FY24, OSSE released the third year of annual SEPR reports, which supports LEAs in tracking longitudinal progress, identifying trends, and designing systemic program improvements.
- Provided SEA special education team office hours for LEAs: OSSE continued to provide office hours with each team within the special education office, including the IDEA Monitoring and Compliance team, to provide direct assistance related to SEPR. LEAs could also use office hours to receive assistance with COS data collection and reporting.
- Published a monthly newsletter for LEA special education points of contact: OSSE releases a monthly newsletter for LEA special education points of contact, as a complement to the quarterly webinar, to disseminate information on requirements and resources in a timely and accessible manner.

#### **Training and Technical Assistance:**

- Broad support for the COS process and requirements: To support LEAs in successfully completing the COS process, OSSE continued to provide training opportunities and targeted technical assistance.
- Maintained a COS help desk: In FY23, OSSE established a COS help desk to address questions and concerns from LEAs related to the COS process, which was maintained in FY24. This direct line of communication ensures that LEAs receive timely and relevant assistance to promote accurate data collection and effective implementation of COS requirements.
- Continued COS data checkpoints and targeted support to LEAs: In FY23, OSSE increased COS compliance checkpoints with LEAs from two to four per year and continued to offer targeted support to LEAs identified through these checkpoints. These increased checkpoints continued in FY24.

#### **Educator Practice and Instruction:**

- Facilitated Comprehensive Literacy State Development (CLSD) grant subgrantee support: The District's Literacy DC initiative continued in its fifth year. Literacy DC supports LEAs in implementing a broad range of literacy-focused evidence-based practices and improvement activities, including early literacy evidence-based practices. Literacy DC includes the CLSD Grant, awarded to the District by the US Department of Education in September 2020. This five-year, \$16 million grant in part supports early language and literacy skills through grants provided to prekindergarten programs. 10 LEAs were awarded subgrants to implement evidence-based literacy practices across pre-K-12 environments, with 3 subgrantees serving students ages three to five. OSSE facilitated support to CLSD subgrantees throughout the year.
- Hosted Special Education Institute: In April 2025, OSSE held the Special Education Institute where special education leaders from LEAs across the district engaged in professional learning, anchored in the Special Education Performance Report (SEPR), to improve outcomes for students with disabilities. The Special Education Institute included content sessions from OSSE, the DC Special Education Hub, educators from District LEAs, and other education partners. The Institute engaged 174 educators from 35 LEAs. In a post-conference survey, 100% of respondents said the conference met their expectations.
- Facilitated structured literacy training: Previously OSSE leveraged ESSER and CLSD funding to directly provide Language Essentials for Teachers of Reading and Spelling (LETRS) for a selected group of educators. As those funds expired in 2025, OSSE shifted to indirectly supporting grantees in implementing structured literacy practices through their grant funding by providing an approved structured literacy training guide.
- Early Childhood Oral Language Series: OSSE hosted literacy-focused professional learning opportunities for pre-K teachers in dual-language programs. The three-part Early Childhood Multilingual Oral Language series included sessions on the foundations of oral language, increasing student conversations, and bilingual language development and engaged 105 participants.
- Implemented Literacy Task Force recommendations: In FY24, OSSE continued work to implement the recommendations of the 2023 (FY22) District-wide Literacy Task Force, including updating the list of approved structured literacy trainings, identifying a structured literacy competency exam for Kindergarten teachers, releasing a structured literacy training for administrators, implementing the Structured Literacy Walkthrough Tool and asynchronous training materials, supporting LEAs in using the High Quality Instructional Materials (HQIM) Rubric and complying with DC Law 23-191, and publishing a high-quality science-based literacy programs guide.
- Annual Dyslexia training: OSSE provides annual dyslexia awareness training to all educators employed by an LEA. As of November 2025, 13,987 educators completed the dyslexia awareness training for the current school year.
- Hired SEA literacy staff: In FY24, OSSE hired a literacy manager and four literacy coaches to provide direct literacy support to LEAs serving early childhood populations. The literacy manager started in February 2025. While offers were made for the coaching positions, they were unable to begin employment due to the District-wide hiring freeze. Following the expiration of the freeze, OSSE has initiated the hiring process to fill these roles in 2026.
- Spring Literacy Convening: In previous years, OSSE has leveraged CLSD funds to host literacy convenings, providing opportunities for educators and leaders to receive evidence-based professional learning, share best practices, and network with other literacy professionals. The Spring 2025 Literacy Convening was suspended due to Mayor's Order 2025-053 which imposed a freeze on District agency expenditures.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Consistent with the District's SSIP Evaluation Plan, OSSE achieved the following outcomes during FY24:

**Data Collection and Use:** The District refined the COS data collection process through two activities: expanding the COS process resources for LEAs and continuing to provide direct support to LEAs. The quick reference guide and FAQs are designed to improve fidelity to the COS data collection process across all schools in the District. Direct support to individual LEAs provided regular opportunities to review and correct data, facilitate timely interventions, and support accurate reporting.

**Accountability:** To support LEAs in addressing gaps identified through the SEPR, OSSE developed a comprehensive suite of training and technical assistance activities. There has been an overall improvement in data compliance, with LEAs more consistently submitting COS scores prior to checkpoints, but there was no notable improvement in data quality, which will be a priority in 2026.

**Training and Technical Assistance:** OSSE provided accessible trainings to assist LEAs and educators in understanding the COS process and to increase educator capacity to apply COS standards to make data-driven decisions about student performance. OSSE leveraged its monthly special education newsletter and quarterly Early Childhood Special Education Community of Practice to provide information and reminders about COS deadlines. Additionally, OSSE continued to engage LEAs performing below expectations through the general system of supervision, including OSSE's IDEA monitoring processes and SEPR activities. This included providing technical assistance to support LEAs in establishing effective data collection and analysis processes to ensure appropriate application of COS standards and criteria. OSSE will continue to provide technical assistance and refine trainings, including leveraging the District's learning management system (LMS) to ensure trainings and resources are readily available to a broad group of educators.

**Educator Practice and Instruction:** OSSE facilitates a space for CLSD Project Directors to engage throughout the school year to discuss challenges with implementing their local literacy plan. To provide more direct assistance in 2025, this shifted from a Community of Practice model to individual grantee support.

OSSE also carried out additional recommendations from the Early Literacy Task Force report, which was published in the fall of 2023 and outlined four primary recommendations to improve literacy outcomes in the District. In 2025, OSSE provided direct support to LEAs with an early childhood population in using the High-Quality Instructional Materials Rubric to assess their literacy programs and supported LEAs in updating their curriculum based on OSSE's high-quality science-based literacy programs guide.

In July 2024, OSSE released a Structured Literacy Walkthrough Tool to support high-quality instructional practices. In 2025, OSSE launched a pilot program that trained coaches and principals in 5 elementary schools across the District in how to implement the instructional walkthrough tool to grow teacher practice in structured literacy. The pilot program provided professional development, modeling, joint walkthroughs, observations, high-leverage feedback, and data analysis to participating LEAs. The tool includes a specific portion for accessibility that is geared towards observing and coaching teachers who work with students with disabilities.

