Special Education Monitoring & Compliance Manual (IDEA Part B)

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OSSE Special Education Monitoring & Compliance Manual
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1. INTRODUCTION

The District of Columbia Office of the State Superintendent of Education (OSSE), Division of Special Education, Division of Quality Assurance and Monitoring, is pleased to provide this guidance and information regarding its Individuals with Disabilities Education Act (IDEA) Part B State Monitoring and Compliance System in this and a subsequent series of materials for local education agencies (LEAs).

As the state education agency (SEA) for the District of Columbia, OSSE's role is to set high expectations, provide resources and support, and exercise accountability to ensure that all residents receive an excellent education. OSSE's Vision for District of Columbia children with disabilities is that they become successful adults, prepared for further education, successfully obtaining and maintaining employment, living independently, and engaged in their community, and that during their years in secondary education, they will be educated in classrooms with their non-disabled peers and participate fully in school life.

OSSE's vision aligns with federal requirements pertaining to SEA monitoring responsibilities. The IDEA Part B regulations at 34 CFR §300.600 require that the SEA monitor the implementation of IDEA Part B, make annual determinations about the performance of each LEA, enforce compliance with IDEA Part B, and report annually on the performance of the SEA and each LEA. The primary focus of the SEA's monitoring activities must be on improving educational results and functional outcomes for all children with disabilities and ensuring that LEAs meet the program requirements of IDEA Part B. **In exercising its monitoring responsibilities, the SEA must ensure that when it identifies noncompliance with the requirements of IDEA Part B by LEAs, the noncompliance is corrected as soon as possible, and in no case later than one year after the SEA's identification of the noncompliance.**

The goal of OSSE's Monitoring and Compliance System is to ensure that LEAs are meeting the requirements of both federal and local regulations. In alignment with federal regulations and OSSE's Vision, OSSE's monitoring approach is outcome oriented. To achieve desired performance results, it is critical that OSSE works collaboratively with LEAs and engages in shared accountability practices that will maximize success for all students with disabilities. Monitoring activities that will enable OSSE to facilitate this collaborative approach to improved performance include: database reviews, on-site compliance monitoring, record reviews, dispute resolution activities, LEA self-assessments, Phase I and Phase II grant applications, and audit findings reviews.

Another key feature of OSSE's Monitoring and Compliance System is the direct linkage between monitoring activities and technical assistance. The Division of Special Education's Training and Technical Assistance Unit (T&TA) works directly with the Quality Assurance and Monitoring Unit to identify specific compliance areas that warrant general and targeted technical assistance. OSSE offers a multitude of training opportunities for LEAs to increase their knowledge of, and compliance with, IDEA Part B requirements and to discover methods to improve outcomes for students with disabilities. For more information on OSSE's T&TA, please contact osse.tta@dc.gov.

OSSE is committed to a monitoring system that identifies noncompliance using methods that support the ultimate goal of improving educational results and functional outcomes for all students with disabilities. While monitoring activities must, by federal law, examine compliance issues, OSSE has very deliberately structured its monitoring approach in such a way that the broader themes of IDEA – inclusivity, quality of education, and teamwork – are emphasized.

2. STATE EDUCATION AGENCY AUTHORITY

OSSE has statutory authority under both federal and local law to establish, operate, and maintain an administrative process to ensure compliance with all federal statutes for the programs under its jurisdiction, including education of District children and youth with disabilities.

The IDEA section 616 requires each SEA to implement a General Supervision System that monitors the implementation of the IDEA Part B and its accompanying regulations. As the SEA for the District of Columbia, OSSE is responsible for the implementation of the General Supervision System for the District, which includes but is not limited to State complaint processes and Due Process adjudication in addition to LEA monitoring.

Under local special education law, OSSE "*has primary responsibility for the state-level supervisory functions for special education that are typically handled by a state department of education or public instruction, a state board of education, a state education commission, or a state education authority." (DC ST 38-2561.01 (7)(a)(13))*

The District of Columbia Municipal Regulations, Title 5, Board of Education, Subtitle E (Former Title 5) Chapters 22, 30 & 38, Subtitle A (District of Columbia Public Schools) Chapter 25 contain the local counterparts to the requirements of IDEA, beginning with the Free Appropriate Public Education (FAPE) requirement:

> ***5-E3000. Special Education Policy****.*
>
> ***3000****.1 All local education agencies (LEA) in the District of Columbia shall ensure, pursuant to the Individuals with Disabilities Education Act (IDEA), that all children with disabilities, ages three to twenty-two, who are residents or wards of the District of Columbia, have available to them a free appropriate public education (FAPE) and that the rights of these children and their parents are protected.*

3. STATE PERFORMANCE PLAN/ANNUAL PERFORMANCE REPORT

The IDEA Part B regulations at 34 CFR §300.600(c) require the SEA, as a part of its responsibilities, to use quantifiable indicators and such qualitative indicators as are needed to adequately measure performance in priority areas and the indicators established by the Secretary of Education for State Performance Plans (SPP). The Secretary has identified 20 indicators to measure SEA/LEA performance against IDEA regulations. In 2005, each SEA was required to submit an SPP with annual and six-year targets for each of the 20 indicators. Targets for indicators related to disproportionality, evaluation timelines, early childhood transition, secondary transition, correction of noncompliance, State complaint timelines, due process timelines and data were required to be set at 100%. Each year, SEAs must submit an Annual Performance Report (APR) to review and report on progress toward and/or compliance with the 20 indicators.

The Secretary's Part B Indicators are as follows:

- ***Indicator 1 (Graduation):*** *Percent of youth with IEPs graduating from high school with a regular diploma.*
- ***Indicator 2 (Dropout):*** *Percent of youth with IEPs dropping out of high school.*
- ***Indicator 3 (Assessment)****: Participation and performance of children with IEPs on statewide assessments: A. Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AYP targets for the disability subgroup; B. Participation rate for children with IEPs; C. Proficiency rate for children with IEPs against grade level, modified and alternate academic achievement assessment standards.*
- ***Indicator 4 (Suspension and Expulsion):*** *A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and B. Percent of districts that have: (a) a significant discrepancy, 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 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.*
- ***Indicator 5 (LRE Settings):*** *Percent of children with IEPs 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.*
- ***Indicator 6 (Preschool LRE)****: Percent of children aged 3 through 5 with IEPs 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.*
- ***Indicator 7 (Preschool Outcomes):*** *Percent of preschool children aged 3 thorough 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.*
- ***Indicator 8 (Parent Involvement):*** *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.*

- ***Indicator 9 (Disproportionate Representation in Special Education):*** *Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification.*
- ***Indicator 10 (Disproportionate Representation by Disability Category):*** *Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.*
- ***Indicator 11 (Evaluation):*** *Percent of children who were evaluated within 60 days (or state-established timeline) of receiving parental consent for initial evaluation.*
- ***Indicator 12 (Early Childhood Transition):*** *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.*
- ***Indicator 13 (Secondary Transition):*** *Percent of youth aged 16 and above with an IEP that includes coordinated, measurable, annual postsecondary goals and transition services that will reasonably enable the student to meet the postsecondary goals, and annual IEP goals related to the student's transition services needs.*
- ***Indicator 14 (Post-school Outcomes):*** *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; and C. enrolled in higher education or some other postsecondary education or training or competitively employed or in some other employment within one year of leaving high school.*
- ***Indicator 15 (Correction of Noncompliance):*** *General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.*
- ***Indicator 16 (State Complaint Timelines):*** *Percent of signed written complaints with reports issued that were resolved within the 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.*
- ***Indicator 17 (Due Process Timelines):*** *Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.*
- ***Indicator 18 (Resolution Sessions):*** *Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.*
- ***Indicator 19 (Mediation):*** *Percent of mediations held that resulted in mediation agreements.*
- ***Indicator 20 (Valid and Reliable Data):*** *State reported data (Section 618 and State Performance Plan and Annual Performance Report) are timely and accurate.*

All instances of SEA data collection regarding the above indicators, however conducted (through database reviews, written data requests, on-site monitoring, etc.), constitute "General Supervision" and thus are a part of OSSE's Monitoring and Compliance system. Any noncompliance identified pertaining to the indicators or related regulatory requirements must be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

4. ANNUAL DETERMINATIONS

The IDEA Part B regulations at 34 CFR §§300.600(c) and 300.603 require the SEA to make "determinations" annually about the performance of each LEA based on information provided in the SPP/APR, information obtained through monitoring visits, and any other public information made available.

Noncompliance identified through information collected for SPP/APR reporting, for other U.S. Department of Education reporting, during on-site monitoring visits, during record reviews, during database reviews, for audits, through dispute resolution processes, and from other information available to OSSE will be considered in making LEA determinations. OSSE's determination is based on the totality of the LEA's data and information, including the LEA's:

1. History, nature and length of time of any reported noncompliance; specifically, the LEA's performance on SPP/APR compliance indicators
2. Information regarding timely, valid and reliable data
3. On-site compliance monitoring, focused monitoring and dispute resolution findings
4. Sub-recipient audit findings
5. Other data available to OSSE regarding the LEA's compliance with the IDEA, including, but not limited to, relevant financial data
6. Performance on selected SPP results indicators
7. Evidence of correction of findings of noncompliance, including progress toward full compliance

In making such determinations, OSSE will assign LEAs one of the following determination levels:

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

The criteria for each determination level are set by OSSE according to U.S. Department of Education, Office of Special Education Programs (OSEP) guidelines. IDEA specifies different levels of action/intervention depending on determination level. LEAs will be informed of their annual determination and any required actions/interventions in late summer/early fall.

For more information regarding determinations, refer to Appendix A.

5. OSEP CORRECTIVE ACTION PLAN

On July 1, 2011, OSEP issued a letter to OSSE informing them that the U.S. Department of Education has designated OSSE as a "high risk" grantee and has imposed Special Conditions on OSSE's FFY 2011 grant awards under IDEA. OSEP imposed Special Conditions based on the District of Columbia's noncompliance with:

- Timely performance of initial evaluations and reevaluations;
- Timely implementation of hearing officer decisions;
- Timely correction of noncompliance;
- Secondary transition requirements; and
- Early childhood transition requirements.

Based on this noncompliance, OSSE received a "needs intervention" determination for the fifth consecutive year and was required to submit a corrective action plan (CAP) to the Department in August 2011 to address the above mentioned areas. Pursuant to the CAP, OSSE must provide three progress reports (in addition to the APR) to OSEP. Reports must include data from all LEAs, including charter school LEAs, and provide the required content related to each area of identified noncompliance. Each report must be submitted to the Department in accordance with the following reporting periods and timelines:

Report	Reporting Period	Report Due Date
First Report	April 1, 2011 – September 30, 2011	November 1, 2011
Second Report	October 1, 2011 – December 31, 2011	February 1, 2012
Third Report	January 1, 2012 – March 31, 2012	May 1, 2012

For each reporting period, OSSE will collect and analyze data related to the above listed areas of noncompliance. For each LEA with noncompliance identified through this data collection, findings of noncompliance will be issued and correction of noncompliance must be verified as soon as possible but in no case later than one year after the identification of the noncompliance.

For more information on OSSE's Special Conditions, refer to Appendix B.

6. CORRECTION OF NONCOMPLIANCE

In exercising its monitoring responsibilities under 34 CFR §300.600(d), OSSE must ensure that when it identifies noncompliance with requirements of Part B by LEAs, the noncompliance is corrected as soon as possible, and in no case later than one year after OSSE's identification of the noncompliance (34 CFR §300.600(e)). When determining correction of noncompliance, OSSE must verify that the LEA: (1) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02); **and** (2) is correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through the data system or an additional review of student files.

Thus, when an LEA receives written notification of a finding of noncompliance, the LEA must *first* correct the individual student level noncompliance. For example, if OSSE reviews the secondary transition plan for Student A and finds noncompliance through that review, the LEA must correct Student A's secondary transition plan by reconvening an IEP meeting (or properly executing an IEP amendment) and writing a compliant secondary transition plan for the student. OSSE will review Student A's revised secondary transition plan to ensure that it is now compliant. *Next*, the LEA must demonstrate that it is now correctly implementing the specific regulatory requirement. This is achieved by OSSE's subsequent review of additional data either through another SEDS review or a subsequent file review. For example, after the LEA has corrected Student A's secondary transition plan, OSSE will review secondary transition plans for other students within the LEA to ensure that the LEA is correctly implementing secondary transition requirements for all students. Both steps must be completed in order for OSSE to determine that the noncompliance has been corrected.

While OSSE will typically include "additional corrective actions" or "improvement activities" to be completed after a finding of noncompliance, the noncompliance is not deemed to be corrected until the LEA has achieved 100% compliance in a subsequent review. "Additional corrective actions" and "improvement activities" are designed to assist the LEA in developing appropriate practices or accessing necessary technical assistance in the area of the noncompliance, not to determine correction of noncompliance. For initial evaluation timelines, reevaluation timelines, secondary transition requirements, Part C to Part B transition timelines, resolution meeting timelines and IEP timeliness, correction is determined by an LEA achieving 100% compliance on the following quarterly review. For noncompliance identified through on-site monitoring, correction is determined by an LEA achieving 100% compliance on a subsequent file review conducted by OSSE.

For a copy of OSEP Memo 09-02, refer to Appendix C.

7. MONITORING PROCESS OVERVIEW

The goal of OSSE's Monitoring and Compliance System is to ensure that LEAs are meeting the requirements of both federal and local regulations. In alignment with federal regulations and OSSE's Vision, OSSE's monitoring approach is outcome oriented. However, if noncompliance is identified through any of OSSE's monitoring activities, **OSSE will require the LEA to correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance.**

Contrary to the notion that monitoring is an annual on-site process, OSSE employs a number of monitoring activities to ensure compliance with federal and local regulations and improve educational results and functional outcomes for students with disabilities. Monitoring activities include: database reviews, on-site compliance monitoring, record reviews, on-site focused monitoring, dispute resolution activities, LEA self-assessments, Phase I and Phase II grant applications, and audit findings reviews.

Database Reviews: In accordance with the CAP and with APR reporting requirements, OSSE will review data in the Special Education Data System (SEDS) and in the Blackman/Jones Database to identify noncompliance and assess progress toward federal and local targets for special education. Pursuant to the Blackman/Jones Consent Decree and Title 5, Section 5019 of the District of Columbia Municipal Regulations, all LEAs (including independent charter LEAs) are required to input data into SEDS. Data for CAP reporting will be reviewed according to the schedule displayed on page 9. Data for APR indicators will be reviewed one time per year. LEAs will receive findings of noncompliance for noncompliance identified through database reviews.

On-site Compliance Monitoring*:* Twice per year, OSSE will conduct on-site compliance monitoring for a selection of LEAs. This process will include record reviews, interviews and document reviews to identify noncompliance and assess progress toward federal and local targets for special education. Details regarding on-site compliance monitoring can be found on page 16.

Nonpublic Monitoring: OSSE is committed to ensuring that students educated in nonpublic settings are placed in the least restrictive environment; are receiving proper positive behavior supports; and are receiving appropriate services, including specialized instruction and transition services. Pursuant to D.C. Code §38-2561.07, nonpublic schools, applying for a Certificate of Approval (COA), shall receive an evaluation including an on-site inspection of the operations and facilities of the school or program. OSSE shall conduct an on-site inspection at least once during the period of the COA and may schedule other inspections as deemed necessary. The LEA responsible for the student placed in the nonpublic school is responsible for ensuring that the nonpublic school is compliant with federal and local rules and regulations. Therefore, should noncompliance be identified during a nonpublic review, the responsible LEA will receive notice of the findings of noncompliance and be accountable for correcting the noncompliance as soon as possible but in no case later than one year from the identification of noncompliance. Additional information regarding nonpublic monitoring can be found in Appendix D.

Record Reviews: Record reviews entail an examination of student level records that document the level of implementation of Individualized Education Programs (IEPs), financial and accounting records, or any other record that may contain information necessary for federal or local reporting.

The majority of record reviews conducted by OSSE will occur through database reviews, on-site compliance monitoring, and required audit activities. OSSE reserves the right to review records if information is not available in databases or at any such time that a review may be necessary. Findings of noncompliance identified through record reviews must be corrected as soon as possible but in no case later than one year after the noncompliance was identified.

On-site Focused Monitoring: Focused monitoring purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance in order to maximize resources, emphasize important variables, and increase the probability of improved results. OSSE began on-site focused monitoring during the 2010-2011 school year for selected LEAs. OSSE may choose to conduct an on-site focused monitoring visit in lieu of an on-site compliance monitoring visit if the LEA has demonstrated that it is in compliance with the regulatory requirements described in the Compliance Monitoring Areas. Details regarding on-site focused monitoring can be found on page 22.

Dispute Resolution Activities: The State complaint and due process complaint processes are designed to resolve disputes between LEAs and parents (or organization or individual in the case of State complaints). In the fact finding stages of each of these processes, the investigator or hearing officer may identify noncompliance by the LEA. In the case of State complaints, findings of noncompliance are identified in the Letter of Decision. In the case of due process complaints, findings of noncompliance are identified in the Hearing Officer Determination (HOD). Although OSSE may not issue an additional written finding of noncompliance, the Letter of Decision or HOD serves as the written notice of the finding of noncompliance. Findings identified through dispute resolution activities must be corrected in the timeline outlined in the Letter of Decision or HOD but in no case later than one year after the identification of the noncompliance. Additionally, findings made through these processes and the correction of these findings are tracked by OSSE and reported in OSSE's annual APR.

LEA Self-Assessments: The LEA self-assessment is a process by which LEAs assess their own performance and progress toward compliance with IDEA Part B. The self-assessment is designed to guide LEAs though a collaborative analysis and planning process to engage stakeholders in developing targeted improvement activities in the areas that the LEA is most in need. The self-assessment tool may be based on the compliance monitoring tool (see Appendix E) used by OSSE for on-site monitoring visits, thus LEAs can prepare for future on-site monitoring as well as clearly identify areas of noncompliance in student files and LEA policies and procedures. In lieu of the full self-assessment tool, OSSE may require an LEA to conduct a root cause analysis on a particular area of noncompliance. Through the self-assessment process, LEAs will develop a self-improvement plan that must be submitted to OSSE two months after receiving the self-assessment documents each year. LEAs identified for an on-site monitoring visit will not be required to complete a self-assessment in the year of the OSSE visit.

Phase I and Phase II Grant Applications: Grant applications submitted by LEAs include important assurances by the LEA that the LEA is in compliance with IDEA Part B regulations. In signing the assurances contained in the Phase I Application, LEAs attest that students within the LEA are receiving a free appropriate public education and that the LEA is properly using IDEA funds. Should an LEA not be able to provide these assurances, or a date by which the LEA will be in

compliance, OSSE may not be able to timely distribute funds to the LEA. Phase I applications are due to OSSE by the deadline contained within grant application information each year. More information regarding grant applications will be forwarded to LEAs at the beginning of each cycle or LEAs can contact OSSE.DSE-PartBFinance@dc.gov.

Audit Findings Review: LEAs that spend $500,000 or more in federal funds are required to receive an A-133 single audit and submit a copy of the management letter to OSSE within 30 days of receipt. Additionally, the District of Columbia Public Charter School Board (PCSB) requires all public charter schools in the district to receive an annual audit regardless of level of expenditures. Any noncompliance identified through audits must be corrected in accordance with the audit report. Audit findings will be considered in making annual LEA determinations.

Part B Compliance Monitoring Areas

Pursuant to federal regulations, OSSE may monitor LEAs in each of the following areas to ensure compliance with the IDEA. Although each monitoring area listed below may not be reviewed with each monitoring activity, LEAs must comply with each federal requirement and should continually assess their own progress toward compliance with each requirement.

Part I – FAPE in the LRE

A. The LEA educates students in the least restrictive environment. (34 CFR §§300.114-300.117)
B. The LEA ensures that IEPs are appropriately developed and implemented. (34 CFR §§300.320-300.504, §300.101)
C. The LEA completes evaluations within the State-established timeline. (34 CFR §§300.300-300.311)
D. The LEA ensures that students referred by Part C have an IEP implemented by their 3rd birthday. (34 CFR §300.101, §300.323)
E. The LEA uses appropriate steps to successfully transition students from high school to postsecondary settings. (34 CFR §300.320)
F. The LEA utilizes appropriate discipline processes and procedures. (34 CFR §§300.530-300.536)
G. The LEA does not have a disproportionate representation of students in special education or specific disability categories. (34 CFR §300.646)
H. The LEA provides instructional materials to blind persons or other persons with print disabilities in a timely manner. (34 CFR §300.172, §300.210)

Part II – Dispute Resolution

A. The LEA timely implements due process complaint requirements. (34 CFR §§300.507-300.518; Blackman Jones Decree)
B. The LEA timely responds to State complaint requests and decisions. (34 CFR §§300.151-300.152; OSSE State Complaint Policy)
C. The LEA voluntarily engages in mediation when requested by parents/guardians. (34 CFR §300.506)

Part III – Data

A. The LEA submits timely, valid and reliable data. (34 CFR §300.211)
B. The LEA uses data to inform decision making. (34 CFR §300.211)

Part IV – Fiscal

A. The LEA expends IDEA Part B funds in accordance with Federal laws, state laws and approved budget and spending plans. (34 CFR §300.202)
B. The LEA uses IDEA Part B funds only to pay the excess costs of providing special education and related services to children with disabilities. (34 CFR §300.202)
C. The LEA meets its maintenance of effort requirement. (34 CFR §300.203)
D. The LEA properly calculates and expends CEIS funds. (34 CFR §300.646)
E. The LEA does not co-mingle IDEA Part B funds with other funds. (34 CFR §300.162, §300.201)

F. DCPS Only: The LEA expends its required proportionate share of Part B funds for students with disabilities parentally-placed in private schools. (34 CFR §300.134, §300.201)

G. DCPS Only: The LEA provides funds to charter schools on the same basis as it provides funds to the other public schools in its jurisdiction. (34 CFR §300.209)

LEA On-site Compliance Monitoring

LEA on-site compliance monitoring is a process by which selected LEAs receive an on-site visit by OSSE's Quality Assurance and Monitoring Division for a comprehensive document and record review, stakeholder interviews, fiscal examination and follow-up technical assistance. The process is designed to identify noncompliance and assess LEA progress toward improving educational results and functional outcomes for all students with disabilities. On-site compliance monitoring also allows OSSE to determine if SEA-implemented strategies have resulted in qualitative and quantitative improvements, and to formulate specific, tailored actions if improved outcomes have not been achieved.

On-site monitoring will follow a series of defined steps, according to the following timelines:

Activity	Timeline
Identification of LEAs for SY 2011-2012 on-site monitoring	August 2011
Letter informing LEAs of selection for on-site monitoring	August 2011
Pre-site visits for Fall 2011 visits	September 2011
Fall on-site visits	September – December 2011
Monitoring reports issued to LEAs	December 2011 – March 2012
Development of any additional corrective actions	January 2012 - April 2012
Verification of correction of noncompliance	Ongoing
Pre-site visits for Spring 2012 visits	January - February 2012
Spring on-site visits	February - May 2012
Monitoring reports issued to LEAs	May - August 2012
Development of any additional corrective actions	May - September 2012
Verification of correction of noncompliance	Ongoing

Step 1: Identification of LEAs for On-site Compliance Monitoring

LEAs will be selected for an on-site compliance monitoring visit based on the consideration and evaluation of the following factors:

- Information provided in the LEA's previous self-assessment;
- Information provided in the LEA's most recent Phase I and Phase II Grant Application;
- Level of compliance on the prior year's APR compliance indicators;
- Level of compliance on data reported in OSSE's CAP reports;
- Number of HODs/SAs not timely implemented;
- Number of State complaints filed against the LEA in the past year;
- Number of students in the LEA placed in a more restrictive setting during the past school year;
- Timely submission of data (programmatic and fiscal) to OSSE;
- Number of requests for reimbursement not approved by OSSE;
- Number of students served by the LEA;
- Date of last on-site monitoring visit; and
- Other information available to OSSE.

Step 2: Notification of On-site Compliance Monitoring Selection
LEA directors will be notified by letter and electronic mail of the scheduled monitoring visit according to the timeline outlined in the table on page 16. The letter will include the:

- Date of the monitoring visit;
- Suggested date for the pre-site visit;
- Purpose of the visit and planned activities; and
- Documents and information required for the pre-site and on-site monitoring visits.

LEAs are expected to plan as soon as possible for the on-site monitoring visit. For example, as soon as possible after notification of the visit, LEAs should plan for the accommodations and time needed for staff, family and student interviews and for OSSE record reviews. Likewise, LEAs should begin collecting documents needed for the fiscal monitoring portion of the visit.

OSSE plans to conduct an on-site compliance monitoring visit to every LEA in the District within a 3-year cycle.[1] Therefore, selection for an on-site visit should not be construed as a punitive action or as an indication that the LEA is not meeting compliance or performance targets.

Step 3: Pre-site Visit
The pre-site visit is an opportunity for LEA and OSSE staffs to discuss the purpose of the on-site visit, confer about the agenda for the on-site visit, agree on logistics and review LEA data. It is also an occasion for the LEA to ask any questions regarding the visit and for the LEA to provide OSSE with documents needed prior to the visit.

At a minimum, documents that should be available for the pre-site visit include:

- A staff roster, including teacher e-mail addresses;
- A list of students with disabilities served by the LEA (if the LEA serves 75 or fewer students with disabilities);
- Student attendance records; and
- LEA written policies and procedures which address items in the fiscal section of the compliance monitoring tool.

The standard pre-site visit agenda is located at Appendix F.

Step 4: Pre-site Data Collection
Following the pre-site visit, OSSE will forward a brief survey to all general education and special education teachers within the LEA. The survey will be open for approximately one week. The purpose of the survey is to provide guidance for focus group interviews and help narrow the scope of interview questions for LEA administrators. OSSE requests that LEAs provide fervent support to ensure that all teachers respond in a timely manner to the survey.

Step 5: On-site Compliance Monitoring Visit and Activities
Following its notification letter to each selected LEA and the subsequent pre-site visits, OSSE will conduct an on-site visit to each LEA. The on-site review is designed to determine if the LEA's

[1] The cycle timeline is subject to change based on OSSE monitoring priorities and/or federal requirements.

special education program and services are compliant with local and federal regulations. If an LEA has more than one campus or school, OSSE may conduct its on-site visit at multiple locations. Regardless of the number of locations OSSE chooses to visit, only one monitoring report will be issued to the LEA.

