**State Performance Plan / Annual Performance Report: Part B**

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

**For reporting on   
FFY 2019**

**Alabama**

U.S. Department of Education seal

**PART B DUE   
February 1, 2021**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

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

## Intro - Indicator Data

**Executive Summary**

**Additional information related to data collection and reporting**

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

142

**General Supervision System**

**The systems that are in place to ensure that IDEA Part B requirements are met, e.g., monitoring, dispute resolution, etc.**

State Performance Plan/Annual Performance Report   
The State Performance Plan/Annual Performance Report (SPP/APR) focuses on a balance between compliance and improving results for children and youths with individualized education programs (IEPs). As needed and with stakeholder input, a review and revisions are made to the SPP/APR, including SPP targets, to ensure that all are designed to be SMART: Specific, Measurable, Achievable, Realistic and Timely. Annual state reporting of performance on the SPP indicators through the APR is an essential component of the accountability system. Annual public reporting on the SPP/APR is accomplished by posting on the Alabama State Department of Education (ALSDE) website along with the OSEP State Determination, through dissemination to the Special Education Advisory Panel (SEAP) and through media advisories. The state also reports annually to the public on the performance of LEAs compared to the state targets. The LEA Performance Profiles are posted on the ALSDE website no later than 120 days after submission of the APR each year.  
  
Policies, Procedures and Effective Implementation   
The Alabama Administrative Code (AAC) is the policy document that sets forth the state rules and requirements for the implementation of Part B of the Individuals with Disabilities Education Act (IDEA). The AAC is updated as needed and undergoes State Board of Education and broad stakeholders review to ensure compliance with federal and state guidelines. It is made available for public comment and then posted for the public at large on the ALSDE website; hard copies are provided to LEA staff during numerous statewide, regional, and local meetings throughout the year. Mastering the Maze is the procedures document that assists the school and provider personnel to complete the required forms through detailed explanations of each form required for the provision of free appropriate public education (FAPE) to all students with IEPs in Alabama, ages 3-21. Procedural compliance with state and federal requirements is monitored through the Special Education Services (SES) section's Continuous Improvement Process (CIP).  
  
Reporting on Data Processes and Results   
To ensure the data systems used for official reporting purposes by the ALSDE and LEAs are valid, error-free, and accurate, the state has multi-level validations in place. These include school- and system-level validations, state-level collection processes, and state-level validation processes. The ALSDE has implemented a District Approved process for ensuring timely, complete and accurate data submissions for reporting purposes. The ALSDE provides LEAs with data analysis and planning tools (e.g., LEA Performance Profile, LEA-At-A-Glance) to examine regional and local data. The goal is to assist LEAs to identify barriers to improve performance on all indicators and to support sustained improvement.  
  
Monitoring and Accountability   
The SES Section participates with the department's monitoring process, which is a process where multiple sections of the ALSDE monitor LEAs on a cyclical basis. The SES Section conducts a multi-phased process known as the SES Comprehensive Monitoring: Continuous Improvement Process. The monitoring process provides an effective system of general supervision to (1) support practices that improve educational results and functional outcomes; (2) use multiple methods in identifying and correcting noncompliance within one year; and (3) use mechanisms (e.g., focused monitoring) to encourage and support improvement and to enforce compliance. The monitoring process consists of a Self-Assessment; Desk Audit; On-Site Monitoring; High Risk Assessment and Enhanced Self-Monitoring; a System Profile and Fiscal Review; a Student Services Review; and the State Performance Plan/Annual Performance Report Data and Indicator Review. The review is linked to systemic change and utilizes integrated, continuous feedback and support within a risk-based framework. This framework examines the risk potential exhibited by LEAs according to multiple risk elements such as Data Integrity, Results Indicator Data, Fiscal Data, Determination Status, Professional Learning and Coordinator Experience.  
  
Provision of Targeted Technical Assistance and Professional Development   
The ALSDE has developed a long-term plan that uses the SPP/APR indicators as a system of improvement to determine the short-term, intermediate, and long-term results produced by the department's improvement activities. This evaluation plan will utilize a variety of evaluation methodologies, including survey, focus groups, and triangulation of data from extant sources. In turn, the results will direct the technical assistance and professional development. To ensure that staff continues to build their knowledge and awareness, the department regularly participates in technical assistance calls, webinars and meetings provided by the OSEP and the funded Technical Assistance and Dissemination (TA&D) Centers.  
  
Effective System of Dispute Resolution   
Alabama’s dispute resolution process is linked into all aspects of its system of general supervision to ensure effective oversight and implementation of IDEA Part B regulations that improve results for students with IEPs and their families. The system of dispute resolutions includes processes such as facilitated IEPs, mediations, complaints, and impartial due process hearings. Staff from the SES Section are assigned to track timelines and investigate formal written complaints and due process hearing requests, as well as to track corrective actions that may result from the findings. These staff members schedule contracted trained mediators and impartial due process hearing officers on a random rotation basis. The AAC details the state policy and procedures for the formal dispute resolution processes at 290-8-9.08(9) (a)— 290-8-9.08(9)(c)17.(v)(V). Trainings are conducted on an ongoing basis for Dispute Resolution state staff, contracted mediators, and impartial due process hearing officers. The dispute resolution data for specific LEAs are reviewed to determine whether patterns or trends exist within written state complaints and due process hearings and to determine what issues may be occurring that may impact the provision of FAPE for students in particular school systems. These dispute resolution patterns, trends, and issues inform both on-site and off-site monitoring activities, as appropriate.  
  
Responsible Fiscal Management System   
Alabama’s fiscal management requirements are based on the U. S. Education Department General Administrative Regulations (EDGAR), which is the general administration requirements applied to all federal funds and the state’s general supervision requirements under the IDEA. The ALSDE has established policies and procedures for calculating and allocating flow-through funds, as well as reporting and verifying the use of IDEA Part B flow through funds. The ALSDE follows required procurement procedures when using state set-aside funds  
  
As part of the SES' general supervision system, the SES Fiscal Management Unit works closely with the SES Compliance Monitoring Unit, the SES Performance & Data Accountability Unit, and ALSDE Accounting to assist with monitoring the LEA budgets for allowable costs; monitoring LEAs for maintenance of effort and requiring the LEAs to use 15% of their VI-B and Preschool budgets if the LEA has been determined to be significantly disproportionate in any of the areas listed in the regulations; reviewing time and effort documentation; monitoring contracts that have been developed as part of state set-aside activities; etc. Staff in the Fiscal Management Unit provide technical assistance daily to the LEAs, staff, other state agencies, etc. Staff also provide technical assistance documents and present at state conferences to ensure an accurate understanding of fiscal compliance.