In July 2025, OSSE launched a new dyslexia awareness module for Pre-K and Kindergarten teachers that focused on the characteristics of dyslexia, identifying students at risk for reading difficulties, and a review of intervention research. This course is required yearly for all LEA-based educators. The module provided instruction on defining and identifying dyslexia and reading difficulties, screening practices, and evidence-based practices for supporting oral language and pre-literacy skills.

To support further educator development, OSSE also released an updated list of approved structured literacy trainings.

These improvement strategies support the achievement of the SiMR through improved COS data quality and early childhood educator practice. Updated COS resources and increased technical support for LEAs enhance the validity and reliability of COS scores, which allows the District to more effectively evaluate the impact of its improvement strategies and evidence-based practices. Broadly available educator trainings ensure that these evidence-based practices are implemented with fidelity for more students with disabilities in classrooms across the District.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

**Data Collection and Use:** The District will continue to focus efforts on improving functionality and LEA use of the statewide special education data system launched in September 2023, improving LEA and educator capacity to use the system, and leveraging data to drive LEA-level programmatic and systemic improvements. OSSE is providing trainings and resources to support LEAs in refining data collection practices to ensure thorough and complete entry of all COS data into the statewide special education data system, and to improve data reliability and validity through more standardized decision-making in assigning scores. In 2026, to support COS data quality, OSSE will develop a quick reference guide, checklist, and rubric to support LEAs in determining whether a child made functional progress over time based on observable skills and the assigned COS rating, as well as leverage reporting features in the new data system to support LEAs in monitoring progress. The Early Childhood Special Education Community of Practice will continue to be leveraged as an opportunity to train on requirements and share best practices, and in 2026 will focus on improving COS decision making. The Community of Practice also serves to provide important input and feedback to OSSE to help shape guidance, training, and resources.

**Accountability:** The District will publish the fourth year of SEPR reports (using FY24 data) which will continue to support the state and LEAs in monitoring LEA growth year-over-year. Through cross-team analysis, OSSE will identify high need areas and develop short- and long-term professional development and technical assistance opportunities. Coupling SEPR results with the IDEA determinations process, OSSE will identify individualized supports, corrective actions, and directed technical assistance activities to guide LEAs in addressing areas for growth in both compliance practices and student outcome measures. The District will continue to engage a broad range of stakeholders to inform SEPR efforts, including LEAs, parents, advocates, and community members.

**Training and Technical Assistance:** OSSE will continue to provide updated COS training and guidance, leveraging the state LMS, to connect educator practice to the data collection process. A key goal of these efforts is to improve LEAs' strategic use of system data, including using COS data to inform student-level service designations and LEA- or school-level programming. OSSE will integrate data quality and effective use of data within topics discussed by the Early Childhood Community of Practice, and will continue to connect efforts described under "Data Collection and Use" with training and technical assistance activities to ensure widespread dissemination and implementation of updated guidance. The District will also leverage SEPR data to connect LEAs with appropriate resource, trainings, and technical assistance to improve LEA performance on relevant SEPR measures, including the COS process.

Educator Practice and Instruction: In FY25, the District will continue efforts under the Literacy DC umbrella, including the launch of awards for the new CLSD grant. In October 2024, the District was awarded a \$49.8 million grant by the US Department of Education to continue accelerating student literacy outcomes. \$7.4 million of the total grant will be awarded to eligible early childhood education providers serving children aged birth to five, and the District anticipates announcing awardees by spring 2026. The CLSD funding from FY26 – FY29 will support three central pillars in the birth to age 5 band: comprehensive literacy planning and implementation; high-quality evidence-based professional development; and family-focused engagement and literacy trainings. OSSE will also utilize CLSD funds for the 2026 city-wide Literacy Convening which will focus on advancing literacy outcomes. The Structured Literacy Walkthrough Program will extend beyond the pilot to include a new cohort of LEAs that will receive support in implementing high-quality literacy instruction.

**List the selected evidence-based practices implement in the reporting period:**

Under the CLSD grant, one grantee receives funds to implement literacy evidence-based practices in 12 preschool programs located in 4 LEAs across the District. The AppleTree Institute for Education Innovation leads the implementation of the Every Child Ready instructional model. In addition to its use in the District, the Every Child Ready instructional model is also used in districts across 11 other states.

**Provide a summary of each evidence-based practice.**

The Every Child Ready instructional model is a comprehensive curriculum, professional learning, and measurement model designed to provide schools and teachers with the teaching and learning resources needed to grow children's early literacy skills before entering Kindergarten. The Every Child Ready instructional model is a two-year differentiated curriculum for three- and four-year-old preschool students that includes 11 thematic units, a flexible small group model, diverse print materials, and a balanced daily schedule. Every Child Ready incorporates evidence-based practices in literacy instruction, emphasizing daily explicit and embedded instruction throughout the thematic curriculum as well as differentiated flexible small group instruction. The Every Child Ready instructional model also includes professional learning support for administrators and educators including differentiated classroom coaching, summer training, and quarterly instructional leader workshops. Every Child Ready provides measurement tools to support decision-making and ongoing progress monitoring using direct measurements for literacy and language growth, built-in checks for understanding, and classroom quality observation tools. Every Child Ready includes four direct assessments of children's early academic skills and one teacher report measure of social-emotional skills: Letters and Writing (ECR:LW), Language and Literacy (ECR:LL), Math (ECR:M), and Positive Behavior Rating Scale. Assessments cover select essential standards and are used to monitor progress throughout the year. The Language and Literacy (ECR:LL) assessment provides student-level data on phonological awareness, expressive language, narrative comprehension, and exposure to print.

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child outcomes.**

The Every Child Ready instructional model is designed to increase LEA and educator capacity to deliver high-quality early literacy instruction and interventions, establish sustainable systems of supports, and enhance data analysis and program evaluation. Implementation of the Every Child Ready instructional model impacts the SiMR by changing educator practices to improve literacy outcomes for preschool students with disabilities. The District is working to provide and develop targeted technical assistance and broad educator resources to support implementation of early literacy evidence-based practices, accessible to all District LEAs. Resources will be designed in collaboration with LEAs, parents, and other relevant stakeholders with the intention of improving systems of support, educator practices, and parent supports.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

Implementation fidelity of the Every Child Ready (ECR) curriculum is a key component for AppleTree Institute according to their Local Literacy Plan. Through this plan, AppleTree established a goal that 90% of participating teachers will use best practices in early literacy instruction by implementing the ECR instructional model with fidelity. In 2025, AppleTree shifted the curriculum specialist responsibilities to their Instructional Coaches, which allowed them to spend more time physically in AppleTree schools for direct teacher support, on-site professional learning opportunities, partnering with administrators, and monitoring fidelity to the curriculum. Coaching is data-driven and responsive, addressing immediate teacher and campus needs based on observations and student data. Teachers receive targeted feedback and support through modeling, role-playing, and video reviews. Additionally, the intervention includes three 12-week coaching cycles, where Instructional Coaches work closely with both teachers and leaders to ensure instructional fidelity, using tools like the Foundational Checklists to guide observations and feedback. Leaders are also trained to co-conduct these observations, reinforcing the professional growth of both staff and administrators. In total, AppleTree offered 11 professional learning sessions to teachers. AppleTree shifted to in-person learning opportunities after staff feedback that virtual sessions made it difficult to remain engaged and apply the content to their work. Teachers also receive ongoing professional learning through monthly sessions, accessible for reference via the CANVAS platform, and tailored to align with the Every Child Ready curriculum. This training focuses on best practices in early literacy instruction and has been expanded to include more course offerings, including a series on early literacy standards. In the 2024-2025 school year, AppleTree's implementation of the ECR curriculum impacted 75 teachers and 1,155 students, including 174 students with disabilities and 167 students receiving tiered interventions.