During the on-site visit, OSSE will engage in the following activities:

- ***Record Reviews**:* OSSE will examine student files on-site as well as student information included in SEDS and the Blackman/Jones database. Items that will be assessed during the record reviews are outlined in the compliance monitoring tool and align with the monitoring standards. LEAs are responsible for having student files available on the first day of the on-site visit. For LEAs serving 30 or fewer students with disabilities, **all** student files will be reviewed. For LEAs serving 31 – 70 students with disabilities, 30 student files will be reviewed. For LEAs serving 71 – 100 students with disabilities, 60 student files will be reviewed. For LEAs serving 100+ students with disabilities, 90 student files per school site visited will be reviewed. All files will be reviewed for general compliance areas (IEP, LRE and data). OSSE reserves the right to review additional student files if the LEA has not demonstrated 100% compliance on APR Indicators 9, 10, 11, 12 and 13, if a complaint has been filed against the LEA in the year prior to the visit or by LEA request. A copy of the OSSE LEA Part B Compliance Monitoring Tool can be found in Appendix E.

- ***Staff Interviews:*** OSSE will interview the LEA's administrators, special education coordinator, special education teachers, general education teachers, related service providers and budget director. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through staff interviews will be included in the monitoring report.

- ***Student and Family Interviews**:* OSSE may choose to interview students with IEPs, and/or their families, to better understand compliance and performance in the LEA. In most cases, OSSE will ask the LEA to choose the students and/or family members for the interviews. In some cases, students and/or families may be selected by OSSE according to specific information (e.g. students involved in dispute resolution processes or students with expired IEPs). The LEA will be informed in advance of the names of any students and/or families selected by OSSE for an interview. In either case, the LEA is responsible for coordinating the interviews with students and/or their families. If OSSE selects students who are involved in the Child and Family Services Administration system, incarcerated, in the custody of the Department of Youth Rehabilitation Services and/or receive services through the Department of Mental Health or other District agencies, OSSE will take steps to coordinate its interviews with those agencies. Interview questions align with the monitoring standards and will be used to triangulate data gathered from other monitoring activities. A summary of data collected through student and/or family interviews will be included in the monitoring report.

- ***Classroom Observations:*** OSSE will observe classrooms or lessons in which students with IEPs are being educated. The purpose of the observations is to gain a better understanding of how special education instruction is delivered within the LEA. Data collected through classroom/lesson observation will be used to triangulate data gathered

from other monitoring activities. Findings of noncompliance will not be made based solely on observations. A summary of data collected through observations may be included in the monitoring report. For a copy of the Classroom Observation Tool, refer to Appendix G.

- ***Fiscal Monitoring Activities**:* OSSE will conduct fiscal monitoring activities while on-site. Fiscal monitoring includes document and record reviews, interviews and/or a demonstration of financial processes and systems. Items to be assessed can be found in the fiscal section of the compliance monitoring tool. LEAs will be informed in advance of materials that must be provided. LEAs should be prepared to provide calculations regarding maintenance of effort and excess cost.

- ***Individual Student-Level Monitoring:*** During the on-site compliance monitoring visit, OSSE may choose to conduct individual student-level monitoring. Individual student-level monitoring consists of an in-depth review of one student's IEP; an in-depth review of all progress reports, attendance records and discipline records regarding the student; interviews with all teachers and service providers associated with the student; interviews with the student (if appropriate) and the student's parent or guardian; and an observation of the classrooms and programs to which the student is assigned. Information and findings regarding the individual student-level monitoring will be included in the on-site compliance monitoring report. LEAs will be informed in advance of the pre-site visit if individual student-level monitoring will occur during the on-site visit.

Step 6: Desk Review

Following the on-site visit, OSSE's Quality Assurance & Monitoring team will conduct a desk review of additional information available regarding the LEA. Information reviewed may include, but is not limited to, data in SEDS, student attendance records, Encounter Tracking Forms submitted to the District of Columbia Public Schools (DCPS) Medicaid Recovery Unit for the purposes of Medicaid recoupment for school-based Health Related Services, Related Services Management Reports, the Interim Data Collection Tool, other monitoring reports issued to the LEA (e.g. secondary transition monitoring reports or evaluation monitoring reports), State complaint Letters of Decision, HODs, and/or the LEA's website.

Step 7: Letter of Findings and Monitoring Report

Within three months of the on-site visit, OSSE will notify the LEA of any findings of noncompliance identified during the on-site visit. Attached to the Letter of Findings will be a detailed monitoring report that will specifically outline noncompliance found during the visit. The monitoring report will also delineate corrective actions and improvement activities necessary for the LEA to correctly implement the specific regulatory requirement (see Appendix E). Monitoring reports are intended to promote the improvement of educational results and functional outcomes for students with disabilities through the identification of noncompliance. These reports will align with items in the compliance monitoring tool and with monitoring standards. Additionally, monitoring reports will serve as a method for LEAs to certify the correction of student-level citations and the completion of LEA-level improvement activities.

For all identified noncompliance, LEAs must correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. The date of

issuance of the Letter of Findings and accompanying monitoring report serves as the date of the identification of the noncompliance.

Pursuant to OSEP Memo 09-02, OSSE must account for all instances of noncompliance. In determining the steps that the LEA must take to correct the noncompliance and document such correction, OSSE may consider a variety of factors. For any noncompliance concerning a child-specific requirement that is not subject to a specific timeline requirement, OSSE must also ensure that the LEA has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA. In addition, OSSE must ensure that each LEA has completed the required action (e.g. completed the evaluation although late). A copy of OSEP Memo 09-02 can be found in Appendix C.

Noncompliance is corrected when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement for all students with disabilities. The monitoring report will detail the required corrective actions and improvement activities required to assist the LEA in correctly implementing the specific regulatory requirement. OSSE may also require the LEA to conduct a root cause analysis to determine the reasons for the identified noncompliance. The requirement to conduct a root cause analysis may be contained within the monitoring report cover letter or the Additional LEA Corrective Actions section of the report.

LEAs are strongly encouraged to share the Letter of Findings and monitoring report with its stakeholders and the community through the LEA's website or a public notice in a local newspaper. The findings and corrective actions should routinely be shared and discussed with the LEA's School Board or Board of Directors.

Step 8: Corrective Action Plans

Contained within the monitoring report, OSSE will provide a list of required student-level corrective actions and LEA-level improvement activities for noncompliance identified through record reviews and certain interviews. If no additional findings of noncompliance are identified through other data collection processes (e.g., OSSE's desk review), LEAs will not be required to develop a Corrective Action Plan (CAP). In that case, the monitoring report will serve as the CAP for the LEA. In the event of an additional finding of noncompliance identified through other data collection processes, OSSE will require the LEA to develop a CAP specific to the additional area(s) of noncompliance. The CAP will be due to OSSE 30 days after the LEA's receipt of the monitoring report. LEAs may also be required to conduct a root cause analysis to determine the reasons for the identified noncompliance. Should the LEA be required to conduct a root cause analysis, the LEA must submit documentation of this activity to OSSE within 90 days after the LEA's receipt of the monitoring report.

Corrective actions and improvement activities, whether generated through the monitoring report or though an LEA CAP, may be relatively uncomplicated and non-time consuming (e.g. correcting a data error in SEDS) or may be multifaceted and involved (e.g. developing a policy and procedures for ensuring appropriate discipline processes). More simple corrective actions or improvement activities may be accomplished by one staff member or through a routine IEP meeting, while more complex corrective actions or improvement activities may require extensive analysis and collaboration with the LEA leadership and/or Boards of Directors.

OSSE is committed to providing technical assistance to LEAs as they formulate CAPs and/or as they complete corrective actions and improvement activities. Assistance from the T&TA team within OSSE will be available to LEAs as they strive toward correction of noncompliance and improvement of educational results and functional outcomes for students with disabilities.

Step 9: Verification of Correction of Noncompliance
After the LEA has certified correction of noncompliance, OSSE will verify the correction of noncompliance.

- To verify the correction of individual student noncompliance, OSSE will select a sample of the original student files reviewed to verify that the required action has been completed. The number of files sampled will be proportionate to the number of files reviewed. For example, OSSE may review five student files for LEAs serving 70 or fewer students with disabilities and 15 student files for LEAs serving 71+ students with disabilities. Correction of noncompliance will be complete when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement.

- To verify that the LEA is correctly implementing the regulatory requirement, OSSE will select a sample of student files that were not originally reviewed or generate a report from SEDS to verify correction of noncompliance. The number of files sampled will be proportionate to the number of files reviewed. For example, OSSE may review five student files for LEAs serving 70 or fewer students with disabilities and 15 student files for LEAs serving 71+ students with disabilities. Correction of noncompliance will be complete when the LEA can demonstrate that 100% of files reviewed are compliant with the specific regulatory requirement.

Pursuant to OSEP Memo 09-02, OSSE must verify the correction of noncompliance within one year of the identification of the noncompliance; therefore, verification activities will occur before the conclusion of the one-year timeline.

Step 10: Closure of Findings of Noncompliance
After OSSE has verified the correction of the noncompliance, OSSE will inform the LEA in writing that the finding of noncompliance is closed. LEAs should continue to conduct record review activities to identify any areas of need that may arise before future OSSE monitoring activities. Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by OSSE and will affect the LEA's annual determination. Likewise, the LEA's timely correction of noncompliance will also be favorably considered in the LEA's annual determination.

LEA On-site Focused Monitoring

As defined by the National Center for Special Education Accountability Monitoring, "Focused monitoring purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance in order to maximize resources, emphasize important variables, and increase the probability of improved results."[2] Focused monitoring performed by the OSSE will assess an LEA's performance in the targeted focused area based upon a variety of sources including:

- Data contained in SEDS;
- The results of the LEA's self-assessment;
- Annual APR data;
- Student record reviews;
- Observation of selected programs; and
- Interviews of staff, parents and students (if appropriate).

If an LEA is selected for focused monitoring, the focused monitoring will occur at the same time as the on-site compliance monitoring visit. As such, the steps for focused monitoring mirror the steps for on-site monitoring with the addition of classroom observations and stakeholder meetings to discuss root cause analysis, as necessary.

Step 1: Identification of LEAs for On-site Focused Monitoring

LEAs will be selected for an on-site focused monitoring visit from the list of LEAs chosen for an on-site compliance monitoring visit, based on the consideration and evaluation of the following factors:

- Information provided in the LEA's previous self-assessment related to the focused monitoring area;
- Level of compliance and results on the prior year's APR Indicators related to the focused monitoring area;
- Number of due process complaints filed against the LEA in the past year related to the focused monitoring area;
- Number of State complaints filed against the LEA in the past year related to the focused monitoring area; and
- Number of students served by the LEA.

Step 2: Notification of On-site Focused Monitoring Selection

LEA directors will be notified by letter and electronic mail of the scheduled focused monitoring visit prior to the scheduled pre-site visit. The letter will include the:

- Focused monitoring area;
- Purpose of the visit and planned activities; and
- Documents and information required for the pre-site and on-site monitoring visits.

[2] See the U.S. Department of Education's funded PowerPoint presentation on focused monitoring at http://www.monitoringcenter/suhsc.edu/PDF%20PPT/NERRC_CIFMS_09212003.pdf

Step 3: Pre-site Visit
The focused monitoring pre-site visit will be held in conjunction with the on-site monitoring pre-site visit. The focused monitoring visit is an opportunity for LEA and OSSE staffs to discuss the purpose of the focused monitoring visit, confer about the agenda for the focused monitoring visit, agree on logistics and review LEA data. It is also an occasion for the LEA to ask any questions regarding the focused monitoring visit and for the LEA to provide OSSE with documents needed prior to the visit.

Step 4: On-site Focused Monitoring Visit and Activities
Following its notification letter to each selected LEA and the subsequent pre-site visits, OSSE will conduct an on-site focused monitoring visit to selected LEAs in conjunction with the on-site compliance monitoring visit. The on-site focused monitoring review is designed to examine compliance and results for the specific focus area. During the on-site visit, OSSE will engage in the following activities:

- ***Record Reviews**:* OSSE will examine information in student files on-site as well as student information included in SEDS regarding the focus area. Items that will be assessed during the record reviews are in-depth and specific to the focus area. LEAs are responsible for having student files available on the first day of the on-site visit. The number of student files reviewed for focused monitoring will be calculated based on the number of students served within the LEA for which the focus area applies. (For example, if the focus area is Part C to Part B transition, OSSE will review a percentage of files for three- and four-year-olds enrolled in the LEA.)

- ***Classroom/Program Observations:*** OSSE will observe classrooms or programs that relate to the focus area. The purpose of the observation is to identify any potential noncompliance and/or root causes of the LEA's noncompliance in the focus area.

- ***Staff Interviews:*** OSSE will interview the LEA's administrators, special education coordinator, special education teachers, general education teachers and related service providers related to the focused area. Interview questions will be used to triangulate data gathered from other monitoring activities.

- ***Student and Family Interviews**:* OSSE may choose to interview students with IEPs in the related focus area, and/or their families, to better understand compliance and performance in the LEA. Students and/or families will be selected by OSSE according to specific information regarding the focus area (e.g. students with IEPs with noncompliance in the focus area). The LEA will be informed in advance of the names of any students and/or families selected by OSSE for an interview. The LEA is responsible for coordinating the interviews with students and/or their families. If OSSE selects students who are involved in the Child and Family Services Administration system, incarcerated, in the custody of the Department of Youth Rehabilitation Services and/or receive services through the Department of Mental Health or other District agencies, OSSE will take steps to coordinate its interviews with those agencies. Interview questions will be used to triangulate data gathered from other monitoring activities.

- ***Intensive Individual Focused Review:*** Intensive qualitative review provides an additional tier of examination of special education compliance and quality assurance, allowing OSSE to get behind the data and look directly at the adult practices and lived experiences of a sample of students. OSSE will make a selection of students within the LEAs identified for focused monitoring in each given cycle. Intensive individual review activities will include: interviews of students, their families, and staff; classroom observations; and curriculum materials review.

- ***Stakeholder Meeting/Root Cause Analysis Planning:*** During the on-site focused monitoring visit, OSSE will meet with stakeholders to discuss data regarding the focus area and to identify potential root causes of noncompliance within the focus area. The LEA is responsible for planning the logistics of the meeting and inviting the proper stakeholders.

- ***Staff and Parent Surveys:*** OSSE may survey LEA staff members and parents regarding compliance and performance with the focus area. The survey may be written or electronic and will be standardized for all survey participants. Survey results will be used to triangulate data gathered from other monitoring activities.

Step 5: Letter of Findings and Monitoring Report
Within three months of the on-site visit, OSSE will notify the LEA of any findings of noncompliance identified during the focused monitoring visit. The on-site monitoring report will delineate student and LEA-level corrective actions and improvement activities necessary for the LEA to correctly implement the specific regulatory requirement. **For all identified noncompliance, LEAs must correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance.** The date of the monitoring report serves as the date of the identification of the noncompliance.

Step 6: Corrective Action Plans
Contained within the monitoring report, OSSE may provide a list of required student-level and LEA-level improvement activities for noncompliance identified through the focused monitoring visit. If OSSE does not indicate any additional corrective actions, the monitoring report will serve as the corrective action plan (CAP) for the LEA. OSSE may also require the LEA to develop a CAP specific to the focus area. The CAP will be due to OSSE 30 days after the LEA's receipt of the monitoring report. The CAP must address the process the LEA will take to correct identified noncompliance as well as the LEA's plan to improve results in the focus area.

OSSE is committed to providing technical assistance to LEAs as they formulate CAPs and/or as they complete corrective actions and improvement activities. Assistance from the T&TA team within OSSE will be available to LEAs as they strive toward correction of noncompliance and improvement of educational results and functional outcomes for students with disabilities.

Step 7: Verification of Correction of Noncompliance
After the LEA has certified correction of student-level and LEA-level noncompliance, OSSE will verify the correction of noncompliance.

- To verify the correction of student-level citations, OSSE will select a sample of the original student files reviewed to verify that the required action has been completed.

- To verify that the LEA is correctly implementing the regulatory requirement, OSSE will select a sample of student files that were not originally reviewed or generate a report from SEDS to verify correction of noncompliance. Correction of noncompliance will be complete when the LEA can demonstrate that 100% of files reviewed are compliant with the specific regulatory requirement.

Pursuant to OSEP Memo 09-02, OSSE must verify the correction of noncompliance within one year of the identification of the noncompliance; therefore, verification activities will occur before the conclusion of the one-year timeline.

Step 8: Closure of Findings of Noncompliance
After OSSE has verified the correction of the noncompliance, OSSE will inform the LEA in writing that the finding of noncompliance is closed. LEAs should continue to conduct record review activities to identify any areas of need that may arise before future OSSE monitoring activities. Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by OSSE and will effect the LEA's annual determination. Likewise, the LEA's timely correction of noncompliance will also be considered in the LEA's annual determination.

OSSE will provide LEAs selected for on-site focused monitoring with additional information prior to the pre-site visit. OSSE may choose to conduct an on-site focused monitoring visit in lieu of an on-site compliance monitoring visit if the LEA has demonstrated that it is in compliance with the regulatory requirements described in the Compliance Monitoring Areas.

Corrective Action Plan Activities

On January 11, 2010, LEAs received an OSSE Memorandum from Assistant Superintendent Tameria Lewis informing them of the executed MOA with OSEP. A component of the MOA requires OSSE to complete a random sampling of 100 IEPs of youth aged 16 and above for IEP secondary transition content review. For each reporting period, OSSE will select IEPs for review from among all LEAs that serve students in the applicable age range. The IEPs will be selected equitably among LEAs based on the percentage of students with disabilities in this age range served by each LEA, relative to the total number of students with disabilities in this age range in the District.

During each reporting period, OSSE will review 100 IEPs for required secondary transition content and report the results of those reviews in the progress report for the relevant reporting period. Following the review of the 100 IEPs for each period, OSSE will issue monitoring reports with detailed student-level corrective actions to each LEA. LEAs must correct the findings as soon as possible but in no case later than one year after the identification of the noncompliance. Monitoring reports will mandate the OSSE imposed timeline for correction of noncompliance for each reporting period.

Likewise, during each reporting period, OSSE will review data from SEDS regarding timely initial evaluations and reevaluations. Following the SEDS reviews, OSSE will issue monitoring reports with detailed student-level corrective actions to each LEA. LEAs must ensure that the individual students named in each report receive the evaluation, although late, and report this action to OSSE. OSSE will correct the student-level and LEA-level findings of noncompliance when the LEA has demonstrated that it is correctly implementing regulatory requirements regarding timely initial evaluations and timely reevaluations by achieving 100% compliance for the following quarterly report. LEAs must correct the findings as soon as possible but in no case later than one year after the identification of the noncompliance. Monitoring reports will mandate the OSSE imposed timeline for correction of noncompliance for each reporting period.

The MOA also outlines OSSE's activities regarding timely implementation of HODs and LEA compliance with LRE requirements, specifically LEA's provision of continuum of placements and services. For each of these areas, OSSE will also issue a Letter of Findings when noncompliance has been identified and require that the noncompliance be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

Additional Findings of Noncompliance

As the SEA, OSSE is required to identify findings of noncompliance, notify LEAs of findings of noncompliance and ensure the correction of the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. At times, OSSE may become aware of noncompliance outside of the monitoring activities described in this section. Although the findings may not be associated with any of the scheduled activities, OSSE remains responsible for identifying and ensuring correction of the noncompliance.

Should OSSE become aware of an LEA's noncompliance with any regulatory requirement in 34 CFR Part 300, OSSE will notify the LEA in writing of the noncompliance and will indicate the required corrective action necessary to correct the finding of noncompliance. Correction of noncompliance will be complete when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement.

Beginning in September 2011, noncompliance identified during OSSE Placement Unit meetings will be referred to the OSSE Quality Assurance & Monitoring Unit. Monitoring reports generated based on these meetings will resemble the OSSE on-site monitoring and secondary transition monitoring reports. The Placement Unit Monitoring Tool can be found at Appendix G.

8. APPENDICES

Appendix A - Determinations Information and Frequently Asked Questions
Appendix B - OSSE FFY 2011 IDEA Part B Grant Award Special Conditions
Appendix C - OSEP Memo 09-02
Appendix D - Nonpublic Monitoring Supplement
Appendix E - Compliance Monitoring Tool
Appendix F - Monitoring Agendas (Pre-site Monitoring Agenda and On-site Monitoring Agenda)
Appendix G - Classroom Observation Tool
Appendix H - Placement Unit Monitoring Tool

Attachment A

Determinations of the Status of Local Programs by State Agencies
Under Parts B and C of the
Individuals with Disabilities Education Act (IDEA)

It will be necessary for States to consider a number of factors when establishing their "Determinations" process under IDEA sections 616 and 642. Certainly, the most important of these is to ensure that the process includes all of the required components. As discussed below, States *must* consider performance on compliance indicators, data integrity, uncorrected noncompliance issues and relevant audit findings. Developing a process that ensures consideration of all of these factors will likely involve a multi-faceted approach. Because each State is expected to develop a process that reflects their unique context, it is clear that a variety of strategies will be used to meet this federal requirement. However, despite anticipated differences in approach, there will also be some commonality with regard to the entire range of issues that States will address as well.

Purpose

The purpose of this document is to provide guidance on the annual determinations that must be made under IDEA of local programs performance in meeting the requirements and purposes of the IDEA. This document addresses:

- OSEP requirements of States;
- Determination categories and state enforcement;
- Issues and challenges for States to consider in the decision making process now and in the future;
- Involving stakeholders in developing a determination process; and
- Resources and references.

OSEP Requirements of States

OSEP provided guidance to States on how they are to make determinations of status of local programs. These are in the FAQ document of 10/19/2006 (http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/determinations%20faqs.doc).

Below are OSEP requirements of states as stated in the FAQ document:

- States are required to enforce the IDEA by making "determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EIS program under Part C.
- States must use the same four categories in IDEA section 616(d) as OSEP in making determinations of the status of LEAs/EIS programs. These categories are:
    - Meets Requirements;
    - Needs Assistance;
    - Needs Intervention; and
    - Needs Substantial Intervention.
- States MUST consider:
    - Performance on compliance indicators;

    - Whether data submitted by LEAs/EIS programs are valid, reliable, and timely;
    - Uncorrected noncompliance from other sources; and
    - Any audit findings.
- In addition, States could also consider:
    - Performance on performance indicators; and
    - Other information.

There is nothing in the IDEA statute or regulations that addresses a timeline for when States must make their annual determinations regarding the performance of the LEAs/EIS programs in their States. However, States need to make the determinations as soon as possible after making their annual report to the public on the performance of each LEA/EIS program.

States must inform each LEA/EIS program of the State's determination regarding that LEA/EIS program. However, the IDEA does not require States to report to the Department or to the public the determinations the State makes regarding the performance of each LEA/EIS program, although States may choose to do so.

The State's public reports of LEA/EIS program performance and its determinations provide valuable data and information to these local programs on how their program compares to the State's targets. States will want to be timely in informing LEAs/EIS programs of their determinations so programs can take actions necessary for improvement. In addition, there may be implications under the State's determinations for the State's award of funds to LEAs/EIS programs so the State would ideally make its determinations before LEA subgrants are issued or funds under subawards or contracts are signed or renewed to EIS programs.

Determinations and Enforcement

As noted above, States must use the same four categories as OSEP in making determinations of the status of local programs. These categories are

- Meets Requirements;
- Needs Assistance;
- Needs Intervention; and
- Needs Substantial Intervention.

Enforcement actions for these categories are described in section 616(e) of the IDEA and also in the Part B regulations at §§300.603 and 300.604. States must use appropriate enforcement actions listed at section 616(e) and in the Part B regulations at §300.600(a) that refers to the actions listed in §300.604. Not all of the enforcement actions included in section 616(e) and §300.604 may be applicable or appropriate for a State in determining the appropriate enforcement actions against specific LEAs/EIS programs. The Part B regulations at §300.600(a) specifically designate the enforcement actions that States must apply after an LEA is determined to "Need Assistance" for two consecutive years, "Need Intervention" for three or more consecutive years or immediately when an LEA is determined to be in "Need of Substantial Intervention."

In other words, when a State determines that an LEA:

- Needs Assistance for two consecutive years, the State must take one or more of the following enforcement actions in §300.604:
  - (a)(1): Advise programs of available sources of technical assistance to address areas on which the program needs assistance; or
  - (a)(3): Identify programs as high risk grantee and imposing conditions on use of funds.
- Needs Intervention for three or more consecutive years, the State must take one or more of the following actions in §300.604:
  - (b)(2)(i): Require the program to prepare or implement a corrective action plan to correct the identified area(s); or
  - (b)(2)(v): Withhold, in whole or in part, further payments to programs.
- Needs Substantial Intervention at any time, the State must take the following enforcement action in §300.604:
  - (c)(2): Withhold, in whole or in part, any Part B funds.

In addition to the minimum enforcement actions noted above, a State also may use any other enforcement mechanisms and actions available to it (such as those included in State rules, regulations, or policies) to enforce the IDEA. For example, a State might advise an LEA/EIS program of available technical assistance on areas on which the program needs assistance after the first year the program is identified as needing assistance, or require more rigorous reporting on the area needing improvement.

Issues and Challenges for the State

States need to consider a number of issues in preparation for making determinations of the status of local programs.

- How can we ensure that the process for making determinations is perceived as fair and equitable?
- How can we develop a determinations process that can be clearly articulated and understood by LEAs/EIS programs?
- Will the decision making process be strictly internal – State staff – or involve stakeholders?
- What is the relationship of the public report and program determination?
- What will serve as the criteria to assign each LEA/EIS program in one of the four determinations categories?
- How will the State take into consideration data that are more recent than the last report to the public? How will the State take into consideration improvement even when programs do not meet the State target?
- How many compliance and results indicators should our State include to achieve a comprehensive process for making determinations?
- What standards are set by the State for determining whether local program data are valid, reliable, and timely?
- What specific criteria will be used, if any, besides those the State must use?
- Whether some outcome indicators have more importance in the State at a particular time?

- Does the State want to inform LEAs/EIS programs of their draft determinations to request feedback?
- Will the State have an appeals process by local programs?
- Should our State include student or system results indicators as well as the required compliance indicators?
- What is the message the State sends to the public if the criteria for making determinations relies solely on program's performance on procedural compliance indicators?
- Will the State consider data from dispute resolutions – complaints, hearings or appeals - as part of the State's criteria?
- How will the State incorporate new indicators into the decision making process in future years?
- To what extent can a State automate the determinations task?
- Does the State intend to report the determinations to the public (recognizing that the State's correspondence informing the LEA/EIS program is likely available to the public through State freedom of information laws)?
- How will the State use the determinations of LEAs/EIS programs to guide or inform the State in whether to revise its SPP improvement activities?
- How are State resources to be allocated for each of the determination levels? For example, how will the State allocate resources for LEAs/EIS programs identified in the needs assistance category?
- States are required to enforce the IDEA by making "determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EIS program under Part C.
- What implications will making determinations have on current resources and allocation of resources?