**Technical Assistance System**

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

The ALSDE recognizes that a process for delivering technical assistance (TA) to districts, families, and other agencies is an integral component of an effective system of general supervision. The ALSDE has developed a process for delivering TA that is directly linked with other components of its general supervision system, including the SPP/APR indicators, to improve both compliance and results. The TA structure is designed according to three types: universal, targeted, and intensive. Moreover, the TA process consists of several delivery options, including on-site, teleconferences, webinars, and through electronic means, such as Podcasts.  
  
Universal TA: The universal or general type of TA includes mass electronic information dissemination to address identified areas of needed TA. The SES Program Coordinator regularly issues News You Can Use informational topic papers to provide information and resources via mass email to the LEAs. In addition, the ALSDE develop “one-pagers” to provide information and assistance in multiple areas that are posted on the ALSDE website in order to be accessed by the public as well as school personnel. Other examples of universal TA include state-wide conferences with specifically-designed content to address common areas of need such as the Council of Administrators in Special Education (CASE) Fall and Spring Conferences, the Alabama Transition Conference, the MEGA Conference (Special Education Strand) conducted each July, and either a Back-to-School Conference or Novice Coordinators Meeting designed especially for Special Education Coordinators in preparation for the school year.   
  
Targeted TA: The targeted type of TA consists primarily of regionally-provided TA, such as training across the state to address specific areas in both general and special education (e.g., co-teaching/co-planning, behavior). Examples of targeted TA include those delivered in response to needs identified from monitoring data, such as IEP training or Secondary Transition training. Trainings under targeted TA are delivered by SES staff in each region of the state and attended by personnel from LEAs primarily within that region. Some training efforts, however, are conducted in conjunction with other agencies, such as Alabama’s Parent Training and Information (PTI) Center and the Alabama Disabilities Advocacy Program (ADAP).   
  
Intensive TA: The intensive type of TA is delivered to specific LEAs with needs identified through monitoring, dispute resolution, and/or the special education database to correct an identified area of non-compliance or to address another training need in order to improve the provision of a FAPE in the least restrictive environment (LRE) for children with IEPs.

**Professional Development System**

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

Professional Development (PD) for special education is designed to improve the ability of practitioners to ensure that each child is able to receive a FAPE in the LRE through the appropriate implementation of evidence-based practices that is delivered with fidelity according to the principles of Implementation Science and Adult Learning. Through a network of multiple venues, PD is offered and includes state-wide and regional conferences, dissemination of promising practices, online coursework through LRP Direct Step, and through state initiatives, such as the Alabama Reading Initiative (ARI) and the Alabama Math Science and Technology Initiative (AMSTI). Professional Development is also conducted in coordination with state agencies, such as the Alabama Department of Mental Health, the Alabama Department of Rehabilitation Services, and advocacy centers. Training and PD regarding low incidence disability areas, behavioral management, and the autism spectrum disorders are provided by content specific specialists.   
  
The ALSDE and SES has operated a State Personnel Development Grant (SPDG) since approximately 2000. In 2017, a new SPDG was awarded to Alabama. The new SPDG focuses upon providing evidence-based PD in positive behavioral interventions and supports (PBIS) and secondary transition to projects throughout the state. Coaching for both parents and school staff is being provided to sustain effective practice and to disseminate findings through professional development at statewide conferences. The Alabama SPDG’s project design is rooted in the foundation principles of Implementation Science (e.g., Dughman et al., 2011; Michigan Implementation Network, 2010; Fixsen et al., 2005; Fixsen & Blase, 2008; Duda et al., 2011). The data and results yielded by the SPDG projects are being utilized to inform professional development and technical assistance activities throughout Alabama. Additionally, the Alabama SPDG's project design provided the research base to develop the Alabama State Systemic Improvement Plan (SSIP). Multiple demonstration sites are operated throughout the state that employ evidence-based practices rooted within the framework of Implementation Science. Staff within the schools and districts participate regularly in high quality professional development and receive on-going coaching from trained and experienced instructional coaches.

**Stakeholder Involvement**

**The mechanism for soliciting broad stakeholder input on targets in the SPP, including revisions to targets.**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

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

YES

**Reporting to the Public**

**How and where the State reported to the public on the FFY18 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2018 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2018 APR in 2020, is available.**

The SPP/APR is shared with the public and media primarily via the ALSDE's website. The FFY 2018 SPP/APR may be found on the ALSDE's website at https://www.alsde.edu/sec/ses/Reports/AL-01%20SPP%20PART%20B%20FFY%202018-19%20%20701%2020200713002300.pdf or through the following path: hover over Support Systems; click Special Education Services under the General Information header; click Data Reporting on the side menu; then select the SPP/APR tab. Once the SPP/APR has been posted, a media news release is sent to over 1,000 forums statewide, including to state board members, LEAs, public information officers, education organizations, and press secretaries for the governor and the Alabama congressional delegation.   
  
The LEA Performance Profiles may be accessed on the ALSDE website by selecting the IDEA Public Reporting tab on the Special Education Services page or by using the following link: https://www.alsde.edu/sec/ses/Pages/LEAReports.aspx?tab=Performance Profiles   
  
Both the SPP/APR and LEA Performance Profiles are posted no later than 120 days following the State's APR submission on the OSEP required submission date, generally on February 1st.

## Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP’s coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State’s capacity to improve its SiMR data.  
  
The State's IDEA Part B determination for both 2019 and 2020 is Needs Assistance. In the State's 2020 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.  
The State must report, with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

**Response to actions required in FFY 2018 SPP/APR**

Pursuant to the State's Determination of Needs Assistance for two-consecutive years, the Alabama State Department of Education (ALSDE), the Special Education Services (SES) Section has accessed available tools and resources and received technical assistance (TA) from OSEP-funded centers and other entities. The TA sources and the extent of TA are listed below.  
  