In their annual Executive Summary, AppleTree reported student improvement on the literacy assessment since the implementation of CLSD-supported activities through the Every Child Ready curriculum. In June of 2021, 36.3% of PK3 students and 33% of PK4 students at AppleTree schools were meeting benchmarks on the outcome assessments on the Every Child Ready Language and Literacy Assessment. In June of 2025, 85.25% of PK3 students and 83.29% of PK4 students at the same schools met these benchmarks. AppleTree has taken steps to ensure that some of the work that CLSD enabled them to do will continue beyond the grant period. They have shifted instructional coaching to an LEA-funded role so that their work on curriculum implementation and fidelity can continue. AppleTree also procured a student data dashboard using CLSD funds that they will continue to use for tracking student progress and informing groupings within their flexible small groups model. AppleTree will also refine their data analysis practices to improve flexible small groups, which allow teachers to group students and differentiate instruction for students at all levels.

**Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Relative to its award of CLSD funds, AppleTree Institute submitted an FY24 annual progress report detailing activities and progress of implementation of the ECR curriculum for all students. According to data reported by AppleTree, 74.7% of 3-year-olds and 80% of 4-year olds with disabilities demonstrated significant growth on the Every Child Ready: Language and Literacy assessment by the end of the school year, with 59.8% of all 3 and 4 year olds with disabilities considered on-track with end-of-year benchmarks. AppleTree adjusted their summative literacy assessment this year so, while similar calculations have been made to determine student growth, they cannot be directly compared to data from previous years.

**Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.**

As the District undertakes the new CSLD grant, OSSE will identify opportunities to design, leverage, and streamline activities aimed at improving literacy for early childhood students with disabilities, the identified SIMR population. The District will continue to implement universal improvement strategies as described above to improve broad educator utilization of evidence-based practices, build educator capacity around specific literacy strategies, and improve COS data analysis and data collection practices. AppleTree Institute and AppleTree Public Charter School will continue implementation of the Every Child Ready curriculum irrespective of state-provided funding.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

NO

**If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.**

While the District intends to continue aligning SSIP with CLSD activities, the new grant necessitates shifts in activities and strategies, primarily affecting evidence-based practices. The District expects to announce new grantees by spring 2026 and will identify appropriate alignments and amend SSIP plans to accommodate new grantees and activities.

## **Section C: Stakeholder Engagement**

### **Description of Stakeholder Input**

When soliciting stakeholder feedback on the District's targets for FFY 2020-25:

1. OSSE convened an internal working group comprised of staff from each division that conducted data analysis related to students with disabilities. OSSE subject matter experts reviewed local and national data from prior years for each indicator, reviewed related research and practice documents, and considered the potential impact of newly developed and ongoing initiatives in each area.
2. Subject matter experts identified appropriate baseline data for each APR indicator, proposed targets, and a rationale for each.
3. External Stakeholder Feedback Round 1: OSSE delivered a presentation including information about the SPP/APR process, the meaning of each indicator, historical data, data modeling examples, and the proposed baselines and targets for each indicator to the D.C. State Advisory Panel on Special Education (SAPSE) and local advocacy groups. OSSE solicited feedback in the areas of appropriate baselines, targets, data analysis, evaluation and strategies for improvement.
4. OSSE subject matter experts reviewed all stakeholder questions and comments and consulted with District leadership to revise baselines and targets as appropriate.
5. External Stakeholder Feedback Round 2: OSSE created a draft SPP/APR Resource Guide with proposed baselines and targets. The draft Resource Guide was distributed to its SAPSE, local advocacy groups, and its LEAs with requests for feedback.
6. External Stakeholder Feedback Round 3: OSSE presented proposals for changing the District's State Systemic Improvement Plan (SSIP) including a new state-identified measurable result (SiMR), targets tied to Indicator 6, designing improvement strategies, and identifying evaluation measures to LEA stakeholders and SAPSE. OSSE solicited feedback on the proposed changes to the SSIP and SiMR.
7. OSSE subject matter experts reviewed all additional stakeholder questions and comments and consulted with District leadership to finalize baselines and targets as appropriate.

OSSE received extensive stakeholder feedback supporting the baselines and targets reported in its FFY 2020 APR. As a result, the District did not modify any targets during the reporting period. However, in FFY 2021, OSSE conducted broad stakeholder engagement on all SPP/APR indicators and LEA special education performance. As OSSE has undergone a transition to a results-based accountability system for LEAs, the agency conducted extensive stakeholder engagement activities to review areas of measurement, including all APR indicators; support stakeholder understanding of baselines and targets; and receive feedback. OSSE engaged parent groups, DC's special education advocacy and legal community, its SAPSE, LEAs, a cross-Divisional OSSE working group, and DC's Technical Advisory Committee (TAC).

SAPSE suggested providing comparison general education data to accompany APR data to better support community stakeholders in assessing progress. To address graduation and drop out rates, SAPSE recommended the District conduct outreach to students for feedback on effective improvement strategies. SAPSE also suggested that OSSE consider leveraging its authority to direct use of funds as an enforcement mechanism. To provide a more comprehensive and accessible view of the data, SAPSE suggested providing comparison general education data and more longitudinal data where available. Finally, to better support stakeholder engagement, SAPSE expressed support for OSSE's plan to conduct broader stakeholder engagement throughout the year on specific APR indicators and grouped topics. The District is working to incorporate this feedback in future stakeholder engagement efforts and improvement planning.

Additionally, in August 2022, OSSE collaborated with the District of Columbia Office of the Ombudsman for Education to jointly launch a family resource center for students with disabilities, known as the DC Special Education Hub. The DC Special Education Hub is an extension of the resource hub developed by OSSE in 2020, and provides families with the one-to-one support, training, resources, and peer-to-peer engagement to navigate the District's complex special education landscape. As part of this partnership, OSSE and the DC Special Education Hub identify opportunities to support building parent capacity to understand and provide feedback on the District's APR data and implementation. OSSE continues to support engagement with families through partnership with the DC Special Education Hub by supporting the development of family-centered resources, translating existing requirements and District policy into accessible formats for families, ensuring the availability of landscape navigation tools for families, and connecting LEAs and schools with the DC Special Education Hub for training.