Involving Stakeholders: State Advisory Panels and State Interagency Coordinating Councils

State leadership—along with meaningful stakeholder involvement—are integral components in developing a determinations process that will be perceived as fair and equitable by LEAs/EIS programs. The functions of the State Advisory Panel (SAP) as described in section 1412(a)(21) of IDEA (Part B) and the State Interagency Coordinating Council (SICC) as described in section 635(a)(10) of IDEA (Part C) provide States with some mechanisms for obtaining stakeholder input and feedback on a wide variety of issues related to establishing a determinations process. As many well know, the role of the State Advisory Panel (SAP) is to advise on rules or regulations proposed by the State in such matters as evaluation and reporting data, the development of corrective action plans, and in policies related to coordinating Part B services provided to children and youth with disabilities. A similar advisory role is shared by the SICC, which must, under IDEA section 641(e)(1)(D), also prepare and submit an annual report to the Governor and the Secretary on the status of early intervention programs operated within the State. As such, both the SAP and the SICC can serve important roles in helping the State identify appropriate criteria in the determinations process.

In some instances, States may have a stakeholder group other than the SAP or SICC that has also assisted in the development of the State Performance Plan (SPP) and Annual

Performance Report (APR) and States may wish to continue the involvement of these stakeholders in developing the State's determinations process under Parts B and C of the IDEA. Even while acknowledging that States will likely involve various types of stakeholder groups to one extent or another, issues will need to be addressed regarding the general nature of their involvement. However, for those States seeking to more actively engage their SAPs and SICCs in decision-making activities, the task of establishing a determinations process appears to be an ideal opportunity for this to occur.

Advantages in obtaining stakeholder input include:

- Involving stakeholders helps to diminish the burden of having only a relative few make decisions that will have widespread impact.
- Involving stakeholders helps to secure "buy-in," particularly from constituencies most likely to question the accuracy and efficacy of the determinations process.
- Involving stakeholders adds "transparency" to the decision-making process.

Nature of Stakeholder Involvement

States will need to consider various issues related to *how* stakeholders will be involved in the development of the determinations process. As indicated previously, one very important thing to consider is the *extent* to which stakeholders will be involved. For example, some States may choose to deliberate internally and perhaps even "field test" various strategies before presenting these options a stakeholder group. In this capacity, the involvement of stakeholders will be largely advisory. In contrast, other States may wish to include stakeholders more directly in the development of the determinations process. In this case, stakeholders are involved from the very beginning in helping with decisions about the "nuts and bolts" of the determinations process. In any event, it is likely that States will select an option most consistent with their historical relationships in working with stakeholders. Irrespective of what approach to involving stakeholders is selected—States will need to consider questions related to the stakeholder process. Several of these questions are indicated below:

- "*To what extent will LEAs/EIS programs be represented as stakeholders?"*—A critical question since LEAs/EIS programs will be most directly impacted by the process the State uses to make determinations.
- *What process will be used to establish a consensus among stakeholders?*—Much of the work involved in setting criteria for determinations will be contingent upon agreement of "decision rules."
- *How will the stakeholder group be facilitated?*—Some States may consider using external facilitation by a person or entity perceived as "fair."

Stakeholders can play an important role in helping the State to develop strategies for the determinations process. As such, it is important for the State to recognize their potential contributions and begin the process of establishing a determinations process by approaching it as a "stakeholders first" attitude. One of the "latest" performance-based methods to support this way of thinking is reflected in the "Performance Prism," a model entirely predicated on the assumption, *Start with stakeholders—not strategies*." Research from Neely, Adams, and Kennery (2002), for example, points out that strategies represent

the “route” you take—the *how* to reach the “final destination”—which, in this case, is developing a fair and equitable approach to making determinations on the performance of LEAs/EIS programs.

Resources and References

- SPP/APR Part C Indicator Overview (http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/nac_materials/c%20indicator%20overview.doc)
- SPP/APR Part B Indicator Overview (http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/nac_materials/b%20indicator%20overview.doc)
- Determinations Summary Report – Part C
- Determinations Summary Report – Part B

Determination FAQs (10/19/06)

What are the Secretary's "Determinations?"
Based on information provided in the SPP, information obtained through monitoring visits and other public information, the Secretary will determine if the State--

- Meets the requirements
- Needs assistance
- Needs intervention
- Needs substantial intervention

What will OSEP consider in making the "Determinations?"

Department will consider all information available at the time of the determinations including:

- History, nature and length of time of any reported noncompliance
- Evidence of correction, including progress toward full compliance
- Information regarding valid and reliable data
- Special conditions
- Compliance agreements
- Audit findings
- Verification or focused monitoring findings

Are States required to make "Determinations?"

Pursuant to 616(a)(1)(C)(i) and 300.600(a), States are required to make "Determinations" annually under 616(d) on the performance of LEAs/EIS programs.

What should States consider in making their "Determinations?"

States MUST consider

- Performance on compliance indicators;
- Whether data submitted by LEAs/EIS programs is valid, reliable, and timely;
- Uncorrected noncompliance from other sources; and
- Any audit findings.

In addition, States could also consider:

- Performance on performance indicators; and
- Other information.

Must States use the same four categories as the Department will use?

- Yes, States must use "Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention."

Is there a deadline for States to make the Determinations for their LEAs or EIS Programs?

- There is nothing in the statute or regulations that addresses a timeline for when States must make Determinations regarding the performance of the LEAs or EIS programs in their States. However, States need to make the Determinations as soon as possible after making their annual report to the public on the performance of each LEA or EIS program. It is important to ensure that LEAs and EIS Programs have time to improve performance prior to the next reporting to the State by each LEA or EIS program and the State's next

Determinations point. In addition, there may be implications for the State's award of funds to LEAs or EIS programs so the State would ideally make its Determinations before grants are issued or contracts are signed or renewed.

Must States report the Determinations of each LEA or EIS Program to the Department and/or the public?

- IDEA does not require States to report to the Department or to the public the Determinations the State makes regarding the performance of each LEA or EIS Program. States, of course, must inform each LEA or EIS Program of the State's Determination regarding that LEA or EIS program.

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

OCT 17 2008

Contact Person	
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OSEP 09-02

TO : Chief State School Officers
Lead Agency Directors

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

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

Introduction

Pursuant to sections 616(d) and 642 of the Individuals with Disabilities Education Act (IDEA), the Department reviews each State's Annual Performance Report (APR) and, based on data provided in the State's APR, information obtained through monitoring visits, including verification visits, and any other public information, determines if the State: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. In making determinations in 2007 and 2008, the Office of Special Education Programs (OSEP) considered, among other factors, whether a State demonstrated substantial compliance on all compliance indicators either through reporting a very high level of performance (generally 95% or better) or correction of noncompliance.[1]

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

[1] For Indicators B-15 and C-9, which measure timely correction of noncompliance, the only way for States to demonstrate substantial compliance is by demonstrating timely correction.

identified in our review of States' FFY 2005 and FFY 2006 APRs about identification and correction of noncompliance and low performance in compliance areas.

Issue 1 –Demonstrating Correction

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

(1) Account for all instances of noncompliance, including noncompliance identified: (a) through the State's on-site monitoring system or other monitoring procedures such as self-assessment; (b) through the review of data collected by the State, including compliance data collected through a State data system; and (c) by the Department;

(2) Identify where (in what local educational agencies (LEAs) or early intervention services (EIS) programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance;[2]

(3) If needed, change, or require each LEA or EIS program to change, policies, procedures and/or practices that contributed to or resulted in noncompliance; and

(4) Determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must be based on the State's review of updated data such as data from subsequent on-site monitoring or data collected through a State data system.

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

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

[2] Please note that while we are not requesting that States provide, in the APR, lists of specific LEAs or EIS programs found out of compliance, we may review documentation of correction that the State required of the LEA or EIS program when we conduct a verification visit or other monitoring activity in a State.

determine the specific nature of the required corrective action, the State must ensure that any noncompliance is corrected as soon as possible, but in no case more than one year from identification.

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

Issue 2 – Factoring Correction into Evaluation of Substantial Compliance

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

(1) We will no longer consider a State to be in substantial compliance relative to a compliance indicator based on evidence of correction of the previous year's noncompliance if the State's current year data for that indicator reflect a very low level of compliance (generally 75% or below); and

(2) We will credit a State with correction relative to a child-specific compliance indicator only if the State confirms that it has addressed each instance of noncompliance identified in the data for an indicator that was reported in the previous year's APR, as well as any noncompliance identified by the Department more than one year previously. The State must specifically report for each compliance indicator whether it has corrected all of the noncompliance identified in its data for that indicator in the prior year's APR as well as that identified by the Department more than one year previously.

For example --

- Reporting correction of noncompliance identified in on-site monitoring findings alone will not be sufficient to demonstrate correction if the data reported in a State's prior year's APR showing noncompliance were collected through the State's data system, and the monitoring findings do not include all of the instances of noncompliance identified through the prior year's data.
- In order to report correction of noncompliance identified in data based on a statewide sample, the State would need to track the noncompliance identified in the sample data reported in its prior year's APR back to the specific LEAs or EIS programs with noncompliance and report correction for those LEAs or EIS programs.

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

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

cc: Part B State Directors

Part C Coordinators

Attachment B

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Enclosure E

Special Conditions

1. **Basis for Requiring Special Conditions**

Pursuant to IDEA section 616(g) of Part B of the Individuals with Disabilities Education Act (IDEA or Part B) and 34 CFR §80.12, the Office of Special Education Programs (OSEP) is designating the District of Columbia (D.C.) as a "high risk" grantee and imposing Special Conditions on the District of Columbia, Office of the State Superintendent of Education's (State's, D.C.'s, or D.C. OSSE's) Federal fiscal year (FFY) 2011 grant awards under IDEA.

The State did not meet the Special Conditions imposed on its FFY 2010 IDEA Part B grant award related to: timely initial evaluations and reevaluations; timely implementation of hearing officer determinations (HODs); timely correction of noncompliance; secondary transition requirements; and early childhood transition requirements. OSEP has imposed Special Conditions related to timely initial evaluations and reevaluations and timely implementation of HODs on D.C.'s IDEA Part B grant award since 2001. These issues were initially identified in the 1998- 2001 Compliance Agreement between D.C. and the U.S. Department of Education. OSEP has imposed Special Conditions on D.C.'s IDEA Part B grant award related to: timely correction of noncompliance since 2005; secondary transition requirements since 2009; and early childhood transition requirements since 2010.

Timely initial evaluations and reevaluations: An initial evaluation that meets the requirements of section 614(a)(1), (b), and (c) of the IDEA and 34 CFR §300.301(c)(1) must be completed for all children with disabilities, and an appropriate placement must be made within the maximum number of days established by the State's policy.[1] See also, section 612(a)(7) of the IDEA. A reevaluation that meets the requirements of section 614(a)(2), (b), and (c) of the IDEA and 34 CFR §300.303 must be completed for each child with a disability no later than 36 months after the date on which

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[1] Section 614(a)(1)(C)(i)(I) of the IDEA and 34 CFR §300.301(c)(1) require that an initial evaluation be conducted within 60 days of receiving parental consent for the evaluation, or, if the State establishes a timeframe within which the evaluation must be conducted, within such timeframe. Section 38-2561.02 of the D.C. Code states that the District of Columbia must "assess or evaluate a student who may have a disability and who may require special education services within 120 days from the date that the student was referred for an evaluation or assessment." Section 3005.2 of Chapter 30 of Title 5 of the D.C. Municipal Regulations states: "The IEP team shall conduct an initial evaluation of a child within a reasonable time of receiving a written referral and parental consent to proceed and within timelines consistent with Federal law and D.C. Code Section 38-2501(a)." (D.C. Code Section 38-2501(a) has been repealed and D.C. Code Section 38-2561.02 now addresses timeliness of evaluations.) Section 3013.1(c) specifies: "The LEA shall ensure that the educational placement decision for a child with a disability is made within timelines consistent with applicable local and Federal law." The State's "Part B Initial Evaluation/Reevaluation Policy," dated March 22, 2010, states: "The LEA must complete an initial evaluation, including the determination of the eligibility of a child suspected of having a disability within 120 calendar days of receiving the written referral." The State's *Notice of Procedural Safeguards, Rights of Parents of Students with Disabilities*, revised January 2011, states: "Under District of Columbia law, the LEA must complete an initial evaluation of a child suspected of having a disability, including the determination of eligibility, within one hundred twenty (120) calendar days of receiving the written referral." The document also states that the 120-day timeframe does not apply to an LEA if: (1) the parent repeatedly fails or refuses to produce the child for evaluation; (2) the parent fails or refuses to respond to a request for consent for the evaluation; or (3) the parent enrolls the child in a school of another LEA after the 120-day timeline has begun, but before the previous LEA has determined whether the child is a child with a disability. This special circumstance only applies if the new LEA is making sufficient progress to ensure a prompt completion of the evaluation, and the parent and the new LEA agree to a specific time when the evaluation will be completed.

the previous evaluation or reevaluation was completed, unless the parent and the local educational agency (LEA) agree that a reevaluation is unnecessary.[2]

D.C. reported 58 percent compliance with timely initial evaluations and 82 percent compliance with timely reevaluations in its May 2, 2011 progress report. Only 14 percent and 43 percent of overdue initial evaluations and reevaluations, respectively, were completed ("the backlog") during the February 2, 2011 through March 31, 2011 reporting period. In addition, D.C. reported that 416 children had not been provided a timely initial evaluation and 180 children had not been provided a timely reevaluation as of March 31, 2011. D.C. continues to demonstrate noncompliance with the requirements in IDEA sections 612(a)(7) and 614(a) through (c) and 34 CFR §§300.301(c)(1) and 300.303.

Timely implementation of HODs: Hearing officer determinations must be implemented within the timeframe prescribed by the hearing officer, or if there is no timeframe prescribed by the hearing officer, within a reasonable timeframe set by the State, as required by section 615(f) and (i) of the IDEA. D.C. reported in its May 2, 2011 progress report that for the February 2, 2011 through March 31, 2011 reporting period, 73 percent of HODs were implemented in a timely manner and 39 percent of the backlog of HODs were implemented. In the State's March 2, 2011 progress report, D.C. reported there were 11 children whose hearing officer determinations had not been implemented at the conclusion of the February 1, 2011 through March 31, 2011 reporting period. D.C. continues to demonstrate noncompliance with the requirements in IDEA section 615(f) and (i).

Timely correction of noncompliance: Section 612(a)(11) of the IDEA and 34 CFR §300.149 require States to ensure that each educational program for children with disabilities administered within the State is under the general supervision of individuals responsible for educational programs for children with disabilities in the State educational agency. Section 616(a)(1)(C) of the IDEA requires States to monitor implementation of Part B by LEAs. The State must have in effect policies and procedures to ensure that it complies with the monitoring and enforcement requirements in 34 CFR §§300.600 through 300.602 and 300.606 through 300.608. See also 20 U.S.C. 1232d(b)(3). In exercising its monitoring responsibilities under §300.600(d), the State must ensure that when it identifies noncompliance with requirements of Part B by LEAs, the noncompliance is corrected as soon as possible, and in no case later than one year after the State's identification of the noncompliance (34 CFR §300.600(e)).

D.C. has provided documentation of its monitoring system, including the *State Monitoring and Compliance Manual (IDEA Part B)*, monitoring tool, copies of monitoring reports, and a log of monitoring activities the State conducted during FFY 2009, and from July 1, 2010 through April 22, 2011. D.C. has demonstrated that it has established a system of general supervision that identifies noncompliance in a timely manner using its different components, including a statewide database, State complaints, due process hearings, on-site monitoring, and LEA self-assessments. In addition, we recognize that D.C. has established policies and procedures for helping to ensure the correction of noncompliance identified through these activities. However, we conclude, and

[2]Section 614(a)(2) of the IDEA and 34 CFR §300.303 require that a reevaluation occur at least once every three years, unless the parents and the LEA agree that a reevaluation is unnecessary. The State's "Part B Initial Evaluation/Reevaluation Policy," dated March 22, 2010, states: "The LEA must hold a reevaluation meeting within three years of the date the previous initial evaluation or reevaluation was completed. The reevaluation meeting must be scheduled in time to allow the IEP team to conduct assessments, if necessary, and to reconvene within three years of the previous eligibility meeting."

the State has acknowledged, that it is not yet able to demonstrate that noncompliance is corrected in a timely manner consistent with IDEA sections 612(a)(11) and 616, 34 CFR §§300.149 and 300.600(e), 20 U.S.C. 1232d(b)(3), and OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02).

Secondary transition: Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually, thereafter, the IEP must include: (1) appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills; and (2) the transition services (including courses of study) needed to assist the child in reaching those goals, as required by section 614(d)(1)(A)(i)(VIII) of the IDEA and 34 CFR §300.320(b). The public agency must invite a child with a disability to attend the child's IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the child and the transition services needed to assist the child in reaching those goals. See 34 CFR §300.321(b)(1). To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, the public agency must invite the representative of any participating agency that is likely to be responsible for providing or paying for transition services. See 34 CFR §300.321(b)(3).

D.C. reported in its FFY 2009 APR and May 2, 2011 progress report that it utilized the secondary transition section of its comprehensive monitoring tool to complete the review of a random sample of IEPs. The monitoring tool incorporates all the components of the required measurement for Indicator 13. D.C. reported under Indicator 13 of its FFY 2009 Annual Performance Report (APR), that three percent of youth aged 16 and above had 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; 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 was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. In its May 2, 2011 progress report, D.C. reported that of the 100 IEPs of youth aged 16 reviewed during the February 2, 2011 through March 31, 2011 reporting period, 12 percent included the required secondary transition content. D.C. continues to demonstrate noncompliance with the secondary transition requirements in IDEA section 614(d)(1)(A)(i)(VIII) and 34 CFR §§300.320(b) and 300.321(b).

Early childhood transition: Children referred by Part C prior to age three, who are found eligible for Part B, must have an IEP developed and implemented by their third birthdays, as required by IDEA section 612(a)(9) and 34 CFR §300.124(b). D.C. reported under Indicator 12 of its FFY 2009 APR that 30.25 percent of children referred by Part C prior to age three, who are found eligible for Part B, have an IEP developed and implemented by their third birthdays. In the State's March 2, 2011 progress report (revised May 12, 2011), D.C. reported that for the period July 1, 2010 through March 31, 2011, 64.3 percent of children who were served in Part C and found eligible for Part B had an IEP developed and implemented by their third birthdays. While these data reflect progress from the previous year, D.C. continues to demonstrate noncompliance with the early childhood transition requirements in IDEA section 612(a)(9) and 34 CFR §300.124(b).

D.C.'s FFY 2009 APR Determination: As a result of D.C.'s compliance data reported for Indicator 12 (early childhood transition) and its longstanding noncompliance with IDEA requirements

related to timely initial evaluations and reevaluations, timely implementation of HODs and timely correction of noncompliance, D.C. received a "needs intervention" determination for the fifth consecutive year. The Department's June 20, 2011 determination letter requires D.C., pursuant to IDEA section 616(e)(2)(B)(i), to submit a corrective action plan (CAP) that is reasonably designed to address each of the areas in which the State needs intervention. In addition to submitting a CAP, pursuant to IDEA section 616(e)(1)(B) and (2)(A), the Department directed D.C. to use $500,000 of its FFY 2011 State-level funds under IDEA section 611(e) to carry out initial evaluations and reevaluations for children who have not been provided a timely initial evaluation or reevaluation (i.e., to reduce the backlog of overdue initial evaluations and reevaluations). The Secretary authorizes D.C. to use the otherwise directed funds for other purposes if the State elects to direct LEAs that demonstrated noncompliance with the requirements to conduct timely initial evaluations and reevaluations, to use $500,000 of their FFY 2011 IDEA Part B funds to reduce the backlog of overdue initial evaluations and reevaluations.

The failure to ensure timely initial evaluations and reevaluations was also factor in the State's FFY 2008 APR determination. Pursuant to IDEA section 616(e)(1)(B) and (2)(A), in its June 3, 2010 determination, the Department directed D.C. to use $500,000 of its FFY 2010 State-level funds under IDEA section 611(e) to address the longstanding noncompliance with the requirements to ensure timely initial evaluations and reevaluations. The FFY 2010 Special Conditions required D.C. to "provide documentation to OSEP that demonstrates that D.C. OSSE has used $500,000 of FFY 2010 State-level funds under IDEA section 611(e) and/or has directed LEAs to use FFY 2010 Part B funds to reduce the backlog." On May 23, 2011, D.C. provided a report on the status of the State's use of $250,000 of its FFY 2010 State-level funds under IDEA section 611(e) and the District of Columbia Public Schools' (DCPS) use of $250,000 of the LEA's FFY 2010 IDEA Part B funds to reduce the backlog of overdue initial evaluations and reevaluations. Based on the information provided in the report, OSEP concludes that D.C. has not yet provided documentation demonstrating that $250,000 of the State's FFY 2010 State-level funds under IDEA section 611(e) and $250,000 of DCPS' FFY 2010 IDEA Part B funds have been used to reduce the backlog. Because D.C. did not provide the required documentation, the Department's June 20, 2011 letter requires D.C. to submit reports that contain specific information on scheduled dates that address D.C.'s use of $250,000 of its FFY 2010 State-level funds under IDEA section 611(e) and $250,000 of DCPS' FFY 2010 IDEA Part B funds to reduce the backlog.

Based on the above, OSEP imposes the following Special Conditions on D.C.'s FFY 2011 IDEA Part B grant award to ensure that D.C. corrects the areas in which the Department has determined the State did not meet the FFY 2010 Special Conditions and the areas that affected the State's needs intervention determination.

2. **Nature of the Special Conditions**

The State must comply with the following Special Conditions:

a. **CAP:** As directed in OSEP's June 20, 2011 FFY 2009 SPP/APR response letter, D.C. must submit a CAP that ensures the State can: (1) demonstrate compliance with the requirement to ensure children referred by Part C prior to age three, who are found eligible for Part B, have an IEP developed and implemented by their third birthdays (IDEA section 612(a)(9) and 34 CFR §300.124(b)); (2) demonstrate that it has a general supervision system that is reasonably designed to effectively correct noncompliance in a timely manner (IDEA sections 612(a)(11) and 616, 34 CFR §§300.149 and 300.600, 20 U.S.C. 1232d(b)(3), and OSEP Memo 09-02); (3)

demonstrate compliance with the requirement to implement HODs in a timely manner (IDEA section 615(f) and (i)); and (4) demonstrate compliance with the requirement to conduct timely initial evaluations and reevaluations (IDEA sections 612(a)(7) and 614(a) through (c) and 34 CFR §§300.301(c)(1) and 300.303). Because D.C. did not meet the Special Condition imposed on its FFY 2010 IDEA Part B grant award related to secondary transition, D.C. must also address in the CAP, how the State can demonstrate compliance with the requirement that IEPs for youth aged 16 and above include required secondary transition content; the student is invited to the IEP Team meeting where transition services are to be discussed; and if appropriate, a representative of any participating agency is invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority (IDEA section 614(d)(1)(A)(i)(VIII) and 34 CFR §§300.320(b) and 300.321(b)).

D.C. must submit its CAP to OSEP by August 1, 2011. The CAP must include: (1) a description of the specific actions the State will take to address each of the five areas specified above; (2) the projected timelines for completing each of the actions; (3) the name of the party responsible for implementing each action; and (4) a description of the evidence D.C. will submit to OSEP to demonstrate that the action has been completed.

b. **CAP Progress Reports**: D.C. must report on the status of implementation of the CAP in accordance with the schedule specified below:

	CAP Progress Report Due Date	**Reporting Period**
First CAP Progress Report	November 1, 2011	April 1, 2011 – September 30, 2011
Second CAP Progress Report	February 1, 2012	October 1, 2011 – December 31, 2011
Third CAP Progress Report	May 1, 2012	January 1, 2012 – March 31, 2012

In addition to reporting on implementation of the CAP, D.C. must also submit the specific data and other information as described below:

(A) Demonstrate compliance with the requirement to conduct timely initial evaluations and reevaluations

With each of the three CAP progress reports, the State must report the following information:

(1) Initial Evaluations

(a) the number of children who, as of the end of the previous reporting period had been referred for, but not provided a timely initial evaluation and placement;

(b) the number or children referred for initial evaluation and placement whose initial evaluation and placement became overdue during the reporting period;

(c) the number of children from (a) and (b) above, who were provided initial evaluations and placements during the reporting period;

(d) the number of children who had not been provided a timely initial evaluation and placement at the conclusion of the reporting period;

(e) the average number of days the initial evaluations and placements that had not been provided in a timely manner were overdue;

(f) the percent of initial evaluations and placements provided to children with disabilities whose initial evaluation deadlines fell within the reporting period that were conducted in a timely manner;

(g) the percent of children (a) who, as of the end of the previous reporting period had not been provided a timely initial evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, that were provided initial evaluations and placements during the reporting period. (To calculate the percentage use data reported above in (A)(1): (c) divided by (a) + (b) times 100); and

(h) the reasons for the delays in conducting initial evaluations in a timely manner and a description of the actions the State is taking to address the noncompliance.

(2) Reevaluations

(a) the number of children who, as of the end of the previous reporting period had not been provided a timely triennial reevaluation;

(b) the number of children whose triennial reevaluation became overdue during the reporting period;

(c) the number of children from (a) and (b) above, who had been provided triennial reevaluations during the reporting period;

(d) the number of children who had not been provided a timely triennial reevaluation at the conclusion of the reporting period;

(e) the average number of days the triennial reevaluations that had not been provided in a timely manner were overdue;

(f) the percent of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period that were conducted in a timely manner;

(g) the percent of children (a) who, as of the end of the previous reporting period had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, that were provided triennial reevaluations during the reporting period. (To calculate the percentage, use the data reported above in (A)(2): (c) divided by (a) + (b) times 100); and

(h) the reasons for the delays in conducting reevaluations in a timely manner and a description of the actions the State is taking to address the noncompliance.

(B) Demonstrate compliance with the requirement to implement HODs in a timely manner[3]

(1) With each of the three CAP progress reports, the State must report the following information:

(a) the number of children whose HODs, as of the end of the previous reporting period had not been implemented within the timeframe established by the hearing officer or by the State;

(b) the number of children whose HODs had not been implemented within the timeframe established by the hearing officer or by the State (became overdue) during the reporting period;

(c) the number of children from (a) and (b) whose HODs were implemented during the reporting period;

(d) the number of children whose HODs had not been implemented in a timely manner at the conclusion of the reporting period;

(e) the percent of HODs that were implemented in a timely manner during the reporting period;

(f) the percent of children whose HODs, as of the end of the previous reporting period), had not been implemented within the required timeframe (backlog) and whose HODs had not been implemented within the required timeframe during the reporting period that had HODs implemented during the reporting period. (To calculate the percentage, use data reported in (B)(1) above: (c) divided by (a) + (b) times 100); and

(g) the reasons for the delays in implementing HODs in a timely manner and a description of the actions the State is taking to address the noncompliance.