• Office of Special Education Programs (OSEP) – participated on monthly TA calls and technical/special webinars, especially those related to COVID-19 (e.g., Highlighting Strategies and Practices in Providing Related Services to Enhance the Continuity of Learning During COVID-19 for Children with Disabilities; Highlighting Resources for Teachers and Parents to Enhance the Continuity of Learning During COVID-19 for Children with Disabilities).  
• The National Center for Systemic Improvement (NCSI) – participated on TA calls and accessed tools and resources (e.g., fiscal support team; general supervision guidance; multi-tier system of support, MTSS; State Systemic Improvement Plan, SSIP). Note: targeted TA regarding general supervision guidance was initiated during this reporting period and intensive TA re: MTSS continued during this reporting period.  
• Region 7 Comprehensive Center: Alabama Grades PK-3 Literacy Project – received support towards the reinstatement of the Alabama Reading Initiative (ARI) coaching framework; the goal of this effort is to build capacity of educators statewide to deliver instruction grounded in evidence-based literacy practices. Note: this intensive TA falls under the ALSDE, Office of Student Learning.  
• The Center for IDEA Fiscal Reporting (CIFR) – participated on communities of practice (CoP) calls and virtual conference.  
• The IDEA Data Center (IDC) – participated on TA calls and virtual webinars (e.g., Data Quality Peer Group sessions; IDC Data Manager Summit).  
• Center for Appropriate Dispute Resolution in Special Education (CADRE) – participated on webinars (e.g., Due Process in a Quarantined World the Nuts and Bolts of Effective Virtual Hearings; What Does FAPE Look Like During the COVID-19 Crisis; COVID-19 and Written State Complaints; What’s New and Trending in Special Education Law and Why It Matters; Developing State Written Policies and Procedures for Written State Complaints) and training on Facilitated Conversations.  
• Technical Assistance for Excellence in Special Education (TAESE) – participated on TA calls (COVID-19 related discussions), including quarterly meetings (e.g., Complaint Investigator Workgroup; Due Process Hearing Officer Workgroup; IEP Facilitator Workgroup; Mediator Workgroup). Note: received targeted TA for administrators on general supervision, which lead to training and development for local education agency (LEA) staff.  
• Brustein & Manasevit, PLLC – participated on TA calls and EDGAR training.  
• Association of Educational Federal Finance Administrators (AEFFA) – participated on conference training.  
  
The TA accessed and received provided further guidance on ALSDE’s oversight and general supervisory responsibilities and focused our attention to reevaluate and enhance our procedures to ensure compliance with IDEA and facilitate improved results for children with disabilities and their families. As a result, the SES staff provided technical support and learning opportunities around general supervision and COVID-19 related resources to LEA staff while embracing various virtual platforms (Zoom, WebEx, Google Hangout, etc.) for receiving and delivering TA.

## Intro - OSEP Response

The State's determinations for both 2019 and 2020 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 25, 2020 determination letter informed the State that it must report with its FFY 2019 SPP/APR submission, due February 1, 2021, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## Intro - Required Actions

The State's IDEA Part B determination for both 2020 and 2021 is Needs Assistance. In the State's 2021 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance. The State must report, with its FFY 2020 SPP/APR submission, due February 1, 2022, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Graduation

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

**Data Source**

Same data as used for reporting to the Department of Education (Department) under Title I of the Elementary and Secondary Education Act (ESEA).

**Measurement**

States may report data for children with disabilities using either the four-year adjusted cohort graduation rate required under the ESEA or an extended-year adjusted cohort graduation rate under the ESEA, if the State has established one.

**Instructions**

Sampling is not allowed.

Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), and compare the results to the target. Provide the actual numbers used in the calculation.

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

Targets should be the same as the annual graduation rate targets for children with disabilities under Title I of the ESEA.

States must continue to report the four-year adjusted cohort graduation rate for all students and disaggregated by student subgroups including the children with disabilities subgroup, as required under section 1111(h)(1)(C)(iii)(II) of the ESEA, on State report cards under Title I of the ESEA even if they only report an extended-year adjusted cohort graduation rate for the purpose of SPP/APR reporting.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2016 | 54.05% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 61.40% | 65.30% | 69.20% | 55.82% | 57.59% |
| Data | 64.40% | 72.39% | 54.05% | 67.00% | 68.04% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 57.59% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2018-19 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696) | 07/27/2020 | Number of youth with IEPs graduating with a regular diploma | \*[[1]](#footnote-2) |
| SY 2018-19 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696) | 07/27/2020 | Number of youth with IEPs eligible to graduate | 4,931 |
| SY 2018-19 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec FS150; Data group 695) | 07/27/2020 | Regulatory four-year adjusted-cohort graduation rate table | 69.6%[[2]](#footnote-3) |

**FFY 2019 SPP/APR Data**

| **Number of youth with IEPs in the current year’s adjusted cohort graduating with a regular diploma** | **Number of youth with IEPs in the current year’s adjusted cohort eligible to graduate** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| \*1 | 4,931 | 68.04% | 57.59% | 69.6%2 | Met Target | No Slippage |

**Graduation Conditions**

**Choose the length of Adjusted Cohort Graduation Rate your state is using:**

4-year ACGR

**Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain*.***

To qualify for the Alabama High School Diploma (AHSD), all students must pass a minimum of 24 credits of coursework—Mathematics (4), Science (4), Social Studies (4), English (4), Physical Education (1), Health Education (0.5), Career Preparedness (1), Career and Technical Education and/or Foreign Language and/or Arts Education (3), and Electives (2.5). Additional credits may be added at the discretion of each LEA’s board of education.   
  
The AHSD provides youth with multiple pathways to graduate: the General Education Pathway, the Essentials Pathway, or the Alternate Achievement Standards (AAS) Pathway. Only youth completing core courses that are fully-aligned to the General Education Pathway are counted in the federal graduation rate.

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

NO

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning through virtual options for the remainder of the reporting period. Nonetheless, the state was able to collect data for this indicator; thus, there was no COVID-19 impact on the completeness, validity and reliability for this indicator.

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Drop Out

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with IEPs dropping out of high school. (20 U.S.C. 1416 (a)(3)(A))

**Data Source**

OPTION 1:

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

OPTION 2:

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

**Measurement**

OPTION 1:

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

OPTION 2:

Use same data source and measurement that the State used to report in its FFY 2010 SPP/APR that was submitted on February 1, 2012.

**Instructions**

Sampling is not allowed.