With the goal of updating OSSE's framework for general supervision for special education, OSSE created the SEPR, a results-based accountability framework of each LEA's special education program in the District. Developed from a theory of action to improve outcomes for students with disabilities, SEPR is designed to engage stakeholders to better serve and improve academic achievement for students with disabilities. During FFY 2023, OSSE convened stakeholders using a variety of mechanisms to solicit feedback on a proposed framework for the report. OSSE convened with parents, the District's State Advisory Panel on Special Education (SAPSE), LEAs, technical advisory committee (TAC), and special education advocacy groups. During these convenings, OSSE reviewed newly proposed metrics, data trends, scoring protocols and guidance to ensure a valid and reliable framework

for evaluating each LEA's special education program. Stakeholders were encouraged to provide feedback in a variety of ways. OSSE reviewed all feedback and made revisions as appropriate.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

Through the Early Childhood Working Group, OSSE engaged a diverse group of early childhood LEA educators and administrators to discuss challenges related to special education, brainstorm resolutions, and provide feedback to OSSE on a variety of initiatives, including early childhood transition, child find and screening activities, and the COS process. The District also engaged the State Advisory Panel on Special Education (SAPSE) regarding COS data, SSIP plans, and practice challenges. SAPSE feedback was limited to LEA-based needs related to training and guidance OSSE collected survey feedback from participants on practice-related challenges and their training and resource needs. Results from the survey and SAPSE feedback are combined with lessons learned through the COS help desk and direct technical assistance to inform the Early Childhood Community of Practice discussion topics, COS resources and trainings, and SSIP activities.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

LEAs and educators continued to identify decision making related to the COS processes as specific practice challenge. While past feedback focused on the meaningfulness of COS data, LEAs especially emphasized challenges associated with the subjective nature of COS progress scoring. To address these concerns, OSSE is designing training and resources to support LEAs in making data-informed decisions, which should also drive improvements in consistency and reliability of COS data. Stakeholders did not express concerns specific to SSIP activities or evaluation plans.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

N/A

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

N/A

**Describe any newly identified barriers and include steps to address these barriers.**

As in prior years, the District experienced challenges with identifying and collecting progress monitoring data to assess short-term implementation activities. OSSE will leverage activities under the newly awarded CLSD grant to design data collection and evaluation procedures to support differentiated analysis of evidence-based practice implementation and impact, to better inform larger SSIP activities and evaluation.

District and LEA users have continued to experience challenges with the statewide special education data system that affects LEA use of the system with fidelity, including potential impacts on the COS data collection. OSSE worked with the system vendor to release new COS reporting features to support LEAs in self-monitoring of COS data collection completion and student outcomes. OSSE also continues to provide LEAs with direct technical assistance to support system use and conducted quarterly monitoring on COS entry and exit scores to improve compliance and provide more targeted and timely support to LEAs.

As discussed previously, the current CLSD grant implementation will end in 2025, while the District will begin implementation of a new \$49.8 million CLSD grant. During 2026-2031, the District will use the new CLSD grant funds to provide science of reading training for DC educators, including classroom teachers, instructional coaches, and school leaders; create and implement local literacy plans for improving literacy instruction and student outcomes at the local education agency level; and ensure the adoption and implementation of high-quality, literacy instructional materials that have been proven to help students master literacy. The District anticipates that SSIP activities will be affected by shifts in these grant activities, and is working to ensure SSIP goals are reflected in new grant work.

**Provide additional information about this indicator (optional).**

**17 - Prior FFY Required Actions**

None

**17 - OSEP Response**

**17 - Required Actions**

## Indicator 18: General Supervision

### Instructions and Measurement

**Monitoring Priority:** General Supervision

**Compliance indicator:** This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

#### Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

#### Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2024 submission, use FFY 2023, July 1, 2023 – June 30, 2024)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

Percent = [(b) divided by (a)] times 100

#### Instructions

Targets must be 100%.

*States are required to complete the General Supervision Data Table within the online reporting tool.*

Report in Column A, the number of findings of noncompliance made in FFY 2023 (July 1, 2023 – June 30, 2024), as reported in the compliance indicator, and report in Column C1, the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance. Report in Column B, the number of additional findings of noncompliance related to the compliance indicator made in FFY 2023 (July 1, 2023–June 30, 2024) and report in Column C2, the number of those additional findings related to the compliance indicator which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

Provide detailed information about the timely correction of child-specific and regulatory/systemic noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous findings of noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance and the actions that have been taken or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

## 18 - Indicator Data

### Historical Data

| Baseline Year | Baseline Data |
|---------------|---------------|
| 2023          | 100.00%       |

| FFY    | 2019 | 2020 | 2021 | 2022 | 2023    |
|--------|------|------|------|------|---------|
| Target | 100% | 100% | 100% | 100% | 100%    |
| Data   |      |      |      |      | 100.00% |

### Targets

| FFY    | 2024 | 2025 |
|--------|------|------|
| Target | 100% | 100% |

**Indicator 4B. Percent of LEAs that have:** (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, 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. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                          | 0                                                                                                                                                                               | 0                                                                                                                                                                   | 0                                                                                                                                                                   | 0                                                                                                                                |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

OSSE does not have any differences in the number of findings reported in this data table and the number of findings reported in indicator 4B.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

OSSE does not have any updated data to report on.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

OSSE does not have any additional written findings of noncompliance nor alternative verification method beyond what has been reported in indicator 4B.

**Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                          | 0                                                                                                                                                                               | 0                                                                                                                                                                   | 0                                                                                                                                                                   | 0                                                                                                                                |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

OSSE does not have any differences in the number of findings reported in this data table and the number of findings reported in indicator 9.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

OSSE does not have any updated data to report on.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

OSSE does not have any additional written findings of noncompliance nor alternative verification method beyond what has been reported in indicator 9.

**Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 0                                                                                          | 0                                                                                                                                                                               | 0                                                                                                                                                                   | 0                                                                                                                                                                   | 0                                                                                                                                |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

OSSE does not have any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

OSSE does not have any updated data to report on.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

OSSE does not have any additional written findings of noncompliance nor alternative verification method beyond what has been reported in indicator 10.

**Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 24                                                                                         | 3                                                                                                                                                                               | 24                                                                                                                                                                  | 1                                                                                                                                                                   | 2                                                                                                                                |

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

There are several dispute resolution options available to the community in the District of Columbia, including due process hearings, mediation, and administrative state complaints. OSSE's Office of Dispute Resolution (ODR) oversees the District of Columbia's independent hearing office, which manages the District's due process and mediation programs. OSSE's division of Strategic Funding for School Quality (FSQ) administers the state complaint process. OSSE reviews dispute resolution data collected from complaints, hearing officer determinations, letters of decision, and settlement agreements to determine whether there are District-wide or LEA level issues that can be addressed through OSSE's monitoring or technical assistance systems. The additional findings came from this review process. There were applicable findings of noncompliance from three hearing officer determinations issued following due process complaints.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:**

During FFY 2023 there were 24 individual cases of identified noncompliance for indicator 11. For these findings, OSSE issued final findings of noncompliance for each LEA in the District. OSSE issued one LEA-level finding of noncompliance in the area of Child Find to each LEA that demonstrated noncompliance. Noncompliance is determined by one (1) or more student-level initial eligibility that is untimely due to the LEA's delay. Once LEAs were notified via DC-CATS of findings of noncompliance, OSSE required evidence demonstrating the correction of noncompliance. Specifically, OSSE required LEAs to provide an explanation for delay and a completed eligibility determination. OSSE reviewed the explanation for delay and the eligibility determination for each individual case of noncompliance. After OSSE verified that each individual case of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide a timely evaluation. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion.