(C) Demonstrate that the State has a general supervision system that is reasonably designed to effectively correct noncompliance in a timely manner

(1) With the first CAP progress report, due November 1, 2011, D.C. must provide the information specified below:

(a) the number of findings of noncompliance D.C. made during FFY 2009 (July 1, 2009 through June 30, 2010);

(b) the number of findings included in (C)(1)(a) for which the State verified the noncompliance was corrected as soon as possible and in no case later than one year after the State's identification of the noncompliance;

(c) the number of findings included in (C)(1)(a) for which the State verified the noncompliance was corrected more than one year after the State's identification of the noncompliance (i.e., "subsequent correction");

(d) a description of the actions taken to verify the correction of noncompliance to ensure that each LEA with noncompliance: (1) is correctly implementing the

[3] For purposes of the FFY 2011 Special Conditions, "hearing officer determinations" does not include settlement agreements and the data are calculated on a per child basis, not per HOD in cases where the same child has more than one HOD.

specific regulatory requirements (i.e., achieved 100 percent 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 Memo 09-02; and

(e) a description of the actions the State has taken to address any remaining findings of noncompliance reported in (D)(1)(a) that were not corrected.

(2) In lieu of providing data with the second CAP progress report, due February 1, 2012, D.C. must report FFY 2010 actual target data for Indicator 15 (identification and correction of noncompliance) consistent with the required measurement and instructions in its FFY 2010 APR, due February 1, 2012. D.C. must also address all of the issues related to Indicator 15 identified in OSEP's June 20, 2011 response to the State's FFY 2009 SPP/APR submission.

(3) With its third CAP progress report, due May 1, 2012, D.C. must provide the information specified below:

(a) the number of findings of noncompliance D.C. made during FFY 2010 (July 1, 2010 through June 30, 2011);

(b) the number of findings included in (C)(3)(a) for which the State verified the noncompliance was corrected as soon as possible and in no case later than one year after the State's identification of the noncompliance;

(c) the number of findings included in (C)(3)(a) for which the State verified the noncompliance was corrected more than one year after the State's identification of the noncompliance (i.e., "subsequent correction");

(d) the number of findings reported in (C)(3)(a) for which the one year timeline for correction has not yet expired;

(e) a description of the actions taken to verify the correction of noncompliance to ensure that each LEA with noncompliance: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100 percent 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 Memo 09-02; and

(f) a description of the actions the State has taken to address any findings of noncompliance reported in (C)(3)(a) that were not corrected within one year of the State's identification of the noncompliance.

(D) <u>Demonstrate compliance with secondary transition requirements</u>

For each of the three CAP reporting periods, D.C. must:

(1) select a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary content during the reporting period;

(2) report, of the student records reviewed, consistent with the required measurement for Indicator 13, the number and percent of youth 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 was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority; and

(3) provide an explanation of the progress or slippage that occurred for the reporting period and a description of the actions the State is taking to address any noncompliance with secondary transition requirements.

(E) Demonstrate compliance with early childhood transition requirements

(1) With its first CAP progress report, due November 1, 2011, D.C. must provide a preliminary report of the State's FFY 2010 (July 1, 2010 through June 30, 2011) actual target data for Indicator 12. The State's preliminary data must be reported consistent with the required measurement and instructions for the FFY 2010 SPP/APR submission. This includes reporting the range of days beyond the third birthday when eligibility was determined and the IEP developed and the reasons for the delays.

(2) With its second CAP progress report, due February 1, 2012, D.C. must report the percent of children referred by Part C prior to age three, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays for the period July 1, 2011 through December 31, 2011. D.C. must also indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed and the reasons for the delays.

(3) With its third CAP progress report, due May 1, 2012, D.C. must report the percent of children referred by Part C prior to age three, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays for the period January 1, 2012 through March 31, 2012. D.C. must also indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed and the reasons for the delays.

c. **Directed Use of State-Level IDEA Section 611(e) Funds:** As directed in OSEP's June 20, 2011 FFY 2009 SPP/APR response letter, D.C. must use $500,000 of its FFY 2011 State-level funds under IDEA section 611(e) to carry out initial evaluations and reevaluations for children who have not been provided a timely initial evaluation or reevaluation (i.e., to reduce the backlog of overdue initial evaluations and reevaluations). The Secretary authorizes D.C. to use the otherwise directed funds for other purposes if D.C. elects to direct LEAs that demonstrated noncompliance with the requirements to conduct timely initial evaluations and reevaluations, to use $500,000 of their FFY 2011 Part B funds to reduce the backlog of overdue initial evaluations and reevaluations.

To ensure that D.C. can reduce the backlog of overdue initial evaluations and reevaluations within one year, D.C. must accelerate the implementation of corrective measures and expedite

the use of the directed FFY 2011 IDEA Part B funds. Based on the following timeline, the Department requires D.C. to ensure that $500,000 of its FFY 2011 IDEA Part B funds are used by July 1, 2012. D.C. must also report on the State's use of $250,000 of FFY 2010 State-level funds under IDEA section 611(e) and the $250,000 of DCPS' FFY 2010 IDEA Part B funds to reduce the backlog as specified below:[4]

1. On August 1, 2011, D.C. must report whether it intends to: (1) use $500,000 of its FFY 2011 State-level funds under IDEA section 611(e) to carry out initial evaluations and reevaluations for children who have not been provided a timely initial evaluation or reevaluation (i.e., to reduce the backlog of overdue initial evaluations and reevaluations); (2) direct those LEA(s) that demonstrated noncompliance with the requirements to conduct timely initial evaluations and reevaluations to use $500,000 of their FFY 2011 IDEA Part B funds to reduce the backlog of overdue initial evaluations and reevaluations; or (3) use a portion of its FFY 2011 State-level funds, and direct those LEA(s) that demonstrated noncompliance with the requirements to conduct timely initial evaluations and reevaluations to use a portion of their FFY 2011 IDEA Part B funds, to reduce the backlog of overdue initial evaluations and reevaluations (the combined amount of State-level and LEA-level FFY 2011 IDEA Part B funds must total $500,000).

   In addition, with its August 1, 2011 report, D.C. must provide a proposed spending plan on how the FFY 2011 State-level funds under IDEA section 611(e) will be used by July 1, 2012 to reduce the backlog of overdue initial evaluations and reevaluations. The proposed spending plan must include: (1) the activities that will be carried out with these funds; (2) the costs associated with each of the activities; (3) a projected timeline for using the funds to pay the costs associated with each of the activities that demonstrates that the funds will be used by July 1, 2012; and (4) an explanation of how the activities will result in the reduction of the backlog. D.C. must also describe the documentation that it will provide to demonstrate that it has used: (1) $250,000 of its FFY 2010 State-level funds under IDEA section 611(e) and $250,000 of DCPS' FFY 2010 IDEA Part B funds to reduce the backlog; and (2) $500,000 of its FFY 2011 State-level funds under IDEA section 611(e), and/or the portion of FFY 2011 IDEA Part B funds it has directed LEA(s) to use, to carry out the activities described in the State's and/or LEA's spending plan.

2. On November 1, 2011, D.C. must provide evidence it has directed the use of funds, as appropriate, and submit a proposed spending plan that includes the four components described above for the State-level spending plan for any LEA(s) directed to use FFY 2011 IDEA Part B funds to reduce the backlog. D.C. must also provide: (1) the amount of the $250,000 of FFY 2010 State-level funds under IDEA section 611(e) and the $250,000 of DCPS' FFY 2010 IDEA Part B funds that were used from July 1, 2010 through September 30, 2011 to reduce the backlog; (2) documentation that the State and DCPS used those FFY 2010 IDEA Part B funds to reduce the backlog; (3) the amount of the State's and/or LEA's FFY 2011 IDEA Part B funds that were used from July 1, 2011 through September 30, 2011 to carry out the activities described in the State's and/or LEA's spending plan; and (4) documentation that the State and/or LEA used those FFY

[4] OSEP will use the State-reported data required in section b. (A) of these Special Conditions when determining whether the State meets the benchmark targets for reducing the backlog of initial evaluations and reevaluations.

2011 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan.[5] The State must demonstrate that it has: (1) reduced the number of children with overdue initial evaluations reported in the State's May 2, 2011 progress report by 25 percent; and (2) reduced the number of children with overdue reevaluations reported in the State's May 2, 2011 progress report by 25 percent.[6]

3. On February 1, 2012, D.C. must provide: (1) the amount of the $250,000 of FFY 2010 State-level funds under IDEA section 611(e) and the $250,000 of DCPS' FFY 2010 IDEA Part B funds that were used from October 1, 2011 through December 31, 2011 to reduce the backlog; (2) documentation that the State and DCPS used those FFY 2010 IDEA Part B funds to reduce the backlog; (3) the amount of the State's and/or LEA's FFY 2011 IDEA Part B funds that were used from October 1, 2011 through December 31, 2011 to carry out the activities described in the State's and/or LEA's spending plan; and (4) documentation that the State and/or LEA used those FFY 2011 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan. The State must demonstrate that it has: (1) reduced the number of children with overdue initial evaluations reported in the State's November 1, 2011 progress report by 50 percent; and (2) reduced the number of children with overdue reevaluations reported in the State's November 1, 2011 progress report by 50 percent.

4. On May 1, 2012, D.C. must provide: (1) the amount of the $250,000 of FFY 2010 State-level funds under IDEA section 611(e) and the $250,000 of DCPS' FFY 2010 IDEA Part B funds that were used from January 1, 2012 through March 31, 2012 to reduce the backlog; (2) documentation that the State and DCPS used those FFY 2010 IDEA Part B funds to reduce the backlog; (3) the amount of the State's and/or LEA's FFY 2011 IDEA Part B funds that were used from January 1, 2012 through March 31, 2012 to carry out the activities described in the State's and/or LEA's spending plan; and (4) documentation that the State and/or LEA used those FFY 2011 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan. The State must demonstrate that it has: (1) reduced the number of children with overdue initial evaluations reported in the State's February 1, 2012 progress report by 75 percent; and (2) reduced the number of children with overdue reevaluations reported in the State's February 1, 2012 progress report by 75 percent.

5. On August 1, 2012, D.C. must provide: (1) the amount of the $250,000 of FFY 2010 State-level funds under IDEA section 611(e) and the $250,000 of DCPS' FFY 2010 IDEA Part B funds that were used from April 1, 2012 through June 30, 2012 to reduce the backlog; (2) documentation that the State and DCPS used those FFY 2010 IDEA Part B funds to reduce the backlog; (3) the amount of the State's and/or LEA's FFY 2011 IDEA Part B funds that were used from April 1, 2012 through June 30, 2012 to carry out the activities described in the State's and/or LEA's spending plan; and (4) documentation that the State and/or LEA used those FFY 2011 IDEA Part B funds in a manner consistent with the State's and/or LEA's spending plan. The State must demonstrate that it has: (1)

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[5] In the event that the Department determines that D.C. and DCPS have fulfilled the requirement to use the FFY 2010 IDEA Part B funds, the Department shall notify D.C. that it is no longer necessary to report on the use of those funds. The Department expects that D.C. and DCPS will use these funds as soon as possible, and in no case later than July 1, 2012.

[6] OSEP will take into consideration D.C.'s submission of amended data to allow for "late data entry or data correction adjustments," as appropriate.

reduced the number of children with overdue initial evaluations reported in the State's May 1, 2012 progress report by 95 percent or more; and (2) reduced the number of children with overdue reevaluations reported in the State's May 1, 2012 progress report by 95 percent or more.[7]

d. **FFY 2010 SPP/APR**: D.C. must submit its FFY 2010 SPP/APR to OSEP, due February 1, 2012. D.C. must report consistent with the required measurement and instructions, FFY 2010 data for all indicators and must address all issues identified in OSEP's June 20, 2011 response to the State's FFY 2009 SPP/APR submission.

3. **Evidence Necessary for Conditions to be Removed**

The Department will remove these Special Conditions if, at any time prior to the expiration of the FFY 2011 grant year, the State provides documentation, satisfactory to the Department, that it has fully met the requirements and conditions set forth above.

4. **Method of Requesting Reconsideration**

The State can write to OSEP's Director, Dr. Melody Musgrove, if it wishes the Department to reconsider any aspect of these Special Conditions. The request must describe in detail the changes to the Special Conditions sought by the State and the reasons for those requested changes.

5. **Submission of Reports**

D.C. must submit all reports required under these Special Conditions to:

Lisa M. Pagano
U.S. Department of Education
Office of Special Education and Rehabilitative Services
Office of Special Education Programs-MSIP
550 12th Street, S.W., Room 4174
Washington, D.C. 20202 or by e-mail to: lisa.pagano@ed.gov

[7] OSEP recognizes that the August 1, 2012 due date for reporting this information occurs after the FFY 2011 grant period (July 1, 2011 through June 30, 2012). However, since the data required for the August 1, 2012 progress report are based on activities carried out during FFY 2011, we are including this reporting requirement in these Special Conditions. When reporting on August 1, 2012, D.C. must provide the data required in section b. (A) for the period of April 1, 2012 through June 30, 2012.

Division of Special Education
Monitoring and Compliance Unit

Pre-Site Monitoring Visit Agenda

8:30 – 8:45 **Welcome/Introductions**

8:45 – 9:00 **Purpose of Visit**

9:00 – 9:30 **Visit Process/Agenda**

- **Agenda**
- **Record Review**
  - **Space needed**
  - **Student files**
- **Interviews**
  - **Space needed**
  - **Focus groups**
  - **List of teachers and students**
  - **Parent release form**
- **Debrief**

9:30 – 10:00 **Review Data**

10:00 – 10:30 **Questions/Next Steps**

Office of the
State Superintendent of Education

Department of Special Education
Office of Quality Assurance & Monitoring

On-Site Monitoring Visit Agenda

DAY 1: [Date]

8:30 – 9:00 Overview of On Site Monitoring Visit

A. Introductions
B. Review agenda
C. Schedule adjustments

9:00 – 12:00 Record Reviews

12:00 – 1:00 Lunch Break

1:00 – 4:30 Record Reviews (cont.)

4:30 – 5:00 Debrief

A. Overall impressions
B. Review interview schedule

DAY 2: [Date]

8:30 – 9:00 Review Agenda

9:00 – 12:00 Interviews

A. Administrator(s)
B. Related Service Providers
C. Special Education Teachers
D. General Education Teachers
E. Special Education Coordinator
F. Students
G. Parents
H. Budget Administrator/Fiscal Director

12:00 – 1:00 Lunch Break

1:00 – 4:00 Interviews (cont.)

4:00 – 5:00 Exit Conference

810 First Street, NE, 5th Floor, Washington, DC 20002
Phone: 202.741.6412 • Fax: 202.741.0227 • www.osse.dc.gov

Attachment C

UNITED STATES DEPARTMENT OF EDUCATION

OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

OCT 17 2008

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

OSEP 09-02

TO : Chief State School Officers
Lead Agency Directors

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

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

Introduction

Pursuant to sections 616(d) and 642 of the Individuals with Disabilities Education Act (IDEA), the Department reviews each State's Annual Performance Report (APR) and, based on data provided in the State's APR, information obtained through monitoring visits, including verification visits, and any other public information, determines if the State: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. In making determinations in 2007 and 2008, the Office of Special Education Programs (OSEP) considered, among other factors, whether a State demonstrated substantial compliance on all compliance indicators either through reporting a very high level of performance (generally 95% or better) or correction of noncompliance.[1]

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

[1] For Indicators B-15 and C-9, which measure timely correction of noncompliance, the only way for States to demonstrate substantial compliance is by demonstrating timely correction.

identified in our review of States' FFY 2005 and FFY 2006 APRs about identification and correction of noncompliance and low performance in compliance areas.

Issue 1 –Demonstrating Correction

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

(1) Account for all instances of noncompliance, including noncompliance identified: (a) through the State's on-site monitoring system or other monitoring procedures such as self-assessment; (b) through the review of data collected by the State, including compliance data collected through a State data system; and (c) by the Department;

(2) Identify where (in what local educational agencies (LEAs) or early intervention services (EIS) programs) noncompliance occurred, the percentage level of noncompliance in each of those sites, and the root cause(s) of the noncompliance;[2]

(3) If needed, change, or require each LEA or EIS program to change, policies, procedures and/or practices that contributed to or resulted in noncompliance; and

(4) Determine, in each LEA or EIS program with identified noncompliance, that the LEA or EIS program is correctly implementing the specific regulatory requirement(s). This must be based on the State's review of updated data such as data from subsequent on-site monitoring or data collected through a State data system.

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

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

[2] Please note that while we are not requesting that States provide, in the APR, lists of specific LEAs or EIS programs found out of compliance, we may review documentation of correction that the State required of the LEA or EIS program when we conduct a verification visit or other monitoring activity in a State.

determine the specific nature of the required corrective action, the State must ensure that any noncompliance is corrected as soon as possible, but in no case more than one year from identification.

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

Issue 2 – Factoring Correction into Evaluation of Substantial Compliance

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

(1) We will no longer consider a State to be in substantial compliance relative to a compliance indicator based on evidence of correction of the previous year's noncompliance if the State's current year data for that indicator reflect a very low level of compliance (generally 75% or below); and

(2) We will credit a State with correction relative to a child-specific compliance indicator only if the State confirms that it has addressed each instance of noncompliance identified in the data for an indicator that was reported in the previous year's APR, as well as any noncompliance identified by the Department more than one year previously. The State must specifically report for each compliance indicator whether it has corrected all of the noncompliance identified in its data for that indicator in the prior year's APR as well as that identified by the Department more than one year previously.

For example --

- Reporting correction of noncompliance identified in on-site monitoring findings alone will not be sufficient to demonstrate correction if the data reported in a State's prior year's APR showing noncompliance were collected through the State's data system, and the monitoring findings do not include all of the instances of noncompliance identified through the prior year's data.
- In order to report correction of noncompliance identified in data based on a statewide sample, the State would need to track the noncompliance identified in the sample data reported in its prior year's APR back to the specific LEAs or EIS programs with noncompliance and report correction for those LEAs or EIS programs.

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

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

cc: Part B State Directors

Part C Coordinators

OSSE Compliance Monitoring File Review (3/9/2010)

LEA Name	School Name	Teacher Name
Student Name	Student ID	Date of Birth
Record Review Completed by	Date of Record Review	Age group: ☐ 3-5 ☐ K-15 ☐ 15+ ☐ 18+

Item # Regulation/ Authority	Item Text	Response Criteria	Y	N	NA	Corrective Actions: Student Level and LEA Level
C2B -1 §300.124(c)	The LEA attended the transition planning conference.	**Yes =** There is documentation that the LEA attended the transition planning conference. **No =** There is no documentation that the LEA attended the transition planning conference. **NA =** Student is not in early childhood special education and/or did not transfer from Part C.				**Student Level:** Not correctable at student level. **LEA Level:** LEA special education administrator(s) must receive technical assistance in procedures and requirements for C to B transition planning conferences.
C2B -2 §300.106(a)(2)	Early childhood transition ESY was considered at the IEP meeting.	**Yes =** There is documentation in the IEP that the team considered ESY services. **No** = There is NO documentation in the IEP that the team considered ESY services. **NA =** Student is not in early childhood special education and/or did not transfer from Part C.				**Student Level:** Reconvene IEP team to consider ESY. **LEA Level:** LEA special education administrator(s) must receive technical assistance in procedures and requirements for C to B transition planning conferences. Pull next 10 (or all within next 6 months) files to determine if ESY was considered during IEP meeting.

Ask IEV items only of students on their initial IEP. For reeval students, skip to REV-1.						
IEV - 1 §300.503(a)(1)	Prior written notice was provided upon initial referral or parent request for evaluation.	**Yes =** Copy of prior written notice is in the file. **No =** Copy of prior written notice was NOT in the file.				**Student Level:** Not correctable at the student level. **LEA Level:** Review, and update if required, policy / procedures for evidence of maintaining necessary documentation in IEP files. Provide documentation of above to OSSE.
IEV - 2 §300.504(a)(1)	Upon initial referral, or parent request for evaluation, parents were provided procedural safeguards.	**Yes =** There is documentation in the file that demonstrates that the parent received a copy of procedural safeguards at initial referral. **No =** There is NO documentation in the file that demonstrates that the parent received a copy of procedural safeguards at initial referral. .				**Student Level:** Provide a copy of procedural safeguards to parents. **LEA Level:** Randomly select 10 additional files (initial IEPs) and document that procedural safeguards were provided in all cases. If not, provide copies of procedural safeguards to all parents of students who received initial evaluation in the past 12 months. Provide documentation of above to OSSE.
IEV - 3 §300.300(a)	Parental consent obtained prior to conducting initial evaluation.	**Yes =** Signed consent form on file AND signature date was prior to initial evaluation. **No =** No signed consent form in file OR consent form had signature date after initial evaluation.				**Student Level:** Not correctable at the student level. **LEA Level**: Pull 10 random files to determine if consent was contained prior to reevaluation. Provide evidence to OSSE of files meeting requirements.
IEV - 4 §300.306(c)	A variety of sources were used to determine initial eligibility.	**Yes =** Documentation from at least two sources: • Review of existing evaluation data, • Observations (classroom based, teacher and related service providers), • Current classroom, local or state assessment(s), AND • Evaluation and input from parents. **No =** Documentation does NOT exist that supports two or more data sources were used to determine eligibility.				**Student Level:** Using multiple and appropriate sources, reconvene the IEP team to re-determine eligibility and the educational needs of the student. **LEA Level:** Conduct training of LEA personnel on eligibility determination and correct eligibility determination procedures. Review next 10 (or if less than 10 within six months, review all) initial eligibility files for correct

						eligibility determination process and sources for eligibility determination. Provide evidence to OSSE of files meeting requirements.
REV items only of students on a "re-eval" IEP. For initial eval students, skip to IEP-1.						
REV - 1 §300. 503	Prior written notice was provided to parent upon request for reevaluation.	**Yes =** Documentation of prior written notice upon parent request for evaluation. **No =** No documentation of prior written notice upon parent request for evaluation.				**Student Level:** Not correctable at the student level. **LEA Level:** Conduct training regarding the requirements for prior written notice. Provide documentation of above to OSSE.
REV - 2 §300.300(c)(1)	Parent consent obtained prior to conducting reevaluation.	**Yes =** Signed consent form in file. **No =** No signed consent form in file.				**Student Level:** Not correctable at the student level. **LEA Level:** Pull 10 random files to determine if consent was contained prior to reevaluation. Provide evidence to OSSE of files meeting requirements.
REV – 3 §300.305	IEP team reviewed existing data to determine continued eligibility.	**Yes =** Documentation that IEP team reviewed: • Evaluations, • Information by the parents, • Current assessments, • Classroom observations, AND • Observations by teachers and related services providers. **No =** Documentation does NOT exist that supports that data was reviewed.				**Student Level:** Using multiple and appropriate sources, reconvene the IEP team to re-determine eligibility and the educational needs of the student. **LEA Level:** Conduct training of LEA personnel on eligibility determination and correct eligibility determination procedures.
REV – 4 §300.306(c)	A variety of sources were used to determine continued eligibility.	**Yes =** Documentation from at least two sources: • Aptitude and achievement tests, • Parent input, • Teacher recommendations, • Child's physical condition, • Child's background, • Adaptive behavior. **No =** Documentation does NOT exist that supports two or more data sources were used to determine eligibility.				**Student Level:** Using multiple and appropriate sources, reconvene the IEP team to re-determine eligibility and the educational needs of the student. **LEA Level:** Conduct training of LEA personnel on eligibility determination and correct eligibility determination procedures.

IEP – 1 §300.322(a)	Parent was invited to IEP meeting.	**Yes =** A copy of the invitation to parent was in the file. **No =** A copy of the invitation to parent was NOT in the file. **NA =** Student 18 or over and rights have transferred.				**Student Level:** Reconvene IEP meeting and invite parents. **LEA Level:** Randomly select 10 files for evidence of parent invitation to IEP meeting. Provide evidence to OSSE of files meeting requirements.
IEP – 2 §300.321(a)	Required participants were ***invited*** to the IEP meeting.	**Yes =** The IEP file contains evidence that ALL required participants were invited at least 10 calendar days prior to the meeting date. All participants include: • student (as appropriate), • qualified personnel to interpret evaluations, • general education teacher, • special education teacher, AND • LEA designee **No =** All required participants were NOT invited.				**Student Level:** Not correctable at the student level. **LEA Level:** LEA special education administrator(s) must review, revise and align (if necessary) IEP attendance policies and procedures to determine if they are consistent with Federal law. Provide documentation of the review to OSSE.
IEP – 3 §300.321(a) §300.321(e)	General education teacher ***attended*** the IEP meeting.	**Yes:** If appropriate, the general education teacher was in attendance or agreement indicating excusal AND there is written evidence of general education teacher input. **No:** The general education teacher was required but NOT in attendance AND written input from general education teacher was NOT evident. (Even if excusal exists.)				**Student Level:** Not correctable at the student level. **LEA Level:** Randomly select 10 files for evidence of general education teacher attendance at IEP meeting. LEA special education administrator(s) must review, revise and align (if necessary) IEP attendance policies and procedures to determine if they are consistent with Federal law. Provide documentation of the above to OSSE.
IEP – 4 §300.321(a)	Special education teacher ***attended*** the IEP meeting.	**Yes:** If appropriate, the special education teacher was in attendance or agreement indicating excusal (by both LEA and parent) AND there is written evidence of special education teacher input. **No:** The special education teacher was required but NOT in attendance AND written input from special education teacher was NOT provided. (Even if excusal exists.)				**Student Level:** Not correctable at the student level. **LEA Level:** Randomly select 10 files for evidence of special education teacher attendance at IEP meeting. LEA special education administrator(s) must review, revise and align (if necessary) IEP attendance policies and procedures to determine if they are consistent with federal law.