OPTION 1:

Use 618 exiting data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019). Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) received a certificate; (c) reached maximum age; (d) dropped out; or (e) died.

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

OPTION 2:

Use the annual event school dropout rate for students leaving a school in a single year determined in accordance with the National Center for Education Statistic's Common Core of Data.

If the State has made or proposes to make changes to the data source or measurement under Option 2, when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012, the State should include a justification as to why such changes are warranted.

Options 1 and 2:

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), and compare the results to the target.

Provide a narrative that describes what counts as dropping out for all youth and, if different, what counts as dropping out for youth with IEPs. If there is a difference, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2013 | 12.71% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target <= | 12.46% | 12.21% | 11.96% | 11.71% | 11.46% |
| Data | 10.75% | 6.99% | 6.85% | 5.98% | 6.18% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target <= | 10.00% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**Please indicate the reporting option used on this indicator**

Option 1

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/27/2020 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 3,479 |
| SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/27/2020 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b) | 1,033 |
| SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/27/2020 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c) | 55 |
| SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/27/2020 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d) | 265 |
| SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/27/2020 | Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e) | 21 |

**FFY 2019 SPP/APR Data**

| **Number of youth with IEPs who exited special education due to dropping out** | **Total number of High School Students with IEPs by Cohort** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 265 | 4,853 | 6.18% | 10.00% | 5.46% | Met Target | No Slippage |

**Provide reasons for slippage, if applicable**

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

Alabama utilizes 618 exiting data (i.e., EdFacts file specification FS009) as the definition for a drop out. A drop out is where a student was enrolled at the start of the reporting period but was not enrolled at the end of the reporting period and did not exit special education through any of the other means. This includes dropouts, runaways, GED recipients (in cases where students are required to drop out of the secondary educational program in order to pursue the GED certificate), expulsions, status unknown, students who moved but are not known to be continuing in another educational program, and other exiters from special education.

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

NO

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

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period. Nonetheless, the state was able to collect data for this indicator; thus, there was no COVID-19 impact on the completeness, validity and reliability for this indicator.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3B: Participation for Students with IEPs

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Indicator 3A – Reserved

B. Participation rate for children with IEPs

C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

Indicator 3B: Provide separate reading/language arts and mathematics participation rates, inclusive of all ESEA grades assessed (3-8 and high school), for children with IEPs. Account for ALL children with IEPs, in all grades assessed, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3B - Indicator Data

**Reporting Group Selection**

**Based on previously reported data, these are the grade groups defined for this indicator.**

| **Group** | **Group Name** | **Grade 3** | **Grade 4** | **Grade 5** | **Grade 6** | **Grade 7** | **Grade 8** | **Grade 9** | **Grade 10** | **Grade 11** | **Grade 12** | **HS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Overall | X | X | X | X | X | X | X | X | X | X | X |

**Historical Data: Reading**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group** | **Group Name** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A** | Overall | 2005 | Target >= | 95.50% | 96.00% | 97.00% | 98.00% | 99.00% |
| **A** | Overall | 99.30% | Actual | 99.84% | 98.18% | 97.91% | 98.06% | 98.03% |

**Historical Data: Math**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group** | **Group Name** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A** | Overall | 2005 | Target >= | 95.50% | 96.00% | 97.00% | 98.00% | 99.00% |
| **A** | Overall | 99.30% | Actual | 99.87% | 100.00% | 97.84% | 98.08% | 97.97% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2019** |
| Reading | A >= | Overall | 99.00% |
| Math | A >= | Overall | 99.00% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**FFY 2019 Data Disaggregation from EDFacts**

**Include the disaggregated data in your final SPP/APR. (yes/no)**

YES

**Data Source:**

SY 2019-20 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

**Date:**

**Reading Assessment Participation Data by Grade**

| **Grade** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **HS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Children with IEPs |  |  |  |  |  |  |  |  |  |  |  |
| b. IEPs in regular assessment with no accommodations |  |  |  |  |  |  |  |  |  |  |  |
| c. IEPs in regular assessment with accommodations |  |  |  |  |  |  |  |  |  |  |  |
| f. IEPs in alternate assessment against alternate standards |  |  |  |  |  |  |  |  |  |  |  |

**Data Source:**

SY 2019-20 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

**Math Assessment Participation Data by Grade**

| **Grade** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **HS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Children with IEPs |  |  |  |  |  |  |  |  |  |  |  |
| b. IEPs in regular assessment with no accommodations |  |  |  |  |  |  |  |  |  |  |  |
| c. IEPs in regular assessment with accommodations |  |  |  |  |  |  |  |  |  |  |  |
| f. IEPs in alternate assessment against alternate standards |  |  |  |  |  |  |  |  |  |  |  |

**FFY 2019 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs** | **Number of Children with IEPs Participating** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Overall |  |  | 98.03% | 99.00% |  | N/A | N/A |

**FFY 2019 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs** | **Number of Children with IEPs Participating** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Overall |  |  | 97.97% | 99.00% |  | N/A | N/A |

**Regulatory Information**

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

**Public Reporting Information**

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

not applicable for FFY 2019

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

not applicable for FFY 2019

## 3B - Prior FFY Required Actions

None

## 3B - OSEP Response

The State was not required to provide any data for this indicator. Due to the circumstances created by the COVID-19 pandemic, and resulting school closures, the State received a waiver of the assessment requirements in section 1111(b)(2) of the ESEA, and, as a result, does not have any FFY 2019 data for this indicator.