During FFY 2023 there were 3 additional cases of noncompliance issued based on other IDEA requirements. Of the three findings, one was corrected within the one-year timeline, and two are still open as delivery of compensatory education continues. To verify that this case of noncompliance was corrected, OSSE reviewed closure documentation, including the compensatory services authorization letter and LEA-parent communication, from the LEA to determine that the HOD was timely implemented. Subsequent to this review, OSSE reviewed 5 files of 3–5-year-old students who were evaluated and found ineligible for special education services. OSSE reviewed the documentation used in the eligibility determination for sufficiency to ensure that there was not a systemic issue with the LEA inappropriately finding students ineligible for special education services. OSSE reviewed 5 files of 3–5-year-old students with the disability category of developmental delay. OSSE reviewed the students' IEPs and IEP progress reports to ensure that there was not a systemic issue with the LEA creating IEPs that had insufficient specialized instructions hours to enable the students to make progress on their IEP goals. With regard to the 2 additional cases of noncompliance issued based on other IDEA requirements, these findings remain open beyond one year due to the recent shift in the standard for closing hearing officer determinations. Historically, the District of Columbia closed findings of noncompliance in hearing officer determinations that required make-up or compensatory education services after ensuring that services had started and the conditions were in place for students and families to continue to access services following a court-approved process under the Blackman Jones consent decree. On November 1, 2024, USED issued a decision letter following Secretarial review of a state complaint letter of decision that forbid the District of Columbia from closing findings of noncompliance until all ordered make-up or compensatory education services had been completed. Under this newly applied standard for closing hearing officer determinations, these 2 findings of noncompliance remain open after one year due to the large amount of ordered services that cannot be completed within the one-year timeline.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

During FFY 2023 there were 24 individual cases of identified noncompliance for indicator 11. For these findings, OSSE issued final findings of noncompliance for each LEA in the District. OSSE issued one LEA-level finding of noncompliance in the area of Child Find to each LEA that demonstrated noncompliance. Noncompliance is determined by one (1) or more student-level initial eligibility that is untimely due to the LEA's delay. Once LEAs were notified via DC-CATS of findings of noncompliance, OSSE required evidence demonstrating the correction of noncompliance. Specifically, OSSE required LEAs to provide an explanation for delay and a completed eligibility determination. OSSE reviewed the explanation for delay and the eligibility determination for each individual case of noncompliance. After OSSE verified that each individual case of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide a timely evaluation. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion.

During FFY 2023 there were 3 additional cases of noncompliance issued based on other IDEA requirements. Of the three findings, one was corrected within the one-year timeline, and two are still open as delivery of compensatory education continues. To verify that this case of noncompliance was corrected, OSSE reviewed closure documentation, including the compensatory services authorization letter and LEA-parent communication, from the LEA to determine that the HOD was timely implemented. Subsequent to this review, OSSE reviewed 5 files of 3–5-year-old students who were evaluated and found ineligible for special education services. OSSE reviewed the documentation used in the eligibility determination for sufficiency to ensure that there was not a systemic issue with the LEA inappropriately finding students ineligible for special education services. OSSE reviewed 5 files of 3–5-year-old students with the disability category of developmental delay. OSSE reviewed the students' IEPs and IEP progress reports to ensure that there was not a systemic issue with the LEA creating IEPs that had insufficient specialized instructions hours to enable the students to make progress on their IEP goals. With regard to the 2 additional cases of noncompliance issued based on other IDEA requirements, these findings remain open beyond one year due to the recent shift in the standard for closing hearing officer determinations. Historically, the District of Columbia closed findings of noncompliance in hearing officer determinations that required make-up or compensatory education services after ensuring that services had started and the conditions were in place for students and families to continue to access services following a court-approved process under the Blackman Jones consent decree. On November 1, 2024, USED issued a decision letter following Secretarial review of a state complaint letter of decision that forbid the District of Columbia from closing findings of noncompliance until all ordered make-up or compensatory education services had been completed. Under this newly applied standard for closing hearing officer determinations, these 2 findings of noncompliance remain open after one year due to the large amount of ordered services that cannot be completed within the one-year timeline.

**Indicator 12. Percent of children 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. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 4                                                                                          | 0                                                                                                                                                                               | 4                                                                                                                                                                   | 0                                                                                                                                                                   | 0                                                                                                                                |

**Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.**

OSSE does not have any differences in the number of findings reported in this data table and the number of findings reported in indicator 12.

**Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:**

OSSE does not have any updated data to report on.

**Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:**

After the pre-finding window closed, OSSE issued final findings of noncompliance via its state special education data system for each LEA in the District. OSSE issued one LEA-level finding of noncompliance in the area of C to B Transition to each LEA that demonstrated noncompliance. Noncompliance is determined by (1) or more student-level untimely IEP by a child's third birthday. Once LEAs were notified via DC-CATS of findings of noncompliance, OSSE required evidence demonstrating the correction of noncompliance. Specifically, OSSE required LEAs to provide an explanation for delay and a finalized IEP. During FFY 2023 there were 4 individual cases of identified noncompliance. OSSE reviewed the explanation for delay and finalized IEP for each individual case of noncompliance. After OSSE verified that each individual case of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide a timely evaluation. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 4 individual cases of identified noncompliance were corrected within the 365-day timeline.

**Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))**

**Findings of Noncompliance Identified in FFY 2023**

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 17                                                                                         | 0                                                                                                                                                                               | 17                                                                                                                                                                  | 0                                                                                                                                                                   | 0                                                                                                                                |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any additional findings reported in Column B.

OSSE does not have any differences in the number of findings reported in this data table and the number of findings reported in indicator 13.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

OSSE does not have any updated data to report on.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

After the pre-finding window closed, OSSE issued final findings of noncompliance via its state special education data system for each LEA in the District. OSSE issued one LEA-level finding of noncompliance in the area of Secondary Transition to each LEA that demonstrated noncompliance.

Noncompliance is determined by (1) or more student-level noncompliance within a secondary transition plan. Once LEAs were notified via DC-CATS of findings of noncompliance,

OSSE required evidence demonstrating the correction of noncompliance. Specifically, OSSE required LEAs to provide a secondary transition plan. During FFY 2023 there were 17 individual cases of identified noncompliance. OSSE reviewed the secondary transition plan for each individual case of noncompliance. After OSSE verified that each individual case of noncompliance was corrected, OSSE reviewed between 1 and 5 subsequent data files per LEA to determine whether the LEA was correctly implementing the regulatory requirement to provide a timely evaluation. For LEAs that demonstrated 100% compliance on the subsequent data pull, OSSE issued written certification of completion. For LEAs that did not demonstrate 100% compliance on the subsequent data pull, OSSE required evidence of correction before issuing written certification of completion. All 17 individual cases of identified noncompliance were corrected within the 365-day timeline.