						Provide documentation of the above to OSSE.
IEP – 5 §300.321(a)	The LEA designee ***attended*** the IEP meeting.	**Yes:** If appropriate, the LEA designee was in attendance or agreement indicating excusal (by both LEA and parent) AND there is written evidence of LEA designee input. **No:** The LEA designee was required but NOT in attendance AND written input from LEA designee was NOT provided. (Even if excusal exists.)				**Student Level:** Not correctable at the student level. **LEA Level:** Randomly select 10 files for evidence of special education teacher attendance at IEP meeting. LEA special education administrator(s) must review, revise and align (if necessary) IEP attendance policies and procedures to determine if they are consistent with Federal law. Provide documentation of the above to OSSE.
IEP – 6 §300.321(a)	Person(s) familiar with tests and other assessments conducted as part of the most recent evaluation, who can interpret instructional implications, participated in the IEP meeting.	**Yes:** The person(s) familiar with tests and other assessments was in attendance or agreement indicating excusal (by both LEA and parent) AND there is written evidence of person(s) familiar with tests and other assessments input. **No:** The person(s) familiar with tests and other assessments was NOT in attendance AND written input was NOT provided. (Even if excusal exists.) **NA =** Initial evaluation or reevaluation was not discussed at the IEP meeting.				**Student Level:** Reconvene the IEP meeting with attendance from person(s) familiar with tests and other assessments. **LEA Level:** LEA special education administrator(s) must review, revise and align (if necessary) IEP attendance policies and procedures to determine if they are consistent with Federal law. Provide documentation of the above to OSSE.
IEP – 7 §300.320(a)(2)(i)	The IEP contains a statement of measurable annual goals.	**Yes:** IEP contains goals that are measureable. **No:** The IEP does NOT contain goal(s) OR goal(s) not measureable.				**Student Level:** Reconvene the IEP meeting to develop measureable goals. **LEA Level:** Randomly select 10 files for evidence of measureable IEP goals. Provide documentation of the above to OSSE.
IEP – 8 §300.320(a)(3)(i)	Student's file contains progress data relative to annual goals and objectives.	**Yes:** Student progress data are present in file. **No:** Student progress data are NOT present in file.				**Student Level**: Collect and file student progress data relative to annual goals and objectives. **LEA Level:** Train school personnel on collecting student progress data. Provide documentation of the above to OSSE.

IEP – 9 §300.106	File contains evidence that ESY was considered.	**Yes:** The IEP documents that ESY services were considered. **No:** The IEP does NOT document ESY services were considered.				**Student Level:** Reconvene IEP team to consider ESY. **LEA Level:** Train special education personnel on ESY services and ESY consideration. Randomly select 10 files for evidence of ESY consideration. Provide documentation of the above to OSSE.
IEP – 10 §300.320(a)(1)	IEP documents a PLAAFP that states how disability affects involvement in general curriculum (6-21) or how the disability affects student's involvement in appropriate activities (3-5).	**Yes:** How disability affects involvement or impact of disability on involvement in age appropriate activities is documented in IEP. **No**: How disability affects involvement or impact of disability on involvement in age appropriate activities is NOT documented in IEP.				**Student Level:** Reconvene IEP meeting and correct component of the IEP. **LEA Level:** Train special education personnel and other appropriate staff on completing PLAAFP. Provide documentation of the above to OSSE.
IEP – 11 §300.321(b)(2)	The IEP includes documentation that the student's preferences and interests were considered.	**Yes =** Documentation is present in IEP. **No** = Documentation is NOT present in IEP. NA = Student attended IEP meeting.				**Student Level:** In student's next annual IEP, include documentation of student's preferences and interests. **LEA Level:** Train LEA personnel on how to identify and document student preferences and interests. Provide documentation of the above to OSSE.
IEP – 12 §300.520(a)(1) §300.320(c)	At least one year before the student turned 18, the student and parent was informed that rights would transfer at age 18.	**Yes** = Documentation of transfer of rights found in IEP file. **No =** No documentation of transfer of rights found in IEP file. **NA =** Student under age 17 and transfer of rights not yet occurred.				**Student Level:** Obtain and file documentation of notification to student. **LEA Level:** LEA must develop plan for notifying parents and students of the transfer of student rights. Provide documentation of the above to OSSE.
LRE - 1 §300.116 (b)(2)	The student's placement is based on his/her IEP.	**Yes** = There is a clear alignment between the student's IEP and the student's placement. **No =** The student's IEP does not justify the student's placement. **NA =** In the past year, the student's placement was				**Student Level:** Reconvene IEP team within 30 days of report and determine appropriate placement. **LEA Level:** LEA must develop plan to review continuum of services when considering student placement.

		determined through an HOD.				Provide documentation of the above to OSSE.
Has student been removed from the regular education environment?		**If Yes** = Continue with LRE - 2. **If No** = Skip to DSP - 1				
LRE - 2 §300.114 (a)(2)(ii)	After eligibility determination, appropriate supplemental aids and services were used before removing the student from the regular education environment.	**Yes**= The IEP documents that supplemental aids and services were used in the regular education environment before removing the student from the regular educational environment. **No**= The IEP does NOT clearly document the use of supplementary aids and services prior to removing the student from the regular educational environment OR the IEP documents inappropriate aids and services.				**Student Level:** Reconvene IEP team to consider a less restrictive environment with appropriate supplemental aids and services. **LEA Level:** LEA /school staff must receive technical assistance regarding implementing supplementary aids and services in the regular educational environment. Provide documentation of the above to OSSE.
LRE - 4 §300.116(b)	The student's placement was determined annually.	**Yes** = 365 days or less have passed since the last IEP was written. **No** = More than 365 days have passed since the last IEP was written.				**Student Level:** Convene IEP team within 30 days of report. **LEA Level:** LEA must develop plan for scheduling timely IEPs. Provide documentation of the above to OSSE.
LRE - 5 §300.116(d)	In selecting the LRE, there was consideration of any harmful effects on the student or on the quality of services needed.	**Yes** = The IEP file contains documentation that the IEP team considered harmful effects on the student or on the quality of services. **No** = The IEP file does NOT contain documentation that harmful effects were considered by the IEP team. **NA =** In the past year, the student's placement was determined through an HOD OR student placement is regular classroom.				**Student Level:** In student's next annual IEP, justification for removal must include documentation of the consideration of harmful effects on student or on quality of services student needs. **LEA Level:** Review next 10 IEPs (or if less than 10, review all) for documentation of consideration of harmful effects or quality of services. (Documentation to be included in justification section on LRE page of IEP.) Provide documentation of the above to OSSE.
DIS - 1 §300.530(d)	Student received educational services after removal of more than 10 days in the same school year.	**Yes =** File contains documentation that student received services after the tenth day of disciplinary removal. **No =** File does NOT contain documentation that student received services after the tenth day of disciplinary removal.				**Student Level:** IEP team must convene to determine if compensatory education is appropriate. **LEA Level:** LEA special education administrator(s) must review, revise and align (if necessary) discipline

		NA = Student was not removed for more than 10 days. **(If NA, skip to DAT-1.)**				policies and procedures to determine if they are consistent with federal law. Provide documentation of the above to OSSE.
DIS - 2 §300.530(e) §300.536	As appropriate, students removed from educational setting for more than 10 days, within next 10 school days the IEP team met to determine if the behavior was a manifestation of the student's disability.	**Yes** = Manifestation determination information is completed and in file. **No** = Manifestation determination information is NOT complete OR not found in file. **NA** = Student was not removed for more than 10 days.				**Student Level:** IEP team must convene to determine if manifestation determination is necessary and if compensatory education is appropriate. **LEA Level:** LEA special education administrator(s) must review, revise and align (if necessary) discipline policies and procedures to determine if they are consistent with federal law. Provide documentation of the above to OSSE.
DIS - 3 §300.530(f)	The LEA conducted a functional behavioral assessment.	**Yes** = The results of the FBA are in the file. **No** = FBA was required but the file contains no evidence that FBA was conducted. **NA** = No FBA was required.				**Student Level:** FBA must be conducted and placed in student's file, and IEP team must use results of the FBA to create and implement a behavioral intervention plan. **LEA Level:** LEA special education administrator(s) must review, revise and align (if necessary) discipline policies and procedures to determine if they are consistent with federal law. Provide documentation of the above to OSSE.
DIS - 4 §300.530(f)	The LEA developed a Behavioral Intervention Plan (BIP).	**Yes** = The BIP is in the file, with evidence of review and modification if required. **No** = The BIP is NOT in the file OR there is no evidence that the BIP was reviewed and modified as required. **NA** = No BIP was required.				**Student Level:** BIP must be developed, placed in student's file and implemented. **LEA Level:** LEA special education administrator(s) must review, revise and align (if necessary) discipline policies and procedures to determine if they are consistent with federal law. Provide documentation of the above to OSSE.

DAT - 1 §§300.600, 300.601	Date of initial evaluation in file is same as date of initial evaluation in SEDS.	**Yes =** Initial evaluation date in file is same as reported in SEDS. **No =** Initial evaluation date in file is NOT same as reported in SEDS. **NA** = Date of initial evaluation not found in file.				**Student Level:** Find and correct initial evaluation date in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT – 2 §§300.600, 300.601	Date of reevaluation in file is same as date of reevaluation in SEDS.	**Yes =** Reevaluation date in file is same as reported in SEDS. **No =** Reevaluation date in file is NOT same as reported in SEDS. **NA** = Date of initial evaluation not found in file.				**Student Level:** Find and correct date of reevaluation in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT - 3 §§300.600, 300.601	Date of IEP development is same as date of IEP implementation in SEDS.	**Yes =** Date of IEP development in file is same as reported in SEDS. **No =** Date of IEP development in file is NOT same as reported in SEDS. **NA** = Date of IEP development not found in file.				**Student Level:** Find and correct date of IEP development in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT - 4 §§300.600, 300.601	Date of IEP implementation is same as date of IEP implementation in SEDS.	**Yes =** Date of IEP implementation in file is same as reported in SEDS. **No =** Date of IEP implementation in file is NOT same as reported in SEDS. **NA** = Date of IEP implementation not found in file.				**Student Level:** Find and correct date of IEP implementation in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.

DAT – 5 §§300.600, 300.601	Date of birth in file is same as date of birth reported in SEDS.	**Yes =** Date of birth in file is same as reported in SEDS. **No =** Date of birth in file is NOT the same as reported in SEDS.				**Student Level:** Find and correct date of birth in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT – 6 §§300.600, 300.601	Primary disability in file is same as primary disability reported in SEDS.	**Yes =** Primary disability in file is same as reported in SEDS. **No =** Primary disability in file is NOT the same as reported in SEDS.				**Student Level:** Find and correct primary disability in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT – 7 §§300.600, 300.601	Placement in file is same as placement reported in SEDS.	**Yes =** Placement in file is same as placement reported in SEDS. **No =** Placement in file is NOT the same as reported in SEDS.				**Student Level:** Find and correct placement in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.

LEA Name	**School Name**	**Teacher Name**
Student Name	**Student ID**	**Date of Birth**
Record Review Completed by	**Date of Record Review**	

Item # Regulation/ Authority	Item Text	Response Criteria	Y	N	N A	Corrective Actions: Student Level and LEA Level
Ask STR items only of students age 15 and older.						
STR -1 §300.320(b)	There is an appropriate measurable postsecondary goal that addresses education OR training after high school.	**Yes** = The IEP contains at least one appropriate postsecondary goal in the area of education or training that is: • Measurable • Aligns with PLOP AND • Aligns with assessment results **No** = The IEP does not contain a postsecondary goal in the area of education or training or the goal is not measureable or the goal does not align with present levels of performance and assessment results.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must: - develop appropriate secondary transition policy, draft policy, and/or procedure(s), - provide documentation of transmittal of policy to all staff members and - within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. Provide documentation of the above to OSSE.
STR – 2 §300.320(b)	There is an appropriate measurable postsecondary goal that addresses employment after high school.	**Yes** = The IEP contains at least one appropriate postsecondary goal in the area of employment that is: • Measurable • Aligns with PLOP AND • Aligns with assessment results **No** = The IEP does not contain a postsecondary goal in the area of employment or the goal is not measureable or the goal does not align with present levels of performance and assessment results.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must: - develop appropriate secondary transition policy, draft policy, and/or procedure(s), - provide documentation of transmittal of policy to all staff members and - within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. Provide documentation of the above to OSSE.
STR - 3	If needed, there is an appropriate measurable	**Yes** = The IEP contains at least one appropriate postsecondary goal in the area of independent living				**Student Level:** Convene IEP team to develop appropriate goal.

§300.320(b)	postsecondary goal that addresses independent living.	that is: • Measurable • Aligns with PLOP AND • Aligns with assessment results **No**= The IEP does not contain a postsecondary goal in the area of independent living or the goal is not measureable or the goal does not align with present levels of performance and assessment results. **NA=** An independent living goal is not appropriate for the student.				**LEA Level:** LEA must: - develop appropriate secondary transition policy, draft policy, and/or procedure(s), - provide documentation of transmittal of policy to all staff members and - within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. Provide documentation of the above to OSSE.
STR - 4 §300.320(b)	Postsecondary goal(s) are updated annually.	**Yes**= The file contains evidence that postsecondary goals were updated within the past year. (Or, this is the first IEP for the student which contains transition goals.) **No**= There is no evidence that the postsecondary goals have been updated within the past year.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must: - develop appropriate secondary transition policy, draft policy, and/or procedure(s), - provide documentation of transmittal of policy to all staff members and - within 60 days (of report) document that all IEPs developed within last 60 days contain appropriate transition goals. Provide documentation of the above to OSSE.
STR - 5 §300.320(b)	Postsecondary goal(s) are based on age appropriate transition assessments.	**Yes** = The file contains documentation that age appropriate transition assessment(s) were used (**date administered and results listed**) to develop student's postsecondary goals. **No** = The file does NOT contain documentation that age appropriate transition assessment(s) were used to develop student's postsecondary goals.				**Student Level:** Conduct age appropriate transition assessment(s) and convene IEP meeting to review results. **LEA Level:** Provide training for IEP members related to transition assessments. Provide documentation of the above to OSSE.
STR - 6 §300.320	There are transition services in the IEP that will assist the student to meet postsecondary goal(s).	**Yes** = Transition services are present in the IEP. **No** = Transition services are NOT present in the IEP.				**Student Level:** Convene IEP meeting to identify transition services. **LEA Level:** Provide training for IEP members concerning transition services. Provide documentation of the above to OSSE.
STR - 7	Transition services include courses of study that will	**Yes** = Courses of study are included in the transition services.				**Student Level:** Convene IEP meeting to identify transition

§300.320(b)(2)	enable the student to meet postsecondary goal(s).	**No** = Courses of study are NOT included in the transition services.				services, including courses of study. **LEA Level:** Provide training for IEP members concerning transition services, including courses of study. Provide documentation of the review to OSSE.
STR - 8 §300.321 (b)	There is evidence that the student was invited to the IEP meeting.	**Yes** = File contains the student's invitation to the IEP meeting. **No** = File does NOT contain the student's invitation to the IEP meeting.				**Student Level:** In student's next annual IEP, invite and document the invitation of, the student to the IEP meeting. **LEA Level:** Provide training concerning invited/required transition IEP participants. Provide documentation of the above to OSSE.
STR - 9 §300.321(b)	If appropriate, there is 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.	**Yes** = File contains evidence that a representative from a participating agency was invited to the IEP meeting AND parent/student consent for inviting participating agency was obtained. **No** = One or both of the following documentation was NOT found: - IEP invitation to representative from participating agency, - parent/student consent to invite representative from participating agency. **NA** = No participating agency appropriate. (If no transition services listed and are likely to be provided/paid for by an outside agency, then NA.)				**Student Level:** If appropriate in student's next annual IEP, there is evidence that a representative of any participating agency was invited to the IEP meeting with prior consent of parent or student (who has reached the age of majority). **LEA Level:** Review next 10 transition IEPs (or if less than 10, review all) for evidence of invitation to, and parent/student consent of invitation to, representative of participating agency. (Documentation to be included in justification section on LRE page of IEP.) Provide documentation of the above to OSSE.

LEA Level Review						
DSP – 1 §300.510(a)	The LEA holds resolution meetings within 15 days of receiving notice of a parent's due process complaint.	**Yes** = Documentation confirms that all resolution meetings were held within 15 days. **No** = Documentation does NOT confirm that resolution meetings were held within 15 days. **NA** = No due process complaints have been filed against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
DSP – 2 §300.600(e)	The LEA implements hearing officer decisions in a timely manner.	**Yes** = Documentation confirms that all hearing officer decisions were implemented in a timely manner. **No** = Documentation does NOT confirm that all hearing officer decisions were implemented in a timely manner. **NA** = No hearing officer decisions have been issued against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
DSP – 3 OSSE State Complaint Policy	The LEA provides information to OSSE regarding State complaints within 10 days of request.	**Yes** = State complaint files document receipt of information within 10 days of request. **No** = State complaint files do NOT document receipt of information within 10 days of request. **NA** = No State complaints have been filed against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
DSP – 4 §300.600(e)	The LEA timely implements corrective actions contained in the State complaint decision letter.	**Yes** = State complaint files document timely correction of noncompliance identified in the decision letter. **No** = State complaint files do NOT document timely correction of noncompliance identified in the decision letter. **NA** = No State complaints have been filed against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
NIM – 1 §300.172	The LEA provides instructional materials to blind students or other students with print disabilities.	**Yes** = The LEA coordinates with NIMAC or provided documentation that blind students or other students with print disabilities receive instructional materials in a timely manner. **No** = The LEA does NOT coordinate with NIMAC OR did NOT provide documentation that blind students or other students with print disabilities receive instructional materials in a timely manner.				**LEA Level:** LEA must provide documentation of communication with NIMAC or documentation of providing students with instructional materials. Provide documentation of the above to OSSE.

		NA = The LEA does not serve blind students or other students with print disabilities.				
FIS – 1	The LEA has policy/procedure governing the preparation and approval of budgets and budget amendments for all funds.	**Yes =** The LEA has demonstrated that it has a policy/procedure. **No =** The LEA has NOT demonstrated that it has policy/procedure.				**LEA Level:** The LEA must develop policy/procedure for governing the preparation and approval of budgets and budget amendments for all funds. Provide documentation of the above to OSSE.
FIS – 2	The LEA has an accounting record for each federal grant that it receives which tracks expenditures against approved grant budget.	**Yes =** The LEA has demonstrated that is has an accounting record. **No =** The LEA has NOT demonstrated that is has an accounting record.				**LEA Level:** The LEA must develop policy/procedure that ensures expenditures for federal grants do not exceed the approved allocation and that expenditures fall within the approved budget categories. Provide documentation of the above to OSSE.
FIS – 3	The LEA has a policy/procedure for awarding contracts that ensures the appropriate director/supervisor for each federal grant program has internal control for developing and awarding contracts.	**Yes =** The LEA has demonstrated that it has a policy/procedure. **No =** The LEA has NOT demonstrated that it has policy/procedure.				**LEA Level:** The LEA must develop policy/procedure that ensures contracts supported by IDEA grant funds are approved by the appropriate grant director/supervisor before the contract is awarded. Provide documentation of the above to OSSE.
FIS – 4	The LEA has policies and procedures that ensure expenditures in the IDEA Reimbursement Workbooks (RW) are approved by staff familiar with approved grant application, IDEA, and Circular A-87.	**Yes =** The LEA has demonstrated that it has a policy/procedure. **No =** The LEA has NOT demonstrated that it has policy/procedure.				**LEA Level:** The LEA must develop policy/procedure that ensures expenditures included in the IDEA RW are reviewed and approved by the appropriate grant director/supervisor before the RW is submitted. Provide documentation of the above to OSSE.
FIS – 5	The LEA has documentation sufficient to determine whether federal funds were obligated and reimbursement was sought within the approved grant period.	**Yes =** The LEA has demonstrated that it retains the necessary financial records and is cognizant of each grant cycles' obligation period. **No =** The LEA did NOT demonstrate that it retains necessary financial records and is cognizant of each grant cycles' obligation period.				**LEA Level:** The LEA must develop policy/procedure that ensures expenditures included in the IDEA RW fall within the correct grant period and are reviewed and approved by the appropriate grant director/supervisor before the RW is submitted. Provide documentation of the above to OSSE.
FIS – 6	The LEA retains financial records and relevant supporting documentation for the required time period, which is 5 years.	**Yes =** The LEA has demonstrated that is has a records retention policy that ensures financial records are retained for 5 years. **No =** The LEA has NOT demonstrated that is has a records retention policy that ensures financial records				**LEA Level:** The LEA must develop policy/procedure that ensures financial records are retained for 5 years. Provide documentation of the above to OSSE.

		are retained for 5 years.				
FIS – 7	The LEA has controls in place to protect assets acquired with federal funds costing more than $5,000.	**Yes =** The LEA has demonstrated that is has controls in place to protect assets acquired with federal funds costing more than $5,000. **No =** The LEA has NOT demonstrated that is has controls in place to protect assets acquired with federal funds costing more than $5,000.				**LEA Level:** The LEA must develop policy/procedure that ensures assts procured with federal funds are protected, particularly those assets costing more than $5,000. Provide documentation of the above to OSSE.
FIS – 8	The LEA maintains a code of conduct standard/conflict of interest policy for employees involved in the administration of contracts.	**Yes =** The LEA has demonstrated that it has code of conduct/conflict of interest standards. **No =** The LEA has NOT demonstrated that it has code of conduct/conflict of interest standards.				**LEA Level:** The LEA must develop code of conduct/conflict of interest policy for employees involved in the administration of contracts. Provide documentation of the above to OSSE.
FIS – 9	The LEA has an accounting record that ensures federal funds are not co-mingled and accurately tracks expenditures assigned to each of its IDEA grants and applicable set-asides.	**Yes =** The LEA demonstrated that it has an accurate accounting record that does not co-mingle funds and correctly tracks grant expenditures. **No =** The LEA has NOT demonstrated that it has an accurate accounting record that does not co-mingle funds and correctly tracks grant expenditures.				**LEA Level:** The LEA must develop policy/procedure that ensures federal funds and grant funds are not co-mingled and expenditures are properly tracked. Provide documentation of the above to OSSE.
FIS – 10	The LEA appropriately charges salaries of personnel working on IDEA grant objectives and are supported with IDEA grant funds.	**Yes =** Based on the sample tested, the LEA has demonstrated that salaries are appropriately charged to its IDEA grant programs. **No =** Based on the sample tested, the LEA has NOT demonstrated that salaries are appropriately charged to its IDEA grant programs.				**LEA Level:** The LEA must develop policy/procedure that ensures salaries of personnel who are paid with grant funds are charged appropriately. Provide documentation of the above to OSSE.
FIS – 11	The LEA appropriately tracks the time and effort of personnel of are supported by IDEA grant funds.	**Yes =** Based on the sample tested, The LEA has demonstrated it keeps the appropriate time and effort records for personnel working on IDEA cost objectives. **No =** Based on the sample tested, the LEA has NOT demonstrated it keeps the appropriate time and effort records for personnel working on IDEA cost objectives.				**LEA Level:** The LEA must develop policy/procedure that ensures OMB Circular A-87 Time and Effort requirements are followed. Provide documentation of the above to OSSE.
FIS – 12	The LEA obligated costs within the correct grant period and after the Phase I application was approved.	**Yes =** Based on the sample tested, the LEA has demonstrated that it obligated IDEA expenditures after the Phase I application was approved AND within the appropriate grant period. **No =** Based on the sample tested, the LEA has NOT demonstrated that it obligated IDEA expenditures after the Phase I application was approved OR within the appropriate grant period.				**LEA Level:** The LEA must submit invoices to OSSE for allowable expenditures, incurred within the correct grant period, that equate to the amount deemed to be disallowable. These invoices must not have been paid for by any other federal funding source previously.
FIS – 13	The LEA sought reimbursement for	**Yes =** Based on the sample tested, the LEA has demonstrated that it only sought reimbursement for				**LEA Level:** The LEA must include invoices and proof of payment documentation for all items

	expenditures in the RW only after it actually paid for the item.	IDEA expenses it actually incurred. **No =** Based on the sample tested, the LEA has NOT demonstrated that it only sought reimbursement for IDEA expenses it actually incurred.				included in its next RW.
FIS – 14	The LEA correctly recorded IDEA expenditures and revenue; including IDEA set-asides when applicable.	**Yes =** Based on the sample tested, the LEA has demonstrated that it properly tracks expenditures and records revenue received from its IDEA grants at a detailed level. **No =** Based on the sample tested, the LEA has NOT demonstrated that it properly tracks expenditures OR that it records revenue received from its IDEA grants at a detailed level.				**LEA Level:** Develop policy/procedure that ensures federal funds and grant funds are not co-mingled and expenditures are properly tracked. Provide documentation of the above to OSSE.
FIS – 15	The LEA purchased and received the items it sought IDEA reimbursement for in the IDEA RW.	**Yes =** Based on the sample tested, the LEA has verified it purchased and received the items it sought IDEA reimbursement for in the IDEA RW. **No =** Based on the sample tested, the LEA was NOT verified it purchased and received the items it sought IDEA reimbursement for in the IDEA RW.				**LEA Level:** The LEA must (1) develop policies/procedures to ensure it receives the items it purchases with federal funds; (2) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (3) include invoices and proof of payment documentation for all items included in its next RW.
FIS – 16	The LEA has followed procurement procedures consistent with EDGAR and OMB Circular A-87 for developing and awarding contracts for services, supplies, and materials.	**Yes =** Based on the sample tested, the LEA has demonstrated that it followed the appropriate procurement procedures for developing and awarding contracts. **No =** Based on the sample tested, the LEA has NOT demonstrated that it followed the appropriate procurement procedures for developing and awarding contracts.				**LEA Level:** The LEA must review and revise its policies/procedures to ensure consistent compliance with local and federal regulations. Provide documentation of the above to OSSE.
FIS – 17	The LEA has followed procedures consistent with IDEA, EDGAR, and OMB Circular A-87 to ensure that IDEA funds were expended only for allowable activities.	**Yes =** Based on the sample tested, the LEA has demonstrated that only allowable costs were charged to its IDEA grants. **No =** Based on the sample tested, the LEA has NOT demonstrated that only allowable costs were charged to its IDEA grants.				**LEA Level:** The LEA must (1) review and revise its policies/procedures to ensure consistent compliance with local and federal regulations; (2) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (3) include invoices and proof of payment documentation for all items included in its next RW.
FIS – 18	The LEA correctly paid and retained invoices for expenditures it included in its IDEA RW.	**Yes =** Based on the sample tested, the LEA has demonstrated that it correctly reviewed, paid, and retained records of invoices for expenditures included in its RW. **No =** Based on the sample tested, the LEA has NOT demonstrated that it correctly reviewed, paid, and				**LEA Level:** The LEA must (1) review and revise its policies/procedures to ensure consistent compliance with local and federal regulations; (2) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (3) include invoices and proof of payment documentation for all items included in its

		retained records of invoices for expenditures included in its RW.				next RW.
FIS – 19	If applicable, the LEA procured, utilized, and charged construction expenses to its IDEA grants in a manner consistent with its approved application, EDGAR, Curricular A-87, and IDEA-ARRA guidance.	**Yes =** Based on the sample tested, the LEA has demonstrated that it procures, utilizes, and charges equipment and property expenses to its IDEA grants appropriately. **No =** Based on the sample tested, the LEA has NOT demonstrated that that it procures, utilizes, and charges equipment and property expenses to its IDEA grants appropriately. NA = LEA has not used IDEA funds for construction.				**LEA level:** The LEA must reimburse OSSE for the misused funds within 60 days.
FIS – 20	If applicable, the LEA utilized IDEA funds [it was either required or voluntarily elected to set-aside] for providing Coordinated Early Intervening Services (CEIS) as outlined in its approved application and its submitted RW.	**Yes =** Based on the sample tested, the LEA demonstrated that it utilized the CEIS funds it was required to set-aside as outlined in its RW. **No =** Based on the sample tested, the LEA has NOT demonstrated that it utilized the CEIS funds it was required to set-aside as outlined in its RW. NA = LEA has not reserved funds for CEIS.				**LEA Level:** • **Voluntary Elections** - the LEA must modify its existing budgets and spending plans. • **Required Election** – the LEA must submit quarterly CEIS activity and expenditure reports to OSSE for the next three quarters.
FIS – 21 §300.226(d)	If applicable, the LEA is properly tracking students who receive CEIS.	**Yes =** The LEA demonstrated that it has procedures in place to track the number of students who received CEIS and the number of students who subsequently received special education. **No =** The LEA did NOT demonstrate that it has procedures in place to track the number of students who received CEIS OR the number of students who subsequently received special education. NA = LEA has not reserved funds for CEIS.				**LEA Level: Within 90 days provide OSSE with the required documentation that the LEA has a policy/procedure to track students for two years and provide OSSE with CEIS report.**
FIS-22 §300.134	If applicable, the LEA has undergone timely meaningful consultation with private school representatives and representatives of parents of parentally-placed private school students with disabilities.	**Yes =** The LEA has documentation that it engaged in meaningful consultation with representatives. **No =** The LEA has NOT documented meaningful consultation with representatives. NA = LEA not required to engage in consultation.				**LEA Level: Within 90 days LEA must provide documentation of meaningful consultation regarding child find, proportionate share, consultation process and provision of services (including written explanation if needed).**
FIS-23	If applicable, the LEA has sought reimbursement for serving parentally placed students with disabilities in	**Yes =** The LEA has sought reimbursement this year for Equitable Services. **No =** Based on the sample tested, the LEA has NOT				**LEA Level:** The LEA must submit quarterly IDEA Equitable Services activity and expenditure reports to OSSE for the next three quarters.

	private schools in a manner consistent with IDEA.	sought reimbursement this year for Equitable Services. NA = LEA not responsible for proportionate share.				