## 3B - Required Actions

# Indicator 3C: Proficiency for Students with IEPs

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Indicator 3A – Reserved

B. Participation rate for children with IEPs

C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 3C - Indicator Data

**Reporting Group Selection**

**Based on previously reported data, these are the grade groups defined for this indicator.**

| **Group** | **Group Name** | **Grade 3** | **Grade 4** | **Grade 5** | **Grade 6** | **Grade 7** | **Grade 8** | **Grade 9** | **Grade 10** | **Grade 11** | **Grade 12** | **HS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Overall | X | X | X | X | X | X | X | X | X | X | X |

**Historical Data: Reading**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group** | **Group Name** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A** | Overall | 2017 | Target >= | 23.30% | 30.30% | 37.20% | 44.20% | 51.20% |
| **A** | Overall | 15.33% | Actual | 10.24% | 10.37% | 12.48% | 15.33% | 15.47% |

**Historical Data: Math**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group** | **Group Name** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A** | Overall | 2017 | Target >= | 24.30% | 31.20% | 38.10% | 44.90% | 51.80% |
| **A** | Overall | 17.23% | Actual | 13.79% | 15.49% | 16.45% | 17.23% | 17.18% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2019** |
| Reading | A >= | Overall | 51.20% |
| Math | A >= | Overall | 51.80% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**FFY 2019 Data Disaggregation from EDFacts**

**Include the disaggregated data in your final SPP/APR. (yes/no)**

YES

**Data Source:**

SY 2019-20 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

**Reading Proficiency Data by Grade**

| **Grade** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **HS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Children with IEPs who received a valid score and a proficiency was assigned |  |  |  |  |  |  |  |  |  |  |  |
| b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level |  |  |  |  |  |  |  |  |  |  |  |
| c. IEPs in regular assessment with accommodations scored at or above proficient against grade level |  |  |  |  |  |  |  |  |  |  |  |
| f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level |  |  |  |  |  |  |  |  |  |  |  |

**Data Source:**

SY 2019-20 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

**Math Proficiency Data by Grade**

| **Grade** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **HS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. Children with IEPs who received a valid score and a proficiency was assigned |  |  |  |  |  |  |  |  |  |  |  |
| b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level |  |  |  |  |  |  |  |  |  |  |  |
| c. IEPs in regular assessment with accommodations scored at or above proficient against grade level |  |  |  |  |  |  |  |  |  |  |  |
| f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level |  |  |  |  |  |  |  |  |  |  |  |

**FFY 2019 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Children with IEPs who received a valid score and a proficiency was assigned** | **Number of Children with IEPs Proficient** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Overall |  |  | 15.47% | 51.20% |  | N/A | N/A |

**FFY 2019 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Children with IEPs who received a valid score and a proficiency was assigned** | **Number of Children with IEPs Proficient** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Overall |  |  | 17.18% | 51.80% |  | N/A | N/A |

**Regulatory Information**

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

**Public Reporting Information**

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

not applicable for FFY 2019

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

not applicable for FFY 2019

## 3C - Prior FFY Required Actions

None

## 3C - OSEP Response

The State was not required to provide any data for this indicator. Due to the circumstances created by the COVID-19 pandemic, and resulting school closures, the State received a waiver of the assessment requirements in section 1111(b)(2) of the ESEA, and, as a result, does not have any FFY 2019 data for this indicator.

## 3C - Required Actions

# Indicator 4A: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Percent of 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

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

**Data Source**

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

**Measurement**

Percent = [(# of districts that meet the State-established n size (if applicable) that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State that meet the State-established n size (if applicable))] times 100.

Include State’s definition of “significant discrepancy.”

**Instructions**

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

Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State’s examination must include one of the following comparisons:

--The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or

--The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

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

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the district with discrepancies had policies, procedures or practices that contributed to the significant discrepancy and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with the Office of Special Education Programs (OSEP) Memorandum 09-02, dated October 17, 2008.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for 2018-2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 4A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 14.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target <= | 6.75% | 6.00% | 5.75% | 5.50% | 5.00% |
| Data | 3.70% | 3.68% | 2.19% | 0.73% | 2.17% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target <= | 4.00% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**FFY 2019 SPP/APR Data**

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

NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of districts that have a significant discrepancy** | **Number of districts in the State** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| 3 | 139 | 2.17% | 4.00% | 2.16% | Met Target | No Slippage |

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

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

**State’s definition of “significant discrepancy” and methodology**

The ALSDE examines the rate of suspensions and expulsions for children with IEPs among LEAs within the State. An LEA is determined to have a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least two percentage points more than the State’s suspension/expulsion rate for children with IEPs. The State calculates the rates of suspensions and expulsions greater than ten days in a school year for children with IEPs for each LEA within the State. No minimum “n” size is used. The methodology utilized by the ALSDE is the use of a single state bar to calculate one state-level suspension/expulsion rate and comparing that rate to the district-level suspension/expulsion rate for children with IEPs on an annual basis.

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

Although the total number of districts is 142 as reported in the introduction for this reporting period, when using school year 2018-19 data as required, the state had a total of 139 districts during school year 2018-19.

**Review of Policies, Procedures, and Practices (completed in FFY 2019 using 2018-2019 data)**

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

For the three LEAs that the ALSDE identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, the State reviewed the LEAs’ policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The State also reviewed (1) their procedures for monitoring the rate of suspensions and expulsions of children with IEPs based on data analyses and identification of patterns, and (2) progress reports documenting the total number of suspensions/expulsions of children with IEPs. The State also required the LEAs to review, and as necessary, revise their policies, procedures, and practices. Noncompliance was not identified as a result of the review.

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

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 4A - Prior FFY Required Actions

None

## 4A - OSEP Response

## 4A - Required Actions

# Indicator 4B: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

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.

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

**Data Source**

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

**Measurement**

Percent = [(# of districts that meet the State-established n size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year of 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) divided by the (# of districts in the State that meet the State-established n size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “significant discrepancy.”

**Instructions**

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

Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State’s examination must include one of the following comparisons

--The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or

--The rates of suspensions and expulsions for children with IEPs to nondisabled children within the LEAs

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

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the district with discrepancies had policies, procedures or practices that contributed to the significant discrepancy and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with the Office of Special Education Programs (OSEP) Memorandum 09-02, dated October 17, 2008.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for 2018-2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

## 4B - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2016 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 0% |

**FFY 2019 SPP/APR Data**

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

YES

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

0

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts that have a significant discrepancy, by race or ethnicity** | **Number of those districts that have policies procedure, or practices that contribute to the significant discrepancy and do not comply with requirements** | **Number of Districts that met the State's minimum n-size** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| 1 | 0 | 139 | 0.00% | 0% | 0.00% | Met Target | No Slippage |

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

YES

**State’s definition of “significant discrepancy” and methodology**

The ALSDE examines the rate of suspensions and expulsions for children with IEPs among LEAs within the State. An LEA has a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least two percentage points more than the State’s suspension/expulsion rate for children with IEPs and more than one student is suspended/expelled. The State calculates the rates of suspensions and expulsions greater than ten days in a school year for children with IEPs from a racial/ethnic group for each LEA within the State; then, using the minimum “n” size of one, excludes any LEA that had one or less student suspended or expelled. The methodology utilized by the ALSDE is the use of a single state bar to calculate one state-level suspension/expulsion rate for all LEAs and all racial/ethnic groups.   
   