*Optional for FFY 2024 and 2025:*

*Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).*

| Column B: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
|                                                                                            |                                                                                                                                                                     |                                                                                                                           |

Please explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

| Column A: # of written findings of noncompliance identified in FFY 2023 (7/1/23 – 6/30/24) | Column B: # of any other written findings of noncompliance identified in FFY 2023 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable | Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification) | Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 45                                                                                         | 3                                                                                                                                                                               | 45                                                                                                                                                                  | 1                                                                                                                                                                   | 2                                                                                                                                |

FFY 2024 SPP/APR Data

| Number of findings of Noncompliance that were timely corrected | Number of findings of Noncompliance that were identified FFY 2023 | FFY 2023 Data | FFY 2024 Target | FFY 2024 Data | Status              | Slippage |
|----------------------------------------------------------------|-------------------------------------------------------------------|---------------|-----------------|---------------|---------------------|----------|
| 46                                                             | 48                                                                | 100.00%       | 100%            | 95.83%        | Did not meet target | Slippage |

|                                                                                                                   |       |
|-------------------------------------------------------------------------------------------------------------------|-------|
| Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification | 4.17% |
|-------------------------------------------------------------------------------------------------------------------|-------|

**Provide reasons for slippage, if applicable**

Historically, the District of Columbia closed findings of noncompliance in hearing officer determinations that required make-up or compensatory education services after ensuring that services had started and the conditions were in place for students and families to continue to access services following a court-approved process under the Blackman Jones consent decree. On November 1, 2024, USED issued a decision letter following Secretarial review of a state complaint letter of decision that forbid the District of Columbia from closing findings of noncompliance until all ordered make-up or compensatory education services had been completed. Under this newly applied standard for closing hearing officer determinations, 2 of 48 (4.17%) findings of noncompliance remain open after one year due to the large amount of ordered services that cannot be completed within the one-year timeline.

**Provide additional information about this indicator (optional)**

The District of Columbia is working to identify solutions to assist LEAs and families in completing large amounts of ordered services to ensure all noncompliance is corrected within a one-year timeline.

**Summary of Findings of Noncompliance identified in FFY 2023 Corrected in FFY 2024 (corrected within one year from identification of the noncompliance):**

|                                                                                                                                                          |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Number of findings of noncompliance the State identified during FFY 2023 (the period from July 1, 2023 through June 30, 2024)                         | 48 |
| 2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding) | 46 |
| 3. Number of findings <u>not</u> verified as corrected within one year                                                                                   | 2  |

**Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2023 Not Timely Corrected in FFY 2024 (corrected more than one year from identification of the noncompliance):**

|                                                                                                                                                                                     |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 4. Number of findings of noncompliance not timely corrected                                                                                                                         | 2 |
| 5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")                      | 0 |
| 6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B       | 0 |
| 6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9        | 0 |
| 6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10       | 0 |
| 6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11       | 0 |
| 6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12       | 0 |
| 6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13       | 0 |
| 6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings | 0 |
| 7. Number of findings <u>not</u> yet verified as corrected                                                                                                                          | 2 |

**Subsequent correction:** If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

As previously stated, the District of Columbia is working to identify solutions to assist LEAs and families in completing large amounts of ordered services to ensure all noncompliance is corrected within a one-year timeline.

**Correction of Findings of Noncompliance Identified Prior to FFY 2023**

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

| Year Findings of Noncompliance Were Identified | Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2023 APR | Findings of Noncompliance Verified as Corrected | Findings Not Yet Verified as Corrected |
|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------|
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |
|                                                |                                                                            |                                                 |                                        |

## 18 - Prior FFY Required Actions

In the FFY 2024 SPP/APR, DC must report the baseline year and baseline data for this indicator in the Historical Data table.

DC must report under this indicator, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

### Response to actions required in FFY 2023 SPP/APR

The District has corrected the baseline year and baseline data for this indicator in the Historical Data table. The inaccuracy was due to inexperience with this indicator as opposed to noncompliance for this indicator. For FFY 2023, the District reported 100.00% compliance - there was no noncompliance to correct.

## 18 - OSEP Response

DC has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

## 18 - Required Actions

DC must demonstrate, in the FFY 2025 SPP/APR, that the remaining two uncorrected findings of noncompliance identified in FFY 2023 were corrected. When reporting on the correction of noncompliance, DC must report, in the FFY 2025 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2024 and each LEA with remaining noncompliance identified in FFY 2023: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2025 SPP/APR, DC must describe the specific actions that were taken to verify the correction.

## **Certification**

### **Instructions**

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

#### **Certify**

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

#### **Select the certifier's role**

Designated by the Chief State School Officer to certify

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.**

#### **Name:**

Nikki Stewart

#### **Title:**

Assistant Superintendent, Strategic Funding for School Quality

#### **Email:**

nikki.stewart@dc.gov

#### **Phone:**

12029577748

#### **Submitted on:**

04/23/26 2:41:15 PM

## Determination Enclosures

### RDA Matrix

# District of Columbia 2026 Part B Results-Driven Accountability Matrix

#### Results-Driven Accountability Percentage and Determination (1)

| Percentage (%) | Determination      |
|----------------|--------------------|
| 51.59%         | Needs Intervention |

#### Results and Compliance Overall Scoring

| Section    | Total Points Available | Points Earned | Score (%) |
|------------|------------------------|---------------|-----------|
| Results    | 20                     | 7             | 35.00%    |
| Compliance | 22                     | 15            | 68.18%    |

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2026: Part B."

#### 2026 Part B Results Matrix

##### Reading Assessment Elements

| Reading Assessment Elements                                                                                           | Grade   | Performance (%) | Score |
|-----------------------------------------------------------------------------------------------------------------------|---------|-----------------|-------|
| Percentage of Children with Disabilities Participating in Statewide Assessment (2)                                    | Grade 4 | 95%             | 1     |
| Percentage of Children with Disabilities Participating in Statewide Assessment                                        | Grade 8 | 93%             | 0     |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 4 | 23%             | 1     |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress       | Grade 4 | 79%             | 0     |
| Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress | Grade 8 | 28%             | 1     |
| Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress       | Grade 8 | 86%             | 1     |

**Math Assessment Elements**

| <b>Math Assessment Elements</b>                                                                                              | <b>Grade</b> | <b>Performance (%)</b> | <b>Score</b> |
|------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------|--------------|
| <b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>                                        | Grade 4      | 95%                    | 1            |
| <b>Percentage of Children with Disabilities Participating in Statewide Assessment</b>                                        | Grade 8      | 91%                    | 0            |
| <b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b> | Grade 4      | 32%                    | 0            |
| <b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>       | Grade 4      | 83%                    | 1            |
| <b>Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress</b> | Grade 8      | 14%                    | 0            |
| <b>Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress</b>       | Grade 8      | 92%                    | 1            |

(2) Statewide assessments include the regular assessment and the alternate assessment.