Attachment D

Office of the
State Superintendent of Education

Division of Special Education
Office of Quality Assurance & Monitoring
Nonpublic Monitoring Supplement

Legislation passed by the District of Columbia (District) Council in 2006, known as the Placement of Students with Disabilities in Nonpublic Schools Act (PSDNSA), established a Certificate of Approval (COA) process for nonpublic special education schools serving District students with disabilities. Additionally, as the State Education Agency (SEA) for the District, OSSE monitors Local Education Agencies (LEAs) to ensure compliance with the requirements of federal and District law for students enrolled in each LEA and attending a nonpublic school.

All nonpublic special education schools must receive a COA from OSSE prior to accepting any referral or placement of a District student with a disability or ward of the District with an Individualized Education Program (IEP) funded by the District government. Certain exceptions exist, including when a student is placed at an uncertified school by an Order of a Court of Law or a Due Process Hearing Officer Decision. In no case shall a COA at any level be awarded unless the school can demonstrate to the satisfaction of OSSE that the health and safety of students is protected and that the school is able to implement the provisions of each student's IEP.

OSSE is committed to ensuring that students educated in nonpublic settings are placed in the least restrictive environment; are receiving proper positive behavior supports; and are receiving appropriate services, including specialized instruction and transition services. Pursuant to D.C. Code §38-2561.07, nonpublic schools that are applying for a COA shall receive an evaluation which includes an on-site inspection of the operations and facilities of the school or program. OSSE will conduct an on-site inspection at least once during the period of the COA and may schedule other inspections as deemed necessary.

Nonpublic schools are responsible for maintaining compliance with all COA requirements and working collaboratively with the student's LEA to ensure that the student is receiving a free appropriate public education in the least restrictive environment. Ultimately however, the LEA responsible for a student's placement in a nonpublic school is responsible for ensuring that the Individuals with Disabilities Education Act (IDEA) is being implemented for each student placed in the nonpublic school. Therefore, should noncompliance with IDEA regulations be identified during the on-site visit, the responsible LEA will receive notice of the findings of noncompliance and be accountable for working collaboratively with the nonpublic school to correct the noncompliance as soon as possible, but in no case later than one year from the identification of noncompliance.

The on-site visit will mirror that of the compliance monitoring visit described on page 15 of this manual.

Step 1: Identification of Nonpublic Schools for On-site Compliance Monitoring
Nonpublic schools will be selected for an on-site compliance monitoring visit based on the date of the last on-site visit and the number, the nature of complaints received regarding the nonpublic school and/or the status of the nonpublic school's COA.

Step 2: Notification of On-site Compliance Monitoring Selection
Nonpublic school Chief Executive Officers and LEA directors will be notified by letter and electronic mail of the scheduled monitoring visit. The letter will include the:

- Date of the monitoring visit;
- Suggested date for the pre-site collaboration;
- Purpose of the visit and planned activities; and
- Documents and information required for the pre-site and on-site monitoring visits.

Nonpublic schools are expected to plan as soon as possible for the on-site monitoring visit. For example, as soon as possible after notification of the visit, nonpublic schools should plan for the accommodations and time needed for staff, family and student interviews and for OSSE record reviews. Likewise, LEAs should begin collecting documents requested prior to the pre-site collaboration.

Step 3: Pre-site Collaboration
The pre-site collaboration is an opportunity for the nonpublic school and OSSE staffs to discuss the purpose of the on-site visit, confer about the agenda for the on-site visit and agree on logistics. It is also an occasion for the nonpublic school to ask any questions regarding the visit and for the nonpublic school to provide OSSE with documents needed prior to the visit. The pre-site collaboration will typically take place via telephone however OSSE may choose to conduct the pre-site collaboration on-site if resources allow.

At a minimum, documents that should be available for the pre-site visit include:

- A list of all current employees with their titles and qualifications;
- Current roster of District students;
- District student attendance records;
- Documentation that all District students in tested grades participate in the DC-CAS or DC-CAS ALT;
- Policies and procedures regarding behavior including positive behavior supports and emergency behavioral interventions including seclusion and restraints;
- Incident reports for all District of Columbia students for the quarter preceding the on-site visit; and
- Written plan regarding post-high school transition services and planning for students 16 and older.

The standard pre-site visit agenda is located at Appendix F.

Step 4: On-site Compliance Monitoring Visit and Activities
Following its notification letter to each selected nonpublic school and the subsequent pre-site visits, OSSE will conduct an on-site visit. If a nonpublic school has more than one campus or site,

OSSE may conduct its on-site visit at multiple locations. Regardless of the number of locations OSSE chooses to visit, only one monitoring report will be issued.

During the on-site visit, OSSE will engage in the following activities:

- ***Record Reviews**:* OSSE will examine student files on-site as well as student information included in SEDS. Items that will be assessed during the record reviews are outlined in the nonpublic compliance monitoring tool and align with the monitoring standards. A copy of the nonpublic monitoring tool follows this supplement in Appendix F. Nonpublic schools are responsible for having student files available on the morning of the on-site visit. For nonpublic schools serving 20 or fewer District students, **all** student files will be reviewed. For nonpublic schools serving 21-50 District students with disabilities, 20 student files will be reviewed. For nonpublic schools serving 51+ District students with disabilities, 30 student files will be reviewed. OSSE reserves the right to review additional student files if the nonpublic has previously displayed noncompliance or if a complaint has been filed against the nonpublic school during the period of the school's COA.

- ***Interviews:*** As a part of the site visit, OSSE will conduct individual interviews with the Chief Executive Officer or Executive Director of the nonpublic school, the school principal (if different), the director of special education (if different), at least two teachers (special education and general education), at least one related service provider, parents, and students. Other staff members may be interviewed at OSSE's discretion. Interviews with parents will typically take place separately from the on-site visit.

- ***Classroom Observations/School Tour:*** OSSE will tour the nonpublic school and/or observe classrooms or programs within the nonpublic school. The purpose of the tour/observations is to ensure the safety of District students placed in the nonpublic school and to verify information provided by the nonpublic school regarding the behavior management and academic instruction of District students.

Step 5: Desk Review

Following the on-site visit, OSSE will conduct a desk review of additional information available regarding the nonpublic school. Information reviewed may include, but is not limited to, data in SEDS, student attendance records, Encounter Tracking Forms submitted to the District of Columbia Public Schools (DCPS) Medicaid Recovery Unit for the purposes of Medicaid recoupment for school-based Health Related Services, Related Services Management Reports, other monitoring reports issued to the nonpublic school (e.g. LEA monitoring reports), the school's COA application, and/or the school's website.

Step 6: Letter of Findings and Monitoring Report

Within three months of the on-site visit, OSSE will notify the nonpublic school and the LEA responsible for the District student placed in the school of any findings of noncompliance identified during the on-site visit. Attached to the Letter of Findings will be a detailed monitoring report that will specifically outline student and LEA level noncompliance. The monitoring report will also delineate student level corrective actions and LEA level improvement activities necessary for the nonpublic school and/or the LEA to correctly implement the specific regulatory requirement. Monitoring reports are intended to promote the improvement of educational results and functional outcomes for students with disabilities through the identification of noncompliance.

For all identified noncompliance, the nonpublic school and/or the LEA must correct the noncompliance as soon as possible but in no case later than one year after the identification of the noncompliance. The date of the monitoring report serves as the date of the identification of the noncompliance.

Noncompliance is corrected when the nonpublic school and/or the LEA can demonstrate that it is correctly implementing the specific regulatory requirement for all District students with disabilities (i.e., achieved 100% compliance). The monitoring report will detail the required corrective actions and improvement activities required to assist the nonpublic school and/or the LEA in correctly implementing the specific regulatory requirement. OSSE may also require the nonpublic school and/or the LEA to conduct a root cause analysis to determine the reasons for the identified noncompliance. The requirement to conduct a root cause analysis may be contained within the monitoring report cover letter or the Additional LEA Corrective Actions section of the report.

Step 7: Corrective Action Plans

Contained within the monitoring report, OSSE will provide a list of required student level corrective actions and LEA level improvement activities for noncompliance identified through record reviews and certain interviews. The outlined corrective actions will serve as the corrective action plan (CAP). The nonpublic school and/or the LEA may also be required to conduct a root cause analysis to determine the reasons for the identified noncompliance. Should the nonpublic school and/or the LEA be required to conduct a root cause analysis, OSSE will outline the required timeline within the monitoring report.

Corrective actions and improvement activities, whether generated through the monitoring report or through a CAP resulting from the root cause analysis, may be relatively uncomplicated and non-time consuming (e.g. correcting a data error in SEDS) or may be multifaceted and involved (e.g. developing a policy and procedures for ensuring appropriate discipline processes). Regardless of the level of the noncompliance, the noncompliance must be corrected as soon as possible but in no case later than one year after the identification of the noncompliance.

Step 8: Verification of Correction of Noncompliance

After the LEA has certified correction of student level and LEA level noncompliance, OSSE will verify the correction of noncompliance.

- To verify the correction of student level citations, OSSE will select a sample of the original student files reviewed to verify that the required action has been completed.

- To verify correction of noncompliance, OSSE will select a sample of student files that were not originally reviewed or generate a report from SEDS to verify correction of noncompliance. Correction of noncompliance will be complete when the LEA can demonstrate that it is correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance).

Pursuant to OSEP Memo 09-02, OSSE must verify the correction of noncompliance within one year of the identification of the noncompliance; therefore, verification activities will occur before the conclusion of the one-year timeline.

Step 9: Closure of Findings of Noncompliance

After OSSE has verified the correction of the noncompliance, OSSE will inform the nonpublic school and the LEA in writing that the finding of noncompliance is closed. Nonpublic schools and LEAs should continue to conduct record review activities to identify any areas of need that may arise before future OSSE monitoring activities. Longstanding noncompliance extending beyond the one-year correction period will result in additional enforcement actions by OSSE and will affect the LEA's annual determination. Further, longstanding noncompliance may affect the status of the nonpublic school's COA. Likewise, the LEA's timely correction of noncompliance will also be favorably considered in the LEA's annual determination.

Report	Reporting Period	Report Due Date
First Report	September 4, 2009 – December 4, 2009	January 11, 2010
Second Report	December 5, 2009 – March 5, 2010	April 1, 2010
Third Report	March 6, 2010 – June 6, 2010	July 1, 2010
Fourth Report	June 7, 2010 - September 1, 2010	October 1, 2010
Fifth Report	September 2, 2010 – December 1, 2010	January 10, 2011
Sixth Report	December 2, 2010 – February 1, 2011	March 1, 2011

A. *Initial Evaluations and Reevaluations*

- With respect to initial evaluations, the OSSE shall meet the benchmarks set forth below.

Benchmark Target Date	Evidence Standard
01/11/2010	• Seventy-five percent of initial evaluations and placements provided to children with disabilities whose initial evaluation deadlines fell within the reporting period were conducted in a timely manner. • Forty-five percent of children (a) who as of the end of the previous reporting period (September 3, 2009), had not been provided a timely initial evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, were provided initial evaluations and placements during the reporting period. (See section 2.A 1. (a),(b), and (c) of Enclosure E of the July 1, 2009 FFY 2009 Part B grant award letter. To calculate the percentage: (c) divided by (a) + (b) times 100).
04/01/2010	• Eighty percent of initial evaluations and placements provided to children with disabilities whose initial evaluation deadlines fell within the reporting period were conducted in a timely manner.

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Benchmark Target Date	Evidence Standard
	• Fifty-five percent of children (a) who, as of the end of the previous reporting period, had not been provided a timely initial evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, were provided initial evaluations and placements during the reporting period.
07/01/2010	• Eighty-five percent of initial evaluations and placements provided to children with disabilities whose initial evaluation deadlines fell within the reporting period were conducted in a timely manner. • Sixty-five percent of children (a) who, as of the end of the previous reporting period, had not been provided a timely initial evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, were provided initial evaluations and placements during the reporting period. • The average number of days the initial evaluations and placements that had not been provided in a timely manner were overdue decreases from the reporting period of April 19, 2009-September 3, 2009.
10/01/2010	• Ninety percent or more of initial evaluations and placements provided to children with disabilities whose initial evaluation deadlines fell within the reporting period were conducted in a timely manner. • Seventy-five percent of children (a) who, as of the end of the previous reporting period, had not been provided a timely initial evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, were provided initial evaluations and placements during the reporting period. • The average number of days the initial evaluations and placements that had not been provided in a timely manner were overdue decreases from the previous reporting period.
1/10/2011	• Ninety-five percent or more of initial evaluations and placements provided to children with disabilities whose initial evaluation deadlines fell within the reporting period were conducted in a timely manner. • Eighty-five percent or more of children (a) who, as of the end of the previous reporting period, had not been provided a timely initial

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Benchmark Target Date	Evidence Standard
	evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, were provided initial evaluations and placements during the reporting period. • The average number of days the initial evaluations and placements that had not been provided in a timely manner were overdue decreases from the previous reporting period.
3/1/2011	• Ninety-five percent or more of children (a) who, as of the end of the previous reporting period, had not been provided a timely initial evaluation and placement (backlog) and (b) whose initial evaluation and placement became overdue during the reporting period, were provided initial evaluations and placements during the reporting period.

- With respect to reevaluations, the OSSE shall meet the benchmarks set forth below.

Benchmark Target Date	Evidence Standard
01/11/2010	• Seventy percent of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. • Forty-five percent of children (a) who, as of the end of the previous reporting period (09/03/2009), had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, were provided triennial reevaluations during the reporting period. (See section 2.A 2. (a),(b), and (c) of Enclosure E of the July 1, 2009 FFY 2009 Part B grant award letter. To calculate the percentage: (c) divided by (a) + (b) times 100).
04/01/2010	• Seventy-five percent of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. • Fifty-five percent of children (a) who, as of the end of the previous

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Benchmark Target Date	Evidence Standard
	reporting period, had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, were provided triennial reevaluations during the reporting period.
07/01/2010	• Eighty percent of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. • Sixty-five percent of children (a) who, as of the end of the previous reporting period, had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, were provided triennial reevaluations during the reporting period. • The average number of days the reevaluations that had not been provided in a timely manner were overdue decreases from the reporting period of April 19, 2009-September 3, 2009.
10/01/2010	• Eighty-five percent or more of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. • Seventy-five percent of children (a) who, as of the end of the previous reporting period, had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, were provided triennial reevaluations during the reporting period. • The average number of days the reevaluations that had not been provided in a timely manner were overdue decreases from the previous reporting period.
1/10/2011	• Ninety percent or more of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. • Eighty-five percent or more of children (a) who, as of the end of the previous reporting period, had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, were provided triennial

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Benchmark Target Date	Evidence Standard
	reevaluations during the reporting period. • The average number of days the reevaluations that had not been provided in a timely manner were overdue decreases from the previous reporting period.
3/1/2011	• Ninety-five percent or more of triennial reevaluations provided to children with disabilities whose reevaluation deadlines fell within the reporting period were conducted in a timely manner. • Ninety-five percent or more of children (a) who, as of the end of the previous reporting period, had not been provided a timely triennial reevaluation (backlog) and (b) whose triennial reevaluation became overdue during the reporting period, were provided triennial reevaluations during the reporting period.

B. *Implementation of Hearing Officer Decisions*

- The OSSE shall meet the benchmarks set forth below.

Benchmark Target Date	Evidence Standard
01/11/2010	• Fifty percent of hearing officer determinations[2] were implemented in a timely manner during the reporting period. • Eighty percent of children whose hearing officer determinations, as of the end of the previous reporting period (September 3, 2009), had not been implemented within the required time frame (backlog) and whose hearing officer determinations had not been implemented within the required time frame during the reporting period had hearing officer determinations implemented during the reporting period. (See section 2.B.1. (a),(b), and (c) of Enclosure E of the July 1, 2009 FFY 2009 Part B grant award letter. To calculate the percentage: (c) divided by (a) + (b) times 100).

[2] For purposes of this benchmark, "hearing officer determinations" does not include settlement agreements and the benchmark is calculated on a per child basis, not per hearing officer determination in cases where the same child has more than one hearing officer determination.

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Benchmark Target Date	Evidence Standard
04/01/2010	• Sixty percent of hearing officer determinations were implemented in a timely manner during the reporting period. • Eighty-five percent of children whose hearing officer determinations, as of the end of the previous reporting period, had not been implemented within the required time frame (backlog) and whose hearing officer determinations had not been implemented within the required time frame during the reporting period had hearing officer determinations implemented during the reporting period.
07/01/2010	• Seventy percent of hearing officer determinations were implemented in a timely manner during the reporting period. • Ninety percent of children whose hearing officer determinations, as of the end of the previous reporting period, had not been implemented within the required time frame (backlog) and whose hearing officer determinations had not been implemented within the required time frame during the reporting period had hearing officer determinations implemented during the reporting period.
10/01/2010	• Eighty percent or more of hearing officer determinations were implemented in a timely manner during the reporting period. • Ninety-five percent or more of children whose hearing officer determinations, as of the end of the previous reporting period, had not been implemented within the required time frame (backlog) and whose hearing officer determinations had not been implemented within the required time frame during the reporting period had hearing officer determinations implemented during the reporting period.
1/10/2011	• Ninety percent or more of hearing officer determinations were implemented in a timely manner during the reporting period.
3/1/2011	• Ninety-five percent or more of hearing officer determinations were implemented in a timely manner during the reporting period.

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C. *Identification and Correction Of Noncompliance And Ensuring Placement In The Least Restrictive Environment (LRE)*

- The OSSE shall meet the benchmarks set forth below.

Benchmark Target Date	Evidence Standard
01/11/2010 04/01/2010 07/01/2010 10/01/2010 1/10/2011 3/1/2011	• Monitoring reports and/or other documents issued by the OSSE to individual LEAs during the reporting period identify areas of noncompliance with the IDEA, including if appropriate, noncompliance with the LRE requirements, and the basis for the OSSE's conclusion that there is noncompliance with the applicable requirements. • LEAs are notified in writing of any identified noncompliance no later than three months from the OSSE's discovery of the noncompliance. • LEAs are notified in writing of corrective actions required to remedy the noncompliance and that the noncompliance must be corrected as soon as possible and in no case later than one year from identification (i.e., the date on which the State provided written notification to the LEA of the noncompliance). • The OSSE shall, based on reporting it shall require from the District's LEAs, report on each LEA's provision of the continuum of services mandated by IDEA. • The OSSE shall report on January 11, 2010 whether each LEA has executed the OSSE mandated form certifying its participation in SEDS in order to meet the District's federal reporting requirements. • Starting with the April 1, 2010 report, the OSSE shall report whether each LEA has timely certified to the OSSE that the LEA has provided within SEDS the accurate, complete and up to date data required by the OSSE for IDEA compliance and federal reporting requirements.

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D. *Data for SPP/APR Indicators 9 and 10 (Disproportionate Representation Due to Inappropriate Identification) and 17 (Timeliness of Due Process Decisions)*

- The OSSE shall meet the benchmarks set forth below.

Benchmark Target Date	Evidence Standard
4/1/2010	• The State timely reported on its APR due February 1, 2010, consistent with the required measurement and instructions, FFY 2008 data for Indicators 9 and 10 and FFY 2008 data from August 11, 2008 through June 30, 2009 for Indicator 17.

E. *Secondary Transition*

- The OSSE shall meet the benchmarks set forth below.

Benchmark Target Date	Evidence Standard
01/11/2010	• The OSSE shall provide a detailed plan and timeline for completion of a random sampling of at least 100 individualized education programs (IEPs) of youth aged 16 and above to be reviewed for IEP secondary transition content during each of the subsequent reporting periods (which may include a procurement of these services from a vendor). The OSSE shall provide a copy of its communication to LEAs regarding the conduct of this sampling.
04/01/2010	• The OSSE selects a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary transition content during the reporting period. • Of the IEPs randomly selected for review, seventy-five percent of youth aged sixteen and above had IEPs that included the required secondary transition content.
07/01/2010	• The OSSE selects a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary transition content during the reporting period.

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Benchmark Target Date	Evidence Standard
	• Of the student records reviewed, eighty percent of youth aged sixteen and above had IEPs that included the required secondary transition content.
10/01/2010	• The OSSE selects a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary transition content during the reporting period. • Of the student records reviewed, eighty-five percent or more of youth aged sixteen and above had IEPs that included the required secondary transition content.
1/10/2011	• The OSSE selects a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary transition content during the reporting period. • Of the student records reviewed, ninety percent or more of youth aged sixteen and above had IEPs that included the required secondary transition content.
3/1/2011	• The OSSE selects a new random sample of at least 100 IEPs of youth aged 16 and above to be reviewed for IEP secondary transition content during the reporting period. • Of the student records reviewed, ninety-five percent or more of youth aged sixteen and above had IEPs that included the required secondary transition content.

IV. RELEASE OF FUNDS WITHHELD FROM FFY 2009 PART B GRANT AWARD

The parties agree that the funds withheld from the FFY 2009 Part B grant award (the "Withheld Funds") will be released into the Department's GAPS/G5 account for the District of Columbia (i.e., subject to drawdown) upon execution of this Agreement. The Withheld Funds will be deposited into a separate account in GAPS/G5. However, the OSSE shall only drawdown those Withheld Funds after it has reported on the specified dates, consistent with the terms of this Agreement and the Department has provided written notice to the OSSE that it has successfully met the corresponding benchmarks for the reporting period. If the OSSE draws down Withheld Funds before the Department has provided written notice to the OSSE that the funds are released consistent with the terms of this Agreement or draws down funds in excess of the corresponding scheduled amounts on the table below, the Department will immediately terminate the

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Attachment E

OSSE LEA Part B Compliance Monitoring Tool (9/06/2011)

Student Name (Last, First)	Name of LEA	Record Review Completed By
Student ID	Name of School	Date of Record Review
Student Date of Birth (note if child aged 3 or 17+)		

Item # Regulation/ Authority	Item Text	Response Criteria	Y	N	NA	Corrective Actions/Improvement Activities:
C2B -1 §300.124(c)	The LEA attended the transition planning conference.	**Yes =** A Part C referral is in the file and there is documentation that the LEA attended the transition planning conference. **No =** A Part C referral is in the file but there is no documentation that the LEA attended the transition planning conference. **NA =** Student is not in early childhood special education and/or there is no documentation that the child received Part C services.				**Student Level:** Not correctable at student level. **LEA Level:** LEA director, special education coordinator and Dean of Students must demonstrate that OSSE Part C to Part B transition guidance has been received. Provide documentation of above to OSSE.
IEV - 2 §300.504(a)(1)	Upon initial referral, or parent request for evaluation, parents were provided procedural safeguards.	**Yes =** There is documentation in the file that demonstrates that the parent received a copy of procedural safeguards at initial referral. **No =** There is NO documentation in the file that demonstrates that the parent received a copy of procedural safeguards at initial referral. **NA =** Student's most recent evaluation is a reevaluation.				**Student Level:** Provide a copy of procedural safeguards to parents. **LEA Level:** Randomly select 10 additional files (initial IEPs) and document that procedural safeguards were provided in all cases. If not, provide copies of procedural safeguards to all parents of students who received initial evaluation in the past 12 months. Provide documentation of above to OSSE.