The State’s suspension/expulsion rate for children with IEPs for FFY 2019 (using 2018-2019 data) was 0.54%. An LEA was determined to have a significant discrepancy if its rate of suspensions/expulsions for children with IEPs was greater than 2.54%. A minimum “n” size of one was used yielding the exclusion of zero LEAs from the calculations due to the suspension rate greater than 2.54% with zero students suspended/expelled in a racial/ethnic group.   
   
One LEA was determined to have a significant discrepancy by race/ethnicity in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. For the one LEA determined to have a significant discrepancy, it was determined that the LEA did not have policies, procedures, or practices that contributed to the significant discrepancy and the LEA complied with the requirements.

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

Although the total number of districts is 142 as reported in the introduction for this reporting period, when using school year 2018-19 data as required, the state had a total of 139 districts during school year 2018-19.

**Review of Policies, Procedures, and Practices (completed in FFY 2019 using 2018-2019 data)**

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

For the one LEA that the ALSDE identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, the State reviewed the LEA’s policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The State also reviewed (1) their procedures for monitoring the rate of suspensions and expulsions of children with IEPs based on data analyses and identification of patterns, and (2) progress reports documenting the total number of suspensions/expulsions of children with IEPs. The State also required the LEAs to review, and as necessary, revise their policies, procedures, and practices. Noncompliance was not identified as a result of the review.

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

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Findings of Noncompliance Verified as Corrected**

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

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

## 4B - Prior FFY Required Actions

None

## 4B - OSEP Response

## 4B- Required Actions

# Indicator 5: Education Environments (children 6-21)

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Education environments (children 6-21): 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.

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

**Data Source**

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

**Measurement**

Percent = [(# of children with IEPs aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Percent = [(# of children with IEPs aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

Percent = [(# of children with IEPs aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)]times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

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

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

## 5 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2005 | Target >= | 67.50% | 69.75% | 72.25% | 75.00% | 77.75% |
| A | 67.05% | Data | 83.63% | 83.56% | 83.52% | 83.65% | 83.59% |
| B | 2005 | Target <= | 6.80% | 6.50% | 6.25% | 6.25% | 6.00% |
| B | 6.61% | Data | 7.00% | 7.19% | 7.16% | 7.23% | 7.18% |
| C | 2005 | Target <= | 2.70% | 2.65% | 2.60% | 2.55% | 2.50% |
| C | 2.77% | Data | 2.63% | 2.49% | 2.45% | 2.51% | 2.45% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A >= | 77.75% |
| Target B <= | 6.00% |
| Target C <= | 2.50% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/08/2020 | Total number of children with IEPs aged 6 through 21 | 87,957 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/08/2020 | A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day | 73,547 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/08/2020 | B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day | 6,321 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/08/2020 | c1. Number of children with IEPs aged 6 through 21 in separate schools | 1,160 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/08/2020 | c2. Number of children with IEPs aged 6 through 21 in residential facilities | 708 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/08/2020 | c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements | 259 |

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

NO

**FFY 2019 SPP/APR Data**

| **Education Environments** | **Number of children with IEPs aged 6 through 21 served** | **Total number of children with IEPs aged 6 through 21** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day | 73,547 | 87,957 | 83.59% | 77.75% | 83.62% | Met Target | No Slippage |
| B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day | 6,321 | 87,957 | 7.18% | 6.00% | 7.19% | Did Not Meet Target | No Slippage |
| C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 2,127 | 87,957 | 2.45% | 2.50% | 2.42% | Met Target | No Slippage |

**Use a different calculation methodology (yes/no)**

NO

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

There was no COVID-19 impact on the completeness, validity and reliability for this indicator.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Preschool Environments

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Preschool environments: 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.

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

**Data Source**

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

**Measurement**

Percent = [(# of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

Percent = [(# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

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

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

## 6 - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2013 | Target >= | 47.00% | 47.50% | 47.75% | 49.00% | 53.00% |
| A | 46.71% | Data | 49.43% | 50.58% | 50.91% | 52.55% | 53.47% |
| B | 2011 | Target <= | 6.30% | 6.10% | 5.90% | 5.70% | 5.50% |
| B | 6.58% | Data | 5.08% | 3.80% | 3.57% | 2.57% | 3.12% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A >= | 53.00% |
| Target B <= | 5.50% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613) | 07/08/2020 | Total number of children with IEPs aged 3 through 5 | 8,472 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613) | 07/08/2020 | a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 4,413 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613) | 07/08/2020 | b1. Number of children attending separate special education class | 219 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613) | 07/08/2020 | b2. Number of children attending separate school | 52 |
| SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613) | 07/08/2020 | b3. Number of children attending residential facility | 9 |

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

NO

**FFY 2019 SPP/APR Data**

| **Preschool Environments** | **Number of children with IEPs aged 3 through 5 served** | **Total number of children with IEPs aged 3 through 5** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 4,413 | 8,472 | 53.47% | 53.00% | 52.09% | Did Not Meet Target | Slippage |
| B. Separate special education class, separate school or residential facility | 280 | 8,472 | 3.12% | 5.50% | 3.31% | Met Target | No Slippage |

**Use a different calculation methodology (yes/no)**

NO

| **Part** | **Reasons for slippage, if applicable** |
| --- | --- |
| **A** | The ALSDE recognizes slippage within Indicator 6A, the percent of children aged 3 through 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program. The ALSDE continues to analyze the data to discern the contributing factors associated with the slippage in this indicator.  A potential contributing factor may involve coding issues when selecting preschool education environments. In order to address these issues, the ALSDE is ensuring that all staff in the districts are trained on the continuum of preschool placements and appropriately selecting the least restrictive environment (LRE) for preschool students with disabilities. Additionally, the ALSDE-SES staff is working with the IDEA Data Center (IDC) to create a new decision tree digital app for preschool LRE to ensure that children are coded in the appropriate education environment. |

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

There was no COVID-19 impact on the completeness, validity and reliability for this indicator.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: Preschool Outcomes

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication and early literacy); and

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.

b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.

d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

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

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

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

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

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

**Instructions**

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 2 for additional instructions on sampling.)