**Exiting Data Elements**

| Exiting Data Elements                                                                      | Performance (%) | Score |
|--------------------------------------------------------------------------------------------|-----------------|-------|
| Percentage of Children with Disabilities who Dropped Out                                   | 30              | 0     |
| Percentage of Children with Disabilities who Graduated with a Regular High School Diploma* | 62              | 0     |

\*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2026 Part B Compliance Matrix

| Part B Compliance Indicator (3)                                                                                                                                                                                                            | Performance (%)      | Full Correction of Findings of Noncompliance Identified in FFY 2023 (4) | Score |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------|-------|
| Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements. | 50.00%               | N/A                                                                     | 0     |
| Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.                                                                                    | 0.00%                | N/A                                                                     | 2     |
| Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.                                                                                           | 0.00%                | N/A                                                                     | 2     |
| Indicator 11: Timely initial evaluation                                                                                                                                                                                                    | 79.89%               | YES                                                                     | 1     |
| Indicator 12: IEP developed and implemented by third birthday                                                                                                                                                                              | 95.59%               | YES                                                                     | 2     |
| Indicator 13: Secondary transition                                                                                                                                                                                                         | 51.50%               | YES                                                                     | 0     |
| Indicator 18: General Supervision                                                                                                                                                                                                          | 95.83                | NO                                                                      | 2     |
| Timely and Accurate State-Reported Data                                                                                                                                                                                                    | 100.00%              |                                                                         | 2     |
| Timely State Complaint Decisions                                                                                                                                                                                                           | 100.00%              |                                                                         | 2     |
| Timely Due Process Hearing Decisions                                                                                                                                                                                                       | 100.00%              |                                                                         | 2     |
| Longstanding Noncompliance                                                                                                                                                                                                                 |                      |                                                                         | 0     |
| Programmatic Specific Conditions                                                                                                                                                                                                           | Yes, 3 or more years |                                                                         |       |
| Uncorrected identified noncompliance                                                                                                                                                                                                       | None                 |                                                                         |       |

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

<https://sites.ed.gov/idea/files/FFY2024-Part-B-SPP-APR-Reformatted-Measurement-Table.pdf>

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are  $\geq 5\%$  and  $< 10\%$  for Indicators 4B, 9, and 10, and  $\geq 90\%$  and  $< 95\%$  for Indicators 11, 12, 13 and 18.

**Data Rubric**  
**District of Columbia**

FFY 2024 APR (1)

**Part B Timely and Accurate Data -- SPP/APR Data**

| APR Indicator | Valid and Reliable | Total |
|---------------|--------------------|-------|
| 1             | 1                  | 1     |
| 2             | 1                  | 1     |
| 3A            | 1                  | 1     |
| 3B            | 1                  | 1     |
| 3C            | 1                  | 1     |
| 3D            | 1                  | 1     |
| 4A            | 1                  | 1     |
| 4B            | 1                  | 1     |
| 5             | 1                  | 1     |
| 6             | 1                  | 1     |
| 7             | 1                  | 1     |
| 8             | 1                  | 1     |
| 9             | 1                  | 1     |
| 10            | 1                  | 1     |
| 11            | 1                  | 1     |
| 12            | 1                  | 1     |
| 13            | 1                  | 1     |
| 14            | 1                  | 1     |
| 15            | 1                  | 1     |
| 16            | 1                  | 1     |
| 17            | 1                  | 1     |
| 18            | 1                  | 1     |

**APR Score Calculation**

|                                                                                                                           |    |
|---------------------------------------------------------------------------------------------------------------------------|----|
| <b>Subtotal</b>                                                                                                           | 22 |
| <b>Timely Submission Points</b> - If the FFY 2024 APR was submitted on-time, place the number 5 in the cell on the right. | 5  |
| <b>Grand Total</b> - (Sum of Subtotal and Timely Submission Points) =                                                     | 27 |

**(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.**

**618 Data (2)**

| Table                                        | Timely | Complete Data | Passed Edit Check | Total |
|----------------------------------------------|--------|---------------|-------------------|-------|
| Child Count/<br>Ed Envs<br>Due Date: 7/30/25 | 1      | 1             | 1                 | 3     |
| Personnel<br>Due Date: 2/18/26               | 1      | 1             | 1                 | 3     |
| Exiting<br>Due Date: 2/18/26                 | 1      | 1             | 1                 | 3     |
| Discipline<br>Due Date: 2/18/26              | 1      | 1             | 1                 | 3     |
| State Assessment<br>Due Date: 1/7/26         | 1      | 1             | 1                 | 3     |
| Dispute Resolution<br>Due Date: 11/19/25     | 1      | 1             | 1                 | 3     |
| MOE/CEIS<br>Due Date: 11/19/25               | 1      | 1             | 1                 | 3     |

**618 Score Calculation**

|                                       |       |
|---------------------------------------|-------|
| Subtotal                              | 21    |
| Grand Total (Subtotal X 1.28571429) = | 27.00 |

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

**Indicator Calculation**

|                                                                |        |
|----------------------------------------------------------------|--------|
| A. APR Grand Total                                             | 27     |
| B. 618 Grand Total                                             | 27.00  |
| C. APR Grand Total (A) + 618 Grand Total (B) =                 | 54.00  |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0      |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00   |
| <b>Denominator</b>                                             | 54.00  |
| D. Subtotal (C divided by Denominator) (3) =                   | 1.0000 |
| E. Indicator Score (Subtotal D x 100) =                        | 100.00 |

**(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.**

## APR and 618 -Timely and Accurate State Reported Data

**DATE:** February 2026 Submission

### SPP/APR Data

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

### Part B 618 Data

**1) Timely** – A State will receive one point if it submits all *EDFacts* files associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

| 618 Data Collection                                                                   | EDFacts Files                                          | Due Date   |
|---------------------------------------------------------------------------------------|--------------------------------------------------------|------------|
| Part B Child Count and Educational Environments                                       | FS002 & FS089                                          | 7/30/2025  |
| Part B Personnel                                                                      | FS070, FS099, FS112                                    | 2/18/2026  |
| Part B Exiting                                                                        | FS009                                                  | 2/18/2026  |
| Part B Discipline                                                                     | FS005, FS006, FS007, FS088, FS143, FS144               | 2/18/2026  |
| Part B Assessment                                                                     | FS175, FS178, FS185, FS188                             | 1/7/2026   |
| Part B Dispute Resolution                                                             | FS227, FS228, FS229, FS230                             | 11/19/2025 |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | FS231, FS232, FS233, FS234, FS235, FS236, FS237, FS238 | 11/19/2025 |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

**3) Passed Edit Check** – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

## Dispute Resolution

### IDEA Part B

District of Columbia

School Year: 2024-25

#### Section A: Written, Signed Complaints

|                                                             |    |
|-------------------------------------------------------------|----|
| <b>(1) Total number of written signed complaints filed.</b> | 29 |
| (1.1) Complaints with reports issued.                       | 21 |
| (1.1) (a) Reports with findings of noncompliance            | 15 |
| (1.1) (b) Reports within timelines                          | 21 |
| (1.1) (c) Reports within extended timelines                 | 0  |
| (1.2) Complaints pending.                                   | 0  |
| (1.2) (a) Complaints pending a due process hearing.         | 0  |
| (1.3) Complaints withdrawn or dismissed.                    | 8  |

#### Section B: Mediation Requests

|                                                                                                  |    |
|--------------------------------------------------------------------------------------------------|----|
| <b>(2) Total number of mediation requests received through all dispute resolution processes.</b> | 65 |
| (2.1) Mediations held.                                                                           | 28 |
| (2.1) (a) Mediations held related to due process complaints.                                     | 13 |
| (2.1) (a) (i) Mediation agreements related to due process complaints.                            | 7  |
| (2.1) (b) Mediations held not related to due process complaints.                                 | 15 |
| (2.1) (b) (i) Mediation agreements not related to due process complaints.                        | 11 |
| (2.2) Mediations pending.                                                                        | 1  |
| (2.3) Mediations withdrawn or not held.                                                          | 36 |