IEV - 3 §300.300(a)	Parental consent was obtained prior to conducting initial evaluation.	**Yes =** Signed consent form on file AND signature date was prior to initial evaluation. **No =** No signed consent form in file OR consent form had signature date after initial evaluation. **NA =** Student's most recent evaluation is a reevaluation.				**Student Level:** Not correctable at the student level. **LEA Level**: Pull 10 random files to determine if consent was contained prior to initial evaluation. If not, LEA must attend training on proper evaluation procedures. Provide documentation of above to OSSE.
IEV - 4 §300.304	A variety of assessment tools and strategies were used to gather relevant functional, developmental and academic information about the child, including information provided by the parent.	**Yes =** Documentation from at least two sources: • Aptitude and achievement tests • Parent input • Teacher recommendations • Child's physical condition • Child's background • Adaptive behavior **No =** Documentation does NOT exist that supports two or more data sources were used to determine eligibility. **NA =** Student's most recent evaluation is a reevaluation.				**Student Level:** Using multiple and appropriate sources, reconvene the IEP team to re-determine eligibility and the educational needs of the student. **LEA Level:** Pull 10 random files to determine if a variety of assessment tools were used to determine eligibility. If not, LEA must attend training on proper evaluation procedures. Provide documentation of above to OSSE.
REV - 5 §300.300(c)(1)	Parental consent obtained prior to conducting reevaluation.	**Yes =** Signed consent form in file AND signature date was prior to reevaluation. **No =** No signed consent form in file OR consent form had signature date after reevaluation. **NA =** Student's most recent evaluation is an initial evaluation.				**Student Level:** Not correctable at the student level. **LEA Level:** Pull 10 random files to determine if consent was contained prior to reevaluation. If not, LEA must attend training on proper evaluation procedures. Provide documentation of above to OSSE.
REV – 6 §300.305	IEP team reviewed existing data to determine continued eligibility.	**Yes =** IEP documents that the following data were reviewed: • Evaluations and information provided by the parents • Current classroom, local or state assessment(s), and classroom-based observations • Observations by teachers and related service providers. **No =** Documentation does NOT exist that supports that existing evaluation data were used to determine continued eligibility. **NA =** Student's most recent evaluation is a reevaluation.				**Student Level:** Using existing data, reconvene the IEP team to re-determine eligibility and the educational needs of the student. **LEA Level:** Pull 10 random files to determine if existing data were reviewed to determine continued eligibility. If not, LEA must attend training on proper evaluation procedures. Provide documentation of above to OSSE.

REV – 7 §300.306(c)	A variety of sources were used to determine continued eligibility.	**Yes =** IEP documents that at least two of the following data sources were reviewed: • Aptitude and achievement tests • Parent input • Teacher recommendations • Child's physical condition • Child's background • Adaptive behavior **No =** Documentation does NOT exist that supports two or more data sources were used to determine eligibility. **NA =** Student's most recent evaluation is an initial evaluation.				**Student Level:** Using multiple and appropriate sources, reconvene the IEP team to re-determine eligibility and the educational needs of the student. **LEA Level:** Pull 10 random files to determine if a variety of assessment tools were used to determine eligibility. If not, LEA must attend training on proper evaluation procedures. Provide documentation of above to OSSE.
IEP – 8 §300.322(a)	Parent was invited to IEP meeting.	**Yes =** A copy of the invitation to parent(s) was in the file. **No =** A copy of the invitation to parent(s) was NOT in the file. **NA =** Student 18 or over and rights have transferred.				**Student Level:** Reconvene IEP meeting and invite parent(s). **LEA Level:** LEA must develop plan to ensure that all parents are invited to IEP Team meetings and provide documentation that the plan was implemented. Provide documentation of above to OSSE.
IEP – 9 §300.321(a) §300.321(e)	General education teacher ***attended*** the IEP meeting.	**Yes =** The general education teacher was in attendance OR written agreement indicating excusal AND evidence of general education teacher input. **No =** The general education teacher was required but NOT in attendance AND written input from general education teacher was NOT evident. (Even if excusal exists.) **NA =** A general education teacher was not a required participant of the student's IEP Team.				**Student Level:** Not correctable at the student level. **LEA Level:** At least three LEA administrators must attend training regarding the proper development of IEPs. Provide documentation of the above to OSSE.
IEP – 10 §§300.321(a) 300.321(e)	The LEA designee ***attended*** the IEP meeting.	**Yes =** The LEA designee was in attendance. **No =** The LEA designee was NOT in attendance.				**Student Level:** Not correctable at the student level. **LEA Level:** At least three LEA administrators must attend training regarding the proper development of IEPs. Provide documentation of the above to OSSE.

IEP – 11 §300.320(a)(2)(i)	The IEP contains a statement of measurable annual goals.	**Yes =** IEP contains goals that are measureable. **No =** The IEP does NOT contain goal(s) OR goal(s) not measureable.				**Student Level:** Reconvene the IEP meeting to develop measureable goals. **LEA Level:** Randomly select 10 files for evidence of measureable IEP goals. If all files do not contain measureable goals, reconvene IEP meetings to develop measureable goals. Provide documentation of the above to OSSE.
IEP -12 §300.320(a)(2)(i)(B)	IEP contains a statement of measureable annual related services goals (in the areas(s) of ST, PT, OT, counseling or APE) designed to meet the student's needs that result from his/her disability.	**Yes =** IEP contains related services goals that are measureable (in the area(s) of ST, PT, OT, counseling or APE). **No =** IEP does NOT contain related services goal(s) OR goal(s) not measureable. **NA =** Student's needs do not require related services (in the area(s) of ST, PT, OT, counseling or APE).				**Student Level:** Reconvene the IEP meeting to develop measureable related services goals. **LEA Level:** Randomly select 10 files for evidence of measureable IEP goals. If all files do not contain evidence of measureable related services goals, reconvene IEP meetings to develop measureable related services goals. Provide documentation of above to OSSE.
IEP -13 §300.320(a)(3)	IEP contains a description of how progress toward meeting related services goals will be measured.	**Yes =** IEP contains description of how progress will be measured. **No** = IEP does NOT contain description of how progress will be measured. **NA =** Student does not have related services goals.				**Student Level:** Reconvene the IEP meeting to develop a description of how progress will be measured. **LEA Level:** At least three LEA administrators must attend training regarding the proper development of IEPs. Provide documentation of above to OSSE.
IEP – 14 §300.106(a)(2)	File contains evidence that ESY was determined on an individual basis.	**Yes =** The IEP documents that ESY was determined on an individual basis. **No =** The IEP does NOT document that ESY was determined on an individual basis.				**Student Level:** IEP Team must convene to determine appropriate amount of compensatory education. **LEA Level:** At least three LEA administrators must attend training regarding the proper development of IEPs. Provide documentation of the above to OSSE.

IEP – 15 §300.320(a)(1)	IEP includes a PLAAFP that states how disability affects involvement in general curriculum (6-21) or how the disability affects student's involvement in appropriate activities (3-5).	**Yes =** The IEP includes a PLAAFP that states how disability affects involvement or impact in the general education curriculum or involvement in age appropriate activities. **No =** The IEP does NOT include a PLAAFP that states how disability affects involvement or impact in the general education curriculum or involvement in age appropriate activities.				**Student Level:** Reconvene IEP meeting to discuss how disability affects involvement and progress in general curriculum. **LEA Level:** At least three LEA administrators and/or staff members must attend training regarding the proper development of IEPs. Provide documentation of the above to OSSE.
IEP – 16 §300.320(c)	If the child is 17 or older, the IEP includes a statement that the child has been informed of the child's rights, that will transfer to the child on reaching the age of majority.	**Yes =** The IEP includes the required statement. **No =** The IEP does NOT include the required statement. **NA =** Student under age 17 and transfer of rights not yet occurred OR the child has been determined to be incompetent under District law.				**Student Level:** Obtain and file documentation of notification to student. **LEA Level:** LEA must develop plan for notifying parents and students of the transfer of student rights and provide documentation that the plan was implemented. Provide documentation of the above to OSSE.
IEP – 17 §300.324(a)	The IEP documents that the IEP Team considered the concerns of the parents for enhancing the education of their child.	**Yes =** The IEP includes documentation of consideration of parental concerns. **No =** The IEP does NOT include documentation of consideration of parental concerns. **NA =** Student over 18 and parental rights have transferred.				**Student Level:** Obtain and file documentation of consideration of parental concerns. **LEA Level:** LEA must convene a meeting with parent representatives to discuss best practices for communicating with parents regarding their concerns for their children with IEPs. Provide documentation of the above to OSSE.

LRE - 18 §300.114 (a)(2)(ii)	Supplemental aids and services were used before removing the student from the regular education environment.	**Yes =** The IEP documents that supplemental aids and services were used in the regular education environment before removing the student from the regular educational environment. **No =** The IEP does NOT clearly document the use of supplementary aids and services prior to removing the student from the regular educational environment. **NA =** The student has not been removed from the regular education environment.				**Student Level:** Implement student specific supplementary aids and services in the classroom for six (6) weeks and reconvene IEP team to consider if the placement is the LRE for the student. **LEA Level:** LEA administrators and school staff must receive technical assistance regarding implementing supplementary aids and services in the regular educational environment and provide documentation to OSSE that OSSE's LRE toolkit has been reviewed by the LEA director, special education coordinator and Dean of Students. Provide documentation of the above to OSSE.
LRE - 19 §300.116(d)	In selecting the LRE, there was consideration of any harmful effects on the student or on the quality of services needed.	**Yes =** The IEP file contains documentation, in the justification section, that the IEP team considered harmful effects on the student or on the quality of services. **No =** The IEP file does NOT contain documentation in the justification section that harmful effects were considered by the IEP team.				**Student Level:** Reconvene IEP team within 30 days of report and include documentation of the consideration of harmful effects in the justification section of the student's IEP. **LEA Level:** LEA must develop plan to ensure harmful effects are considered prior to placement decisions and provide documentation that the plan was implemented and provide documentation to OSSE that OSSE's LRE toolkit has been reviewed by the LEA director, special education coordinator and Dean of Students. Provide documentation of the above to OSSE.
DIS - 20 §300.530(e)	Student removed from educational setting for more than 10 days, within next 10 school days the IEP team met to determine if the behavior was a manifestation of the student's disability.	**Yes =** Manifestation determination information is completed timely and in file. **No =** Manifestation determination information is NOT complete timely OR not found in file. **NA =** Student was not removed for more than 10 days.				**Student Level:** IEP team must convene to determine if manifestation determination is necessary and if compensatory education is appropriate. **LEA Level:** At least three LEA administrators must attend training regarding IDEA discipline requirements. Provide documentation of the above to OSSE.

DIS – 21 §300.324 (a)(2)	The IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior.	**Yes =** The IEP file contains documentation that the IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior including the development of a BIP. **No =** The IEP file does NOT contain documentation that the IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior. **NA =** There is no evidence that the child has behaviors that impede the child's learning or that of others.				**Student Level:** Reconvene IEP team within 30 days of report to consider the use of positive behavior supports and behavioral interventions and other strategies to address behavior including developing a BIP. **LEA Level:** At least three LEA administrators must attend training regarding the use of positive behavioral interventions and supports. Provide documentation of the above to OSSE.
DAT – 22 §300.211	Student name in file is same as student name reported in SEDS.	**Yes =** Student name in file is spelled the same as in SEDS. **No =** Student name in file is NOT spelled the same as in SEDS.				**Student Level:** Find and correct student name in file or in STARS/OLAMS/Proactive. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT – 23 §300.211	Date of birth in file is same as date of birth reported in SEDS.	**Yes =** Date of birth in file is same as reported in SEDS. **No =** Date of birth in file is NOT the same as reported in SEDS.				**Student Level:** Find and correct date of birth in file or in STARS/OLAMS/Proactive. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT – 24 §300.211	Primary disability in file is same as primary disability reported in SEDS.	**Yes =** Primary disability in file is same as reported in SEDS. **No =** Primary disability in file is NOT the same as reported in SEDS.				**Student Level:** Find and correct primary disability in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.

DAT – 25 §300.211	Placement in file is same as placement reported in SEDS.	**Yes =** Placement in file is same as placement reported in SEDS. **No =** Placement in file is NOT the same as reported in SEDS.				**Student Level:** Find and correct placement in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT - 26 §300.211	Date of initial evaluation in file is same as date of initial evaluation in SEDS.	**Yes =** Initial evaluation date in file is same as reported in SEDS. **No =** Initial evaluation date in file is NOT same as reported in SEDS. **NA =** Date of initial evaluation not found in file.				**Student Level:** Find and correct initial evaluation date in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT – 27 §300.211	Date of reevaluation in file is same as date of reevaluation in SEDS.	**Yes =** Reevaluation date in file is same as reported in SEDS. **No =** Reevaluation date in file is NOT same as reported in SEDS. **NA =** Date of initial evaluation not found in file.				**Student Level:** Find and correct date of reevaluation in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT - 28 §300.211	Date of IEP development is same as date of IEP development in SEDS.	**Yes =** Date of IEP development in file is same as reported in SEDS. **No =** Date of IEP development in file is NOT same as reported in SEDS. **NA =** Date of IEP development not found in file.				**Student Level:** Find and correct date of IEP development in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.
DAT - 29 §300.211	Date of IEP implementation is same as date of IEP implementation in SEDS.	**Yes =** Date of IEP implementation in file is same as reported in SEDS. **No =** Date of IEP implementation in file is NOT same as reported in SEDS. **NA =** Date of IEP implementation not found in file.				**Student Level:** Find and correct date of IEP implementation in file or in SEDS. **LEA Level:** Train personnel responsible for data entry of special education data. Provide documentation of the above to OSSE.

LEA Level Review						
DAT - 29 §300.211	The LEA has entered all students who have been referred to special education into SEDS.	**Yes =** All files reviewed are entered into SEDS. **No =** There is documentation that a student was referred to special education however the student information does not appear in SEDS.				**LEA Level:** LEA must develop and implement a plan that addresses timely data entry. Provide documentation of the above to OSSE.
DSP – 30 §300.600(e)	The LEA implements hearing officer determinations in a timely manner.	**Yes =** Documentation confirms that all hearing officer decisions were implemented in a timely manner. **No =** Documentation does NOT confirm that all hearing officer decisions were implemented in a timely manner. **NA =** No hearing officer decisions have been issued against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
DSP – 31 OSSE State Complaint Policy	The LEA provides information to OSSE regarding State complaints within 10 days of request.	**Yes =** State complaint files document receipt of information within 10 days of request. **No =** State complaint files do NOT document receipt of information within 10 days of request. **NA =** No State complaints have been filed against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
DSP – 32 §300.600(e)	The LEA timely implements corrective actions contained in the State complaint decision letter.	**Yes =** State complaint files document timely correction of noncompliance identified in the decision letter. **No =** State complaint files do NOT document timely correction of noncompliance identified in the decision letter. **NA =** No State complaints have been filed against the LEA.				**LEA Level:** LEA must develop and implement a plan that addresses timely compliance with dispute resolution activities. Provide documentation of the above to OSSE.
NIM – 33 §300.172	The LEA provides instructional materials to blind students or other students with print disabilities.	**Yes =** The LEA coordinates with NIMAC or provided documentation that blind students or other students with print disabilities receive instructional materials in a timely manner. **No =** The LEA does NOT coordinate with NIMAC OR did NOT provide documentation that blind students or other students with print disabilities receive instructional materials in a timely manner. **NA =** The LEA does not serve blind students or other students with print disabilities.				**LEA Level:** LEA must provide documentation of communication with NIMAC or documentation of providing students with instructional materials. Provide documentation of the above to OSSE.

FIS – 34 §80.20	The LEA has a policy/procedure governing the preparation and approval of budgets and budget amendments for all funds.	**Yes =** The LEA has demonstrated that it has a policy/procedure. **No =** The LEA has NOT demonstrated that it has policy/procedure.				**LEA Level:** The LEA must develop policy/procedure for governing the preparation and approval of budgets and budget amendments for all funds. Provide documentation of the above to OSSE.
FIS – 35 §§80.36(b)(1), (b)(2)	The LEA has procurement polices/procedures which conform to applicable Federal law and regulations and a contract administration system in place which ensures that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders.	**Yes =** The LEA has demonstrated that it has procurement standards aligned with 34 CFR §§80.36(b)(1), (b)(2). **No =** The LEA has NOT demonstrated that it has procurement standards aligned with 34 CFR §§80.36(b)(1) and (b)(2). **NA =** The LEA has not used IDEA grant funds for contracts.				**LEA Level:** The LEA must develop policies/procedures that conform to applicable Federal law and regulations as has a contract administration system in place which ensures that contractors perform in accordance with the terms, conditions, and specifications of their contracts or purchase orders including ensuring that grant funds are used for allowable costs. Provide documentation of the above to OSSE.
FIS – 36 OSSE GAN	The LEA has policies and procedures that ensure expenditures in the IDEA Reimbursement Workbooks (RW) are reviewed to ensure that expenses align to its approved grant application, IDEA, and OMB Circular A-87.	**Yes =** The LEA has demonstrated that it has a policy/procedure. **No =** The LEA has NOT demonstrated that it has policy/procedure.				**LEA Level:** The LEA must develop policy/procedure that ensures expenditures included in the IDEA RW are reviewed and approved by the appropriate grant director/supervisor before the RW is submitted. Provide documentation of the above to OSSE.
FIS – 37 §80.23	The LEA has documentation sufficient to determine whether federal funds were obligated and reimbursement was sought within the approved grant period.	**Yes =** Based on the sample tested, the LEA has demonstrated that it obligated IDEA expenditures within the appropriate grant period. **No =** Based on the sample tested, the LEA has NOT demonstrated that it obligated IDEA expenditures within the appropriate grant period.				**LEA Level:** The LEA must submit invoices to OSSE for allowable expenditures, incurred within the correct grant period, that equate to the amount deemed to be disallowable. These invoices must not have been paid for by any other federal funding source previously.
FIS – 38 §80.42 GEPA	The LEA retains financial records and relevant supporting documentation for the required time period, which is 5 years.	**Yes =** The LEA has demonstrated that is has a records retention policy that ensures financial records are retained for 5 years. **No =** The LEA has NOT demonstrated that is has a records retention policy that ensures financial records are retained for 5 years.				**LEA Level:** The LEA must develop policy/procedure that ensures financial records are retained for 5 years. Provide documentation of the above to OSSE.

FIS – 39 §80.32	The LEA has controls in place to protect equipment acquired with IDEA funds costing more than $5,000.	**Yes =** The LEA has demonstrated that is has controls in place to protect assets acquired with federal funds costing more than $5,000. **No =** The LEA has NOT demonstrated that is has controls in place to protect assets acquired with federal funds costing more than $5,000. **NA =** The LEA has provided a policy which states that the LEA will not use IDEA funds for equipment costing more than $5,000.				**LEA Level:** The LEA must develop policy/procedure that ensures assts procured with federal funds are protected, particularly those assets costing more than $5,000. Provide documentation of the above to OSSE.
FIS – 40 §80.36(b)	The LEA maintains a code of conduct standard/conflict of interest policy for employees involved in the administration of contracts.	**Yes =** The LEA has demonstrated that it has code of conduct/conflict of interest standards. **No =** The LEA has NOT demonstrated that it has code of conduct/conflict of interest standards.				**LEA Level:** The LEA must develop code of conduct/conflict of interest policy for employees involved in the administration of contracts. Provide documentation of the above to OSSE.
FIS – 41 §80.20	The LEA has an accounting record that ensures federal funds are not co-mingled.	**Yes =** Based on the sample tested, the LEA has demonstrated that federal funds are not co-mingled. **No =** Based on the sample tested, the LEA has NOT demonstrated federal funds are not co-mingled.				**LEA Level:** The LEA must develop policy/procedure that ensures federal grant funds are not co-mingled. Provide documentation of the above to OSSE.
FIS – 42 §80.20	The LEA accurately tracks expenditures assigned to each of its IDEA grants, applicable budgets and set-asides.	**Yes =** Based on the sample tested, the LEA has demonstrated that it accurately tracks expenditures and records revenue received from its IDEA grants at a detailed level. **No =** Based on the sample tested, the LEA has NOT demonstrated that it accurately tracks expenditures OR that it records revenue received from its IDEA grants at a detailed level.				**LEA Level:** The LEA must develop policy/procedure that ensures expenditures are accurately tracked. Provide documentation of the above to OSSE.
FIS – 43 OMB Circular A-87	The LEA appropriately charges salaries of personnel working on IDEA grant objectives and are supported with IDEA grant funds.	**Yes =** Based on the sample tested, the LEA has demonstrated that salaries are appropriately charged to its IDEA grant programs. **No =** Based on the sample tested, the LEA has NOT demonstrated that salaries are appropriately charged to its IDEA grant programs. **NA =** The LEA did not use IDEA grant funds for salaries.				**LEA Level:** The LEA must develop policy/procedure that ensures salaries of personnel who are paid with grant funds are charged appropriately. Provide documentation of the above to OSSE.

FIS – 44 OMB Circular A-87	The LEA appropriately tracks the time and effort of personnel who are supported by IDEA grant funds.	**Yes =** Based on the sample tested, The LEA has demonstrated it keeps the appropriate time and effort records for personnel working on IDEA cost objectives. **No =** Based on the sample tested, the LEA has NOT demonstrated it keeps the appropriate time and effort records for personnel working on IDEA cost objectives. **NA =** The LEA did not use IDEA grant funds for personnel.				**LEA Level:** The LEA must develop policy/procedure that ensures OMB Circular A-87 Time and Effort requirements are followed. Provide documentation of the above to OSSE.
FIS – 45 §80.20(b)(6)	The LEA has source documentation for items for which it purchased and sought reimbursement from IDEA funds.	**Yes =** Based on the sample tested, the LEA has verified it purchased and received the items it sought IDEA reimbursement for in the IDEA RW. **No =** Based on the sample tested, the LEA was NOT verified it purchased and received the items it sought IDEA reimbursement for in the IDEA RW.				**LEA Level:** The LEA must (1) develop policies/procedures to ensure it receives the items it purchases with federal funds; (2) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (3) include invoices and proof of payment documentation for all items included in its next RW. Provide documentation of the above to OSSE.
FIS – 46 §80.36	The LEA has followed procurement procedures consistent with EDGAR and OMB Circular A-87 for developing and awarding contracts for services, supplies, and materials.	**Yes =** Based on the sample tested, the LEA has demonstrated that it followed the appropriate procurement procedures for developing and awarding contracts. **No =** Based on the sample tested, the LEA has NOT demonstrated that it followed the appropriate procurement procedures for developing and awarding contracts. **NA =** The LEA did not use IDEA grant funds for contracts for services, supplies or materials.				**LEA Level:** The LEA must (1) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (2) include invoices and proof of payment documentation for all items included in its next RW. Provide documentation of the above to OSSE.
FIS – 47 §80.20 & OMB Circular A-87	The LEA has followed procedures consistent with IDEA, EDGAR, and OMB Circular A-87 to ensure that IDEA funds were expended only for allowable activities.	**Yes =** Based on the sample tested, the LEA has demonstrated that only allowable costs were charged to its IDEA grants. **No =** Based on the sample tested, the LEA has NOT demonstrated that only allowable costs were charged to its IDEA grants.				**LEA Level:** The LEA must (1) review and revise its policies/procedures to ensure consistent compliance with local and federal regulations; (2) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (3) include invoices and proof of payment documentation for all items included in its next RW.

FIS – 48 §80.20 & OSSE GAN	The LEA correctly paid and retained invoices for expenditures it included in its IDEA RW.	**Yes =** Based on the sample tested, the LEA has demonstrated that it correctly reviewed, paid, and retained records of invoices for expenditures included in its RW. **No =** Based on the sample tested, the LEA has NOT demonstrated that it correctly reviewed, paid, and retained records of invoices for expenditures included in its RW. **NA =** Based on the sample tested, the LEA was not required to retain invoices.				**LEA Level:** The LEA must (1) review and revise its policies/procedures to ensure consistent compliance with local and federal regulations; (2) submit invoices to OSSE for allowable expenditures that equate to the amount deemed disallowable; and (3) include invoices and proof of payment documentation for all items included in its next RW.
FIS – 49 OMB Circular A-87	If applicable, the LEA procured, utilized, and charged construction expenses to its IDEA grants in a manner consistent with its approved application, EDGAR, Curricular A-87, and IDEA-ARRA guidance.	**Yes =** Based on the sample tested, the LEA has demonstrated that it procures, utilizes, and charges equipment and property expenses to its IDEA grants appropriately. **No =** Based on the sample tested, the LEA has NOT demonstrated that that it procures, utilizes, and charges equipment and property expenses to its IDEA grants appropriately. **NA =** LEA has not used IDEA funds for construction.				**LEA Level:** The LEA must reimburse OSSE for the misused funds within 60 days.
FIS – 50 §300.226 & §300.646	If applicable, the LEA utilized IDEA funds for providing Coordinated Early Intervening Services (CEIS) for appropriate uses.	**Yes =** Based on the sample tested, the LEA demonstrated that it utilized the CEIS funds for appropriate uses. **No =** Based on the sample tested, the LEA has NOT demonstrated that it utilized the CEIS funds for appropriate uses. **NA =** LEA has not reserved funds for CEIS.				**LEA Level:** • **Voluntary Elections** - the LEA must modify its existing budgets and spending plans. • **Required Election** – the LEA must submit quarterly CEIS activity and expenditure reports to OSSE for the next three quarters.
FIS – 51 §300.226(d)	If applicable, the LEA is properly tracking students who receive CEIS.	**Yes =** The LEA demonstrated that it has procedures in place to track the number of students who received CEIS and the number of students who subsequently received special education. **No =** The LEA did NOT demonstrate that it has procedures in place to track the number of students who received CEIS OR the number of students who subsequently received special education. **NA =** LEA has not reserved funds for CEIS.				**LEA Level:** Within 90 days provide OSSE with the required documentation that the LEA has a policy/procedure to track students for two years and provide OSSE with CEIS report and within 30 days of the written procedure, demonstrate that the LEA has begun tracking students who received CEIS.

FIS – 52 §300.134	If applicable, the LEA has undergone timely meaningful consultation with private school representatives and representatives of parents of parentally-placed private school students with disabilities.	**Yes =** The LEA has documentation that it engaged in meaningful consultation with representatives. **No =** The LEA has NOT documented meaningful consultation with representatives. **NA =** LEA not required to engage in consultation.				**LEA Level:** Within 90 days LEA must provide documentation of meaningful consultation regarding child find, proportionate share, consultation process and provision of services (including written explanation if needed).
FIS – 53 §300.134	If applicable, the LEA has sought reimbursement for serving parentally placed students with disabilities in private schools in a manner consistent with IDEA.	**Yes =** The LEA has sought reimbursement this year for Equitable Services. **No =** Based on the sample tested, the LEA has NOT sought reimbursement this year for Equitable Services. **NA =** LEA not responsible for proportionate share.				**LEA Level:** The LEA must submit quarterly IDEA Equitable Services activity and expenditure reports to OSSE for the next three quarters.
FIS – 54 §300.203	The LEA did not reduce its level of expenditures for the education of students with disabilities made from state and local funds below the level of expenditures for the preceding fiscal year.	**Yes =** The LEA has demonstrated that it has not reduced its level of expenditures for the education of students with disabilities made from state and local funds below the level of expenditures for the preceding fiscal year. **No =** The LEA has NOT demonstrated that it has not reduced its level of expenditures for the education of students with disabilities made from state and local funds below the level of expenditures for the preceding fiscal year. **NA =** The LEA was not operating in the preceding fiscal year.				**LEA Level:** The LEA must provide OSSE with local funds in the amount of the reduction that does not qualify for an exception under §300.204 or an adjustment under §300.205.

Student Name (Last, First)	Name of LEA	Record Review Completed By
Student ID	Name of School	Date of Record Review
Student Date of Birth		

Item # Regulation/ Authority	Item Text	Response Criteria	Y	N	N A	Corrective Actions: Student Level and Additional LEA Level
STR -1 §300.320(b)	There is an appropriate measurable postsecondary goal that addresses education OR training after high school.	**Yes =** The IEP contains at least one appropriate postsecondary goal in the area of education or training that is: • Measurable • Aligns with PLOP AND • Aligns with assessment results **No =** The IEP does not contain a postsecondary goal in the area of education or training or the goal is not measureable or the goal does not align with present levels of performance and assessment results.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.
STR – 2 §300.320(b)	There is an appropriate measurable postsecondary goal that addresses employment after high school.	**Yes =** The IEP contains at least one appropriate postsecondary goal in the area of employment that is: • Measurable • Aligns with PLOP AND • Aligns with assessment results **No =** The IEP does not contain a postsecondary goal in the area of employment or the goal is not measureable or the goal does not align with present levels of performance and assessment results.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.

STR - 3 §300.320(b)	If needed, there is an appropriate measurable postsecondary goal that addresses independent living.	**Yes =** The IEP contains at least one appropriate postsecondary goal in the area of independent living that is: • Measurable • Aligns with PLOP AND • Aligns with assessment results **No =** The IEP does not contain a postsecondary goal in the area of independent living or the goal is not measureable or the goal does not align with present levels of performance and assessment results. **NA =** An independent living goal is not appropriate for the student.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.
STR - 4 §300.320(b)	Postsecondary goal(s) are updated annually.	**Yes =** The file contains evidence that postsecondary goals were updated within the past year. (Or, this is the first IEP for the student which contains transition goals.) **No =** There is no evidence that the postsecondary goals have been updated within the past year.				**Student Level:** Convene IEP team to develop appropriate goal. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.
STR - 5 §300.320(b)	Postsecondary goal(s) are based on age appropriate transition assessments.	**Yes =** The file contains documentation that age appropriate transition assessment(s) were used (**date administered and results listed**) to develop student's postsecondary goals. **No =** The file does NOT contain documentation that age appropriate transition assessment(s) were used to develop student's postsecondary goals.				**Student Level:** Conduct age appropriate transition assessment(s) and convene IEP meeting to review results. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.
STR - 6 §300.320	There are transition services in the IEP that will assist the student to meet postsecondary goal(s).	**Yes =** Transition services are present in the IEP. **No =** Transition services are NOT present in the IEP.				**Student Level:** Convene IEP meeting to identify transition services. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.
STR - 7 §300.320(b)(2)	Transition services include courses of study that will enable the student to meet postsecondary goal(s).	**Yes =** Courses of study are included in the transition services. **No =** Courses of study are NOT included in the transition services.				**Student Level:** Convene IEP meeting to identify transition services, including courses of study. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.

STR - 8 §300.321(b)	There is evidence that the student was invited to the IEP meeting.	**Yes =** File contains the student's invitation to the IEP meeting. **No =** File does NOT contain the student's invitation to the IEP meeting.				**Student Level:** In student's next annual IEP, invite and document the invitation of, the student to the IEP meeting. **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.
STR - 9 §300.321(b)	If appropriate, there is 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.	**Yes =** File contains evidence that a representative from a participating agency was invited to the IEP meeting AND parent/student consent for inviting participating agency was obtained. **No =** One or both of the following documentation was NOT found: - IEP invitation to representative from participating agency, - parent/student consent to invite representative from participating agency. **NA =** No participating agency appropriate. (If no transition services listed and are likely to be provided/paid for by an outside agency, then NA.)				**Student Level:** If appropriate in student's next annual IEP, there is evidence that a representative of any participating agency was invited to the IEP meeting with prior consent of parent or student (who has reached the age of majority). **LEA Level:** LEA must demonstrate 100% compliance on next quarterly review.

Determinations of the Status of Local Programs by State Agencies
Under Parts B and C of the
Individuals with Disabilities Education Act (IDEA)

It will be necessary for States to consider a number of factors when establishing their "Determinations" process under IDEA sections 616 and 642. Certainly, the most important of these is to ensure that the process includes all of the required components. As discussed below, States *must* consider performance on compliance indicators, data integrity, uncorrected noncompliance issues and relevant audit findings. Developing a process that ensures consideration of all of these factors will likely involve a multi-faceted approach. Because each State is expected to develop a process that reflects their unique context, it is clear that a variety of strategies will be used to meet this federal requirement. However, despite anticipated differences in approach, there will also be some commonality with regard to the entire range of issues that States will address as well.

Purpose

The purpose of this document is to provide guidance on the annual determinations that must be made under IDEA of local programs performance in meeting the requirements and purposes of the IDEA. This document addresses:

- OSEP requirements of States;
- Determination categories and state enforcement;
- Issues and challenges for States to consider in the decision making process now and in the future;
- Involving stakeholders in developing a determination process; and
- Resources and references.

OSEP Requirements of States

OSEP provided guidance to States on how they are to make determinations of status of local programs. These are in the FAQ document of 10/19/2006 (http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/determinations%20faqs.doc).

Below are OSEP requirements of states as stated in the FAQ document:

- States are required to enforce the IDEA by making "determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EIS program under Part C.
- States must use the same four categories in IDEA section 616(d) as OSEP in making determinations of the status of LEAs/EIS programs. These categories are:
    - Meets Requirements;
    - Needs Assistance;
    - Needs Intervention; and
    - Needs Substantial Intervention.
- States MUST consider:
    - Performance on compliance indicators;

    - Whether data submitted by LEAs/EIS programs are valid, reliable, and timely;
    - Uncorrected noncompliance from other sources; and
    - Any audit findings.
- In addition, States could also consider:
    - Performance on performance indicators; and
    - Other information.

There is nothing in the IDEA statute or regulations that addresses a timeline for when States must make their annual determinations regarding the performance of the LEAs/EIS programs in their States. However, States need to make the determinations as soon as possible after making their annual report to the public on the performance of each LEA/EIS program.

States must inform each LEA/EIS program of the State's determination regarding that LEA/EIS program. However, the IDEA does not require States to report to the Department or to the public the determinations the State makes regarding the performance of each LEA/EIS program, although States may choose to do so.

The State's public reports of LEA/EIS program performance and its determinations provide valuable data and information to these local programs on how their program compares to the State's targets. States will want to be timely in informing LEAs/EIS programs of their determinations so programs can take actions necessary for improvement. In addition, there may be implications under the State's determinations for the State's award of funds to LEAs/EIS programs so the State would ideally make its determinations before LEA subgrants are issued or funds under subawards or contracts are signed or renewed to EIS programs.

Determinations and Enforcement

As noted above, States must use the same four categories as OSEP in making determinations of the status of local programs. These categories are

- Meets Requirements;
- Needs Assistance;
- Needs Intervention; and
- Needs Substantial Intervention.

Enforcement actions for these categories are described in section 616(e) of the IDEA and also in the Part B regulations at §§300.603 and 300.604. States must use appropriate enforcement actions listed at section 616(e) and in the Part B regulations at §300.600(a) that refers to the actions listed in §300.604. Not all of the enforcement actions included in section 616(e) and §300.604 may be applicable or appropriate for a State in determining the appropriate enforcement actions against specific LEAs/EIS programs. The Part B regulations at §300.600(a) specifically designate the enforcement actions that States must apply after an LEA is determined to "Need Assistance" for two consecutive years, "Need Intervention" for three or more consecutive years or immediately when an LEA is determined to be in "Need of Substantial Intervention."

In other words, when a State determines that an LEA:

- Needs Assistance for two consecutive years, the State must take one or more of the following enforcement actions in §300.604:
  - (a)(1): Advise programs of available sources of technical assistance to address areas on which the program needs assistance; or
  - (a)(3): Identify programs as high risk grantee and imposing conditions on use of funds.
- Needs Intervention for three or more consecutive years, the State must take one or more of the following actions in §300.604:
  - (b)(2)(i): Require the program to prepare or implement a corrective action plan to correct the identified area(s); or
  - (b)(2)(v): Withhold, in whole or in part, further payments to programs.
- Needs Substantial Intervention at any time, the State must take the following enforcement action in §300.604:
  - (c)(2): Withhold, in whole or in part, any Part B funds.

In addition to the minimum enforcement actions noted above, a State also may use any other enforcement mechanisms and actions available to it (such as those included in State rules, regulations, or policies) to enforce the IDEA. For example, a State might advise an LEA/EIS program of available technical assistance on areas on which the program needs assistance after the first year the program is identified as needing assistance, or require more rigorous reporting on the area needing improvement.

Issues and Challenges for the State

States need to consider a number of issues in preparation for making determinations of the status of local programs.

- How can we ensure that the process for making determinations is perceived as fair and equitable?
- How can we develop a determinations process that can be clearly articulated and understood by LEAs/EIS programs?
- Will the decision making process be strictly internal – State staff – or involve stakeholders?
- What is the relationship of the public report and program determination?
- What will serve as the criteria to assign each LEA/EIS program in one of the four determinations categories?
- How will the State take into consideration data that are more recent than the last report to the public? How will the State take into consideration improvement even when programs do not meet the State target?
- How many compliance and results indicators should our State include to achieve a comprehensive process for making determinations?
- What standards are set by the State for determining whether local program data are valid, reliable, and timely?
- What specific criteria will be used, if any, besides those the State must use?
- Whether some outcome indicators have more importance in the State at a particular time?

- Does the State want to inform LEAs/EIS programs of their draft determinations to request feedback?
- Will the State have an appeals process by local programs?
- Should our State include student or system results indicators as well as the required compliance indicators?
- What is the message the State sends to the public if the criteria for making determinations relies solely on program's performance on procedural compliance indicators?
- Will the State consider data from dispute resolutions – complaints, hearings or appeals - as part of the State's criteria?
- How will the State incorporate new indicators into the decision making process in future years?
- To what extent can a State automate the determinations task?
- Does the State intend to report the determinations to the public (recognizing that the State's correspondence informing the LEA/EIS program is likely available to the public through State freedom of information laws)?
- How will the State use the determinations of LEAs/EIS programs to guide or inform the State in whether to revise its SPP improvement activities?
- How are State resources to be allocated for each of the determination levels? For example, how will the State allocate resources for LEAs/EIS programs identified in the needs assistance category?
- States are required to enforce the IDEA by making "determinations annually under IDEA section 616(e) on the performance of each LEA under Part B and each EIS program under Part C.
- What implications will making determinations have on current resources and allocation of resources?

Involving Stakeholders: State Advisory Panels and State Interagency Coordinating Councils

State leadership—along with meaningful stakeholder involvement—are integral components in developing a determinations process that will be perceived as fair and equitable by LEAs/EIS programs. The functions of the State Advisory Panel (SAP) as described in section 1412(a)(21) of IDEA (Part B) and the State Interagency Coordinating Council (SICC) as described in section 635(a)(10) of IDEA (Part C) provide States with some mechanisms for obtaining stakeholder input and feedback on a wide variety of issues related to establishing a determinations process. As many well know, the role of the State Advisory Panel (SAP) is to advise on rules or regulations proposed by the State in such matters as evaluation and reporting data, the development of corrective action plans, and in policies related to coordinating Part B services provided to children and youth with disabilities. A similar advisory role is shared by the SICC, which must, under IDEA section 641(e)(1)(D), also prepare and submit an annual report to the Governor and the Secretary on the status of early intervention programs operated within the State. As such, both the SAP and the SICC can serve important roles in helping the State identify appropriate criteria in the determinations process.

In some instances, States may have a stakeholder group other than the SAP or SICC that has also assisted in the development of the State Performance Plan (SPP) and Annual

Performance Report (APR) and States may wish to continue the involvement of these stakeholders in developing the State's determinations process under Parts B and C of the IDEA. Even while acknowledging that States will likely involve various types of stakeholder groups to one extent or another, issues will need to be addressed regarding the general nature of their involvement. However, for those States seeking to more actively engage their SAPs and SICCs in decision-making activities, the task of establishing a determinations process appears to be an ideal opportunity for this to occur.

Advantages in obtaining stakeholder input include:

- Involving stakeholders helps to diminish the burden of having only a relative few make decisions that will have widespread impact.
- Involving stakeholders helps to secure "buy-in," particularly from constituencies most likely to question the accuracy and efficacy of the determinations process.
- Involving stakeholders adds "transparency" to the decision-making process.

Nature of Stakeholder Involvement

States will need to consider various issues related to *how* stakeholders will be involved in the development of the determinations process. As indicated previously, one very important thing to consider is the *extent* to which stakeholders will be involved. For example, some States may choose to deliberate internally and perhaps even "field test" various strategies before presenting these options a stakeholder group. In this capacity, the involvement of stakeholders will be largely advisory. In contrast, other States may wish to include stakeholders more directly in the development of the determinations process. In this case, stakeholders are involved from the very beginning in helping with decisions about the "nuts and bolts" of the determinations process. In any event, it is likely that States will select an option most consistent with their historical relationships in working with stakeholders. Irrespective of what approach to involving stakeholders is selected—States will need to consider questions related to the stakeholder process. Several of these questions are indicated below:

- "*To what extent will LEAs/EIS programs be represented as stakeholders?"*—A critical question since LEAs/EIS programs will be most directly impacted by the process the State uses to make determinations.
- *What process will be used to establish a consensus among stakeholders?*—Much of the work involved in setting criteria for determinations will be contingent upon agreement of "decision rules."
- *How will the stakeholder group be facilitated?*—Some States may consider using external facilitation by a person or entity perceived as "fair."

Stakeholders can play an important role in helping the State to develop strategies for the determinations process. As such, it is important for the State to recognize their potential contributions and begin the process of establishing a determinations process by approaching it as a "stakeholders first" attitude. One of the "latest" performance-based methods to support this way of thinking is reflected in the "Performance Prism," a model entirely predicated on the assumption, *Start with stakeholders—not strategies*." Research from Neely, Adams, and Kennery (2002), for example, points out that strategies represent

the “route” you take—the *how* to reach the “final destination”—which, in this case, is developing a fair and equitable approach to making determinations on the performance of LEAs/EIS programs.

Resources and References

- SPP/APR Part C Indicator Overview (http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/nac_materials/c%20indicator%20overview.doc)
- SPP/APR Part B Indicator Overview (http://www.rrfcnetwork.org/images/stories/FRC/spp_mat/nac_materials/b%20indicator%20overview.doc)
- Determinations Summary Report – Part C
- Determinations Summary Report – Part B

Determination FAQs (10/19/06)

What are the Secretary's "Determinations?"
Based on information provided in the SPP, information obtained through monitoring visits and other public information, the Secretary will determine if the State--

- Meets the requirements
- Needs assistance
- Needs intervention
- Needs substantial intervention

What will OSEP consider in making the "Determinations?"

Department will consider all information available at the time of the determinations including:

- History, nature and length of time of any reported noncompliance
- Evidence of correction, including progress toward full compliance
- Information regarding valid and reliable data
- Special conditions
- Compliance agreements
- Audit findings
- Verification or focused monitoring findings

Are States required to make "Determinations?"

Pursuant to 616(a)(1)(C)(i) and 300.600(a), States are required to make "Determinations" annually under 616(d) on the performance of LEAs/EIS programs.

What should States consider in making their "Determinations?"

States MUST consider

- Performance on compliance indicators;
- Whether data submitted by LEAs/EIS programs is valid, reliable, and timely;
- Uncorrected noncompliance from other sources; and
- Any audit findings.

In addition, States could also consider:

- Performance on performance indicators; and
- Other information.

Must States use the same four categories as the Department will use?

- Yes, States must use "Meets Requirements, Needs Assistance, Needs Intervention, and Needs Substantial Intervention."

Is there a deadline for States to make the Determinations for their LEAs or EIS Programs?

- There is nothing in the statute or regulations that addresses a timeline for when States must make Determinations regarding the performance of the LEAs or EIS programs in their States. However, States need to make the Determinations as soon as possible after making their annual report to the public on the performance of each LEA or EIS program. It is important to ensure that LEAs and EIS Programs have time to improve performance prior to the next reporting to the State by each LEA or EIS program and the State's next

Determinations point. In addition, there may be implications for the State's award of funds to LEAs or EIS programs so the State would ideally make its Determinations before grants are issued or contracts are signed or renewed.

Must States report the Determinations of each LEA or EIS Program to the Department and/or the public?

- IDEA does not require States to report to the Department or to the public the Determinations the State makes regarding the performance of each LEA or EIS Program. States, of course, must inform each LEA or EIS Program of the State's Determination regarding that LEA or EIS program.

Attachment F

Office of the
State Superintendent of Education

[Name of LEA]
Pre-Site Monitoring Visit Agenda
[Date of Pre-site Visit]

8:30 – 8:45 Welcome/Introductions

8:45 – 9:00 Purpose of Visit

9:00 – 9:30 Review LEA Data

9:30 – 10:00 Visit Process/Agenda
- Pre-visit Teacher Survey
- On-site Agenda
- Record Review
  - Space needed
  - Student files
- Interviews
  - Space needed
  - Focus groups
  - List of teachers and students
  - Parent release form
- Classroom Observations
- Debrief

10:30 – 11:00 Documents Needed
- Fiscal Polices and Procedures
- Staff Roster including Staff Emails
- Special Education Student Roster
- School Schedule

11:00 – 11:30 Questions/Next Steps

Office of the
State Superintendent of Education

[Name of LEA]
On-Site Monitoring Visit Agenda
[Date of Pre-site Visit]

DAY 1: [Date]

8:30 – 9:00 Overview of On Site Monitoring Visit
A. Introductions
B. Review agenda
C. Schedule adjustments

9:00 – 10:00 Classroom Observations

10:00 – 12:00 Record Reviews

12:00 – 1:00 Lunch

1:00 – 4:30 Record Reviews (cont.)

4:30 – 5:00 Debrief
A. Review interview schedule

DAY 2: [Date]

9:00 – 10:00 Classroom Observations

10:00 – 12:00 Record Reviews

12:00 – 1:00 Lunch

1:00 – 4:30 Record Reviews (cont.)

DAY 3: [Date]

8:30 – 9:00 Review Agenda

9:00 – 12:00 Interviews

A. Administrator(s)
B. Related Service Providers
C. Special Education Teachers
D. General Education Teachers
E. Special Education Coordinator
F. Students
G. Parents
H. Budget Administrator/Fiscal Director

12:00 – 1:00 Lunch Break

1:00 – 4:00 Interviews (cont.)

4:00 – 5:00 Exit Conference

Attachment G

Informal Classroom Observation Tool

LEA: _____ Reviewer: _____ Date: _____

Type of Classroom Setting: _____ Type of Activity: _____

Item	Observations
Classroom is clutter free and organized.	☐ Yes ☐ No ☐ No opportunity to observe
Student work is displayed in a celebratory and respectful manner.	☐ Yes ☐ No ☐ No opportunity to observe
Classroom language and tone creates a welcoming learning environment.	☐ Yes ☐ No ☐ No opportunity to observe
There is a classroom management system which incorporates positive behavioral interventions and supports (praise, positive language, and encouragement).	☐ Yes ☐ No ☐ No opportunity to observe
Special education students have access to appropriate instructional materials.	☐ Yes ☐ No ☐ No opportunity to observe
Students with IEPs have an opportunity to work with a diverse group of learners.	☐ Yes ☐ No ☐ No opportunity to observe
There is evidence of modified assignments, assessments and instructional materials for students with disabilities.	☐ Yes ☐ No ☐ No opportunity to observe
Multiple modes of instruction (i.e., visual, auditory, kinesthetic) were used to accommodate various learning styles/ability levels.	☐ Yes ☐ No ☐ No opportunity to observe
Adjustments were made throughout lesson to meet the needs of all students.	☐ Yes ☐ No ☐ No opportunity to observe

Attachment H

OSSE Compliance Monitoring – Placement Unit Tool (9/06/2011)

Student Name (Last, First)	Name of LEA	Record Review Completed By
Student ID	Name of School	Date of Record Review
Student Date of Birth		

Item # Regulation/ Authority	Item Text	Response Criteria	Y	N	NA	Corrective Actions/Improvement Activities:
IEP – 1 §§300.320(a)(2)(i) and (a)(3)(i)	IEP contains measureable goals and a description of how progress toward goals will be measured.	**Yes =** File contains measureable goals AND a description of how progress will be measured. **No =** File does NOT contain measureable goals OR a description of how progress toward goals will be measured.				**Student Level:** Reconvene IEP team within 30 days of report and develop measureable goals and a description of how progress toward the goals will be measured. **LEA Level:** At least three LEA administrators must attend training regarding the proper development of IEPs. Provide documentation of the above to OSSE.
IEP – 2 §300.320(a)(1)	IEP includes a PLAAFP that states how disability affects involvement in general curriculum (6-21) or how the disability affects student's involvement in appropriate activities (3-5).	**Yes =** The IEP includes a PLAAFP that states how disability affects involvement or impact in the general education curriculum or involvement in age appropriate activities. **No =** The IEP does NOT include a PLAAFP that states how disability affects involvement or impact in the general education curriculum or involvement in age appropriate activities.				**Student Level:** Reconvene IEP meeting to discuss how disability affects involvement and progress in general curriculum. **LEA Level:** LEA must provide documentation to OSSE that OSSE's LRE toolkit has been reviewed by the LEA director, special education coordinator and Dean of Students. Provide documentation of the above to OSSE.

IEP – 3 §300.324 (a)(2)	The IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior.	**Yes =** The IEP file contains documentation that the IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior including the development of a BIP. **No =** The IEP file does NOT contain documentation that the IEP team considered the use of positive behavioral interventions and supports and other strategies to address behavior. **NA =** There is no evidence that the child has behaviors that impede the child's learning or that of others.				**Student Level:** Reconvene IEP team within 30 days of report to consider the use of positive behavior supports and behavioral interventions and other strategies to address behavior including developing a BIP. **LEA Level:** At least three LEA administrators must attend training regarding the use of positive behavioral interventions and supports and provide documentation to OSSE that OSSE's LRE toolkit has been reviewed by the LEA director, special education coordinator and Dean of Students. Provide documentation of the above to OSSE.
LRE - 4 §300.116 (b)(2)	The student's placement is based on his/her IEP.	**Yes =** There is a clear alignment between the student's IEP (goals and PLOPs) and the student's placement. **No =** The student's IEP does not justify the student's placement.				**Student Level:** Reconvene IEP team within 30 days of report and determine appropriate placement. **LEA Level:** LEA must develop plan to review continuum of services when considering student placement and provide documentation that the plan was implemented. Provide documentation of the above to OSSE.
LRE - 5 §300.114 (a)(2)(ii)	Supplemental aids and services were used before removing the student from the regular education environment.	**Yes =** The IEP documents that supplemental aids and services were used in the regular education environment before removing the student from the regular educational environment. **No =** The IEP does NOT clearly document the use of supplementary aids and services prior to removing the student from the regular educational environment OR the IEP documents inappropriate aids and services.				**Student Level:** Implement student specific supplementary aids and services in the classroom for six (6) weeks and reconvene IEP team to consider if the placement is the LRE for the student. **LEA Level:** LEA administrators and school staff must receive technical assistance regarding implementing supplementary aids and services in the regular educational environment and provide documentation to OSSE that OSSE's LRE toolkit has been reviewed by the LEA director, special education coordinator and Dean of Students. Provide documentation of the above to OSSE.

LRE - 6 §300.116(d)	In selecting the LRE, there was consideration of any harmful effects on the student or on the quality of services needed.	**Yes =** The IEP file contains documentation, in the justification section, that the IEP team considered harmful effects on the student or on the quality of services. **No =** The IEP file does NOT contain documentation in the justification section that harmful effects were considered by the IEP team.				**Student Level:** Reconvene IEP team within 30 days of report and include documentation of the consideration of harmful effects in the justification section of the student's IEP. **LEA Level:** LEA must develop plan to ensure harmful effects are considered prior to placement decisions and provide documentation that the plan was implemented and provide documentation to OSSE that OSSE's LRE toolkit has been reviewed by the LEA director, special education coordinator and Dean of Students. Provide documentation of the above to OSSE.
DIS - 7 §300.530(d)	Student received educational services after removal of more than 10 days in the same school year.	**Yes =** File contains documentation that student received services after the tenth day of disciplinary removal. **No =** File does NOT contain documentation that student received services after the tenth day of disciplinary removal. **NA =** Student was not removed for more than 10 days.				**Student Level:** IEP Team must convene to determine appropriate amount of compensatory education. **LEA Level:** LEA must provide technical assistance in the use of positive behavioral interventions and supports to all teachers. Provide documentation of the above to OSSE.
DIS - 8 §300.530(f)	The LEA conducted a functional behavioral assessment.	**Yes =** The results of the FBA are in the file. **No =** FBA was required but the file contains no evidence that FBA was conducted. **NA =** No FBA was required.				**Student Level:** FBA must be conducted and placed in student's file and IEP Team must use results of the FBA to create and implement a behavioral intervention plan. **LEA Level:** At least three LEA administrators must attend training regarding IDEA discipline requirements. Provide documentation of the above to OSSE.

DIS – 9 §§300.323; 300.530(f)	The LEA implemented a Behavioral Intervention Plan (BIP).	**Yes =** The BIP is in the file, with evidence of review and modification if required. **No =** The BIP is NOT in the file OR there is no evidence that the BIP was reviewed and modified as required. **NA =** No BIP was required.				**Student Level:** BIP must be developed, placed in student's file and implemented. **LEA Level:** At least three LEA administrators must attend training regarding IDEA discipline requirements. Provide documentation of the above to OSSE.
TRU – 10 5 DCMR §A-2103.5	The LEA followed its process to refer the student for truancy concerns.	**Yes =** There is evidence that the LEA took the proper action in addressing truancy concerns, as required by local regulations (e.g. referral to CFSA after 10 unexcused absences). **No =** There is NO evidence that the LEA took the proper action in addressing truancy concerns, as required by local regulations. **NA =** There are no truancy concerns for the student.				**Student Level:** LEA must complete proper actions within two business days. **LEA Level:** LEA must submit its written process to OSSE for review. Provide documentation of the above to OSSE.