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

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

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

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

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

## 7 - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A1 | 2008 | Target >= | 90.55% | 90.80% | 91.05% | 91.30% | 91.55% |
| A1 | 85.50% | Data | 91.23% | 91.77% | 91.50% | 93.15% | 94.27% |
| A2 | 2008 | Target >= | 82.55% | 82.80% | 83.05% | 83.30% | 83.55% |
| A2 | 59.60% | Data | 82.38% | 80.40% | 80.91% | 78.89% | 78.22% |
| B1 | 2008 | Target >= | 90.45% | 90.70% | 90.95% | 91.20% | 91.45% |
| B1 | 80.60% | Data | 90.59% | 91.25% | 91.44% | 92.63% | 92.43% |
| B2 | 2008 | Target >= | 64.85% | 65.10% | 65.35% | 65.60% | 65.85% |
| B2 | 29.20% | Data | 65.65% | 64.45% | 64.45% | 63.97% | 63.56% |
| C1 | 2008 | Target >= | 88.85% | 89.10% | 89.35% | 89.60% | 89.85% |
| C1 | 85.10% | Data | 90.60% | 89.48% | 91.30% | 90.73% | 92.57% |
| C2 | 2008 | Target >= | 87.95% | 88.20% | 88.45% | 88.70% | 88.95% |
| C2 | 72.20% | Data | 87.83% | 86.96% | 88.08% | 85.94% | 86.16% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1 >= | 91.55% |
| Target A2 >= | 83.55% |
| Target B1 >= | 91.45% |
| Target B2 >= | 65.85% |
| Target C1 >= | 89.85% |
| Target C2 >= | 88.95% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**FFY 2019 SPP/APR Data**

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

2,726

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

| **Outcome A Progress Category** | **Number of children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 5 | 0.18% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 94 | 3.45% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 547 | 20.07% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,246 | 45.71% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 834 | 30.59% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)* | 1,793 | 1,892 | 94.27% | 91.55% | 94.77% | Met Target | No Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 2,080 | 2,726 | 78.22% | 83.55% | 76.30% | Did Not Meet Target | Slippage |

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

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 5 | 0.18% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 139 | 5.10% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 895 | 32.83% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,293 | 47.43% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 394 | 14.45% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)* | 2,188 | 2,332 | 92.43% | 91.45% | 93.83% | Met Target | No Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 1,687 | 2,726 | 63.56% | 65.85% | 61.89% | Did Not Meet Target | Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 2 | 0.07% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 95 | 3.48% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 301 | 11.04% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,087 | 39.88% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,241 | 45.52% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.  *Calculation:(c+d)/(a+b+c+d)* | 1,388 | 1,485 | 92.57% | 89.85% | 93.47% | Met Target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program.  *Calculation: (d+e)/(a+b+c+d+e)* | 2,328 | 2,726 | 86.16% | 88.95% | 85.40% | Did Not Meet Target | No Slippage |

| **Part** | **Reasons for slippage, if applicable** |
| --- | --- |
| **A2** | The ALSDE recognizes slippage within Indicator 7A2, the percentage of preschool children who were functioning within age expectations in Outcome A (positive social-emotional skills including social relationships) by the time they exited preschool special education services. The ALSDE continues to analyze the data to discern the contributing factors associated with the slippage in this indicator.   A potential contributing factor includes extensive staff turn-over within many school districts in the State, resulting in less experienced personnel conducting the Early Learning Progress Profile (ELPP) assessment and ratings. Another contributing factor may include the adjustment from in-person learning to remote learning, resulting in an adjustment to the new learning environment. In order to address these issues, the ALSDE is ensuring that all staff in the districts are trained in the administration of entry and exit ELPP and providing services through the virtual learning environment. |
| **B2** | The ALSDE recognizes slippage within Indicator 7B2, the percentage of preschool children who were functioning within age expectations in Outcome B (acquisition and use of knowledge and skills, including early language/communication and early literacy) by the time they exited preschool special education services. The ALSDE continues to analyze the data to discern the contributing factors associated with the slippage in this indicator.   A potential contributing factor includes extensive staff turn-over within many school districts in the State, resulting in less experienced personnel conducting the ELPP assessment and ratings. Another contributing factor may include the adjustment from in-person learning to remote learning, resulting in an adjustment to the new learning environment. In order to address these issues, the ALSDE is ensuring that all staff in the districts are trained in the administration of entry and exit ELPP and providing services through the virtual learning environment. |

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

YES

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

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

NO

**If no, provide the criteria for defining “comparable to same-aged peers.”**

The criteria for defining "comparable to same-aged peers" used by the ALSDE is based on categories 6 and 7 in the Child Outcomes Summary Form (COSF). As noted in the FFY 2013 APR, the ALSDE converted to a seven-point scale COSF in order to allow for delineating children who entered and exited in the "comparable to same-aged peers" category and to clearly define "comparable to same-aged peers". The delineations for measuring progress on the Early Learning Progress Profile (ELPP) standards align to the seven-point scale of the COSF.

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

The instrument used to gather data for indicator 7 (Preschool Outcomes) is the Early Learning Progress Profile (ELPP), which is a spreadsheet data collection system that employs components of the COSF.   
  
The procedures for gathering the ELPP data involved LEA personnel completing the entry document based on information collected through the eligibility process, teacher observations, and reports for every child receiving special education services within 60 days of the date special education services begin. The exit document must be completed within 30 days of anticipated or actual exit from preschool special education services and for every child who will transition to kindergarten or who exits from preschool special education services for any other reason. Preschool children must have received at least six months of special education services before the case manager completes the exit document.   
  
The LEAs are required to complete the exit ELPP annually during the specified window of April 15 through May 1 for all children exiting preschool programs and transitioning to kindergarten. The ELPP may be completed prior to each annual IEP review date or other intervals at the discretion of the LEA and results may be used in reporting progress and developing the present level of academic achievement and functional performance and annual goals. Additionally, the ALSDE compares the data by entry and exit levels of each child by LEA to determine progress in the three outcomes areas. The LEAs are trained to use this information to examine the effectiveness of curricula, instructional settings, and specially designed instruction to improve outcomes for preschool children with IEPs.

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period.  
  
At the onset of the pandemic, some of Alabama’s preschool students had limited access to the internet, making direct service provision difficult or nonexistent. When internet access was available, many school districts reported limited participation in virtual learning for preschool-aged students with disabilities. Fewer synchronous services were provided, as numerous preschools completely closed down during the pandemic. All of these factors may have limited progress on ELPP objectives for many preschool students with disabilities. These factors cumulatively may have impacted student performance when students exited preschool special education services in the spring. The ALSDE prepared resources (e.g., COVID-19 questions submitted by stakeholders from across the state; COVID-19 updates and guidance, including school closure letter updates) for service providers and provided statewide access through a learning management system.

## 7 - Prior FFY Required Actions

None

## 7 - OSEP Response

## 7 - Required Actions

# Indicator 8: Parent involvement

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

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

**Data Source**

State selected data source.

**Measurement**

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

**Instructions**

Sampling **of parents from whom response is requested** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions on page 2 for additional instructions on sampling.)

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

Provide the actual numbers used in the calculation.

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

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

Report the number of parents to whom the surveys were distributed.

Include the State’s analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States should consider categories such as race and ethnicity, age of the student, disability category, and geographic location in the State.

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

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

## 8 - Indicator Data

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

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

During the FFY 2019 reporting year, the ALSDE sought input on how to increase parent involvement to improve services for students with disabilities. Strategies included:  
  
1)Partnering with the Alabama Parent Education Center (APEC) to lead three family focus groups. The focus groups, conducted virtually and representing the three regions of the state, gathered input from family members of students in grades 6-12 or recent leavers. The focus groups allowed ALSDE-SES staff to hear concerns, suggestions, and needs from family members.   
  
2)Partnering with APEC to gather family input. ALSDE staff presented on the State Systemic Improvement Plan (SSIP) during the three family focus groups to gather input from family members regarding the SSIP activities and data.   
  
3)Presenting on the SSIP at several meetings. The ALSDE staff presented information about the SPP/APR and SSIP activities at the state’s SEAP meeting and sought feedback from SEAP members.   
  
4)Gathering input from parents through various surveys:  
a)Through work on the AL SSIP and AL SPDG, the ALSDE gathered input from parents at middle and high school SSIP/SPDG sites through a Foundations Survey. All parents were asked to rate the behavior, safety, climate of schools, and the ALSDE received copies of the results.   
  
b)Additionally, AL SPDG parents of students of transition age were also asked complete a satisfaction survey of transition services and resources and the SSIP-developed Planning for Life After School survey. These surveys will be used to determine areas for follow-up training and product development.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2010 | 74.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 75.38% | 75.63% | 75.88% | 76.13% | 76.38% |
| Data | 67.05% | 76.54% | 80.74% | 78.02% | 76.70% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 76.38% |

**FFY 2019 SPP/APR Data**

| **Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities** | **Total number of respondent parents of children with disabilities** | | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 9,475 | | 12,986 | 76.70% | 76.38% | 72.96% | Did Not Meet Target | Slippage |

**The number of parents to whom the surveys were distributed.**

95,423

**Percentage of respondent parents**

13.61%

**Provide reasons for slippage, if applicable**

The FFY 2019 analyses showed Alabama did not meet its target and had slippage for Indicator 8. The Indicator 8 results were 3.42 percentage points lower than the target and 3.74 percentage points lower than the FFY 2018 actual data. The average rating was 84.4%. Alabama has consistently met its Indicator 8 target, and therefore FFY 2019 may be an anomaly. There were two primary factors that likely affected the FFY 2019 results.   
  
First, the survey window was initially opened between March and July 2020, and therefore COVID-19 could have impacted the results. However, to mitigate the impact of school closures, the ALSDE extended the survey window through August 2020. Additionally, as Alabama schools were either virtual or closed during the timing of the survey, parent attitudes regarding special education services and access to supports were likely affected. The effects of COVID-19 and school closures were confounding variables, affecting the internal validity of the Alabama Parent Survey results. The ALSDE cannot separate parents’ attitudes regarding services and school closures from how parents rated other items measuring parent involvement. As COVID-19 has continued to impact schools during the 2020-2021 school year, Indicator 8 results may be impacted until at least FFY 2021.  
  
Second, the data collection process changed for FFY 2019. In prior years, the ALSDE used a sampling plan and districts, other than Mobile County, participated every four years. In fall 2019, it was determined the ALSDE would survey districts by census to collect data from all parents of students with disabilities across the state. The decision to use a census instead of a sample was to determine typical response rates for each district in advance of developing a new sampling plan. Due to school and district closures, an organized distribution and collection of surveys across the state was challenging.  
  
Previously, districts and schools disseminated the surveys and the link to the online survey to individual parents. In FFY 2019, the online survey was more widely distributed, likely resulting in more than one submission. For example, in one district, there were 1.2 times as many surveys collected as students with disabilities. Also, there were 40 surveys collected for students with Deaf-Blindness, however there were 14 students with Deaf-Blindness in the state in the 2019 Child Count.  
   
As a result of surveying the entire population, the response rate was lower than in the prior two reporting years. FFY 2017 and 2018 averaged a 23.8% response rate, whereas the current response rate was 13.5%. The COVID-19 pandemic may be a contributing factor to the decrease in the response rate. It is unknown if the lower response rate led to decreased ratings, however response rate must also be considered.  
  
Drill-down analyses found significant differences for Indicator 8 for the three primary demographic categories:  
  
•Gender was significantly different, X2 (1, N = 12912) = 6.297, p = .012. Parents of males were more likely to meet the 80% survey benchmark (73.65%) compared to females (71.58%).  
•Race/ethnicity was significantly different, X2 (6, N = 12899) = 16.378, p = .012. The percentage of parents reporting schools facilitated parent involvement was lowest for Pacific Islander (66.67%) and More Than One Race (68.45%).  
•Primary disability was significantly different, X2 (12, N = 12382) = 117.890, p < .001. The percentage of parents reporting schools facilitated parent involvement was lowest for Emotional Disability (63.47%); Visual Impairment (64.41%); Multiple Disabilities (64.92%); and Deaf-Blindness (66.67%).   
  
To increase Indicator 8 results, the ALSDE staff will offer technical assistance to districts with lower Indicator 8 data.

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

The Alabama Parent Survey was designed for all parents of students with disabilities ages 3-21 to rate the facilitation of parent involvement at their children’s schools. School staff, district staff, and the Alabama Parent Education Center (APEC) staff collected surveys from parents of both preschool