#### Section C: Due Process Complaints

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| <b>(3) Total number of due process complaints filed.</b>                                    | 247 |
| (3.1) Resolution meetings.                                                                  | 173 |
| (3.1) (a) Written settlement agreements reached through resolution meetings.                | 3   |
| (3.2) Hearings fully adjudicated.                                                           | 74  |
| (3.2) (a) Decisions within timeline (include expedited).                                    | 29  |
| (3.2) (b) Decisions within extended timeline.                                               | 45  |
| (3.3) Due process complaints pending.                                                       | 55  |
| (3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing). | 118 |

#### Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

|                                                                    |   |
|--------------------------------------------------------------------|---|
| <b>(4) Total number of expedited due process complaints filed.</b> | 6 |
| (4.1) Expedited resolution meetings.                               | 1 |
| (4.1) (a) Expedited written settlement agreements.                 | 0 |
| (4.2) Expedited hearings fully adjudicated.                        | 2 |
| (4.2) (a) Change of placement ordered                              | 0 |
| (4.3) Expedited due process complaints pending.                    | 0 |
| (4.4) Expedited due process complaints withdrawn or dismissed.     | 4 |

This report shows the most recent data that was entered by:  
District of Columbia

These data were extracted on the close date:  
11/19/2025

## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2026 will be posted in June 2026. Copy and paste the link below into a browser to view.

<https://sites.ed.gov/idea/how-the-department-made-determinations/>



**UNITED STATES DEPARTMENT OF EDUCATION**  
**OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES**

## Final Determination Letter

June 18, 2026

Honorable Antoinette Mitchell  
State Superintendent of Education  
Office of the State Superintendent of Education  
1050 First Street Northeast  
Washington, DC 20002

Dear Superintendent Mitchell:

I am writing to advise you of the U.S. Department of Education's (Department) 2026 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that District of Columbia needs intervention in implementing the requirements of Part B of the IDEA. This determination is based on the totality of District of Columbia's data and information, including the Federal fiscal year (FFY) 2024 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

District of Columbia's 2026 determination is based on the data reflected in its "2026 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2026: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2026, as it did for Part B determinations in 2015-2025. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for District of Columbia).

In making Part B determinations in 2026, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2026 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education (BIE), and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2026 determination as it did for Puerto Rico's 2025 determination. OSEP used the publicly available NAEP data for the BIE that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2026 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

You may access the results of OSEP's review of District of Columbia's SPP/APR and other relevant data by accessing the EDFacts Metadata and Process System (EMAPS) SPP/APR reporting tool using your District of Columbia-specific log-on information at <https://emaps.ed.gov/suite/>. When you access District of Columbia's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that District of Columbia is required to take. The actions that District of Columbia is required to take are in the "Required Actions" section of the indicator.

It is important for your State to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

Your State will also find the following important documents in the Determinations Enclosures section:

- (1) District of Columbia's RDA Matrix;

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*The Department of Education's mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.*

- (2) the HTDMD [link](#);
- (3) "2026 Data Rubric Part B," which shows how OSEP calculated District of Columbia's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2024-2025," which includes the IDEA Section 618 data that OSEP used to calculate the District of Columbia's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, the Department has determined that the District of Columbia needs intervention in implementing the requirements of Part B of IDEA. The Department identifies a State or Entity as needing intervention under IDEA Part B if its RDA Percentage is less than 60%. The District of Columbia's RDA Percentage is 51.59. As explained below, the major factors contributing to the District of Columbia's 2026 Needs Intervention determination are the District of Columbia's RDA score of zero on certain results elements in addition to the District of Columbia's low level of compliance data reported under certain compliance indicators, and its longstanding noncompliance. In the 2026 Part B Results Matrix, the District of Columbia received a score of zero for both exiting data elements (related to drop out and graduation rates). This means that the District of Columbia reported a high percentage of children with disabilities dropped out of school, and a low percentage of children with disabilities graduated from school with a regular high school diploma. In addition, the District of Columbia received a score of zero for certain reading and math assessment elements (related to participation on Statewide assessments, inclusion in testing on the NAEP, and proficiency on the NAEP). Specifically, the District of Columbia reported a low percentage of children with disabilities in eighth grade included in Statewide assessments, a low percentage of children with disabilities in fourth grade included in testing on the NAEP for reading, and a low percentage of children with disabilities scoring at basic or above on the NAEP for math. In the 2026 Part B Compliance Matrix, the District of Columbia received a score of zero for its low performance (50%) reported on compliance with the requirements in Indicator 4B related to significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with the specified requirements. In addition, the District of Columbia received a score of zero for its low performance (51.5%) reported on compliance with the secondary transition requirements in Indicator 13. Further, the District of Columbia received a score of zero for the 'Longstanding Noncompliance' element of the 2026 Part B Compliance Matrix. Specifically, the Department has imposed Special or Specific Conditions on the District of Columbia's last 25 (FFY 2001 through FFY 2025) IDEA Part B grant awards, and the District of Columbia has failed to meet the Specific Conditions imposed on its FFY 2025 IDEA Part B grant award. OSEP determined that the District of Columbia failed to complete all of the corrective actions under the FFY 2025 Specific Conditions requiring the District of Columbia to: (1) demonstrate compliance with the requirement to conduct timely reevaluations; and (2) demonstrate compliance with secondary transition requirements.

Pursuant to Section 616(d)(2)(B) of the IDEA and 34 C.F.R. § 300.603(b)(2), a State or Entity that is determined to be "needs intervention" or "needs substantial intervention" and does not agree with this determination, may request an opportunity to meet with the Assistant Secretary to demonstrate why the Department should change the State's or Entity's determination. To request a hearing, submit a letter to: Kelly Rogers, the Deputy Assistant Secretary and Acting Assistant Secretary for the Office of Special Education and Rehabilitative Services, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202 within 15 days of the date of this letter. The letter must include the basis for your request for a change in District of Columbia's determination.

The Department is committed to transparency, accountability, strong partnerships with States and stakeholders, high expectations, and improved outcomes for children with disabilities. To support these priorities, the Secretary is considering modifications to the factors the Department uses when making determinations, effective June 2027. Potential additional factors include graduation rates and assessment data, such as graduation rates for students with disabilities compared to all students, and Statewide assessment results of students with disabilities compared to all students. Other potential factors include longstanding noncompliance (such as OSEP-identified noncompliance that remains unresolved) as a factor in determinations.

For the FFY 2025 SPP/APR submission due on February 1, 2027, OSEP is providing the following information about the IDEA Section 618 data. The 2025-26 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2025 SPP/APR and the 2027 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2025-26 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 1, 2, 3, 5, 6, 15, and 16 (as they have in the past). States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in EDPass prior to the applicable due date: 1) revise the uploaded data to address the business rule; or 2) provide a data note addressing why the uploaded data triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, District of Columbia must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in District of Columbia on the targets in the SPP/APR as soon as practicable, but no later than 120 days after District of Columbia's submission of its FFY 2024 SPP/APR. In addition, District of Columbia must:

- (1) review LEA performance against targets in the District of Columbia's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, District of Columbia must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes District of Columbia's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates District of Columbia's efforts to improve results for children and youth with disabilities and looks forward to working with District of Columbia over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,

A handwritten signature in black ink that reads "Erin McHugh". The signature is written in a cursive, flowing style.

---

Erin McHugh  
Deputy Director  
Office of Special Education Programs

cc: District of Columbia Director of Special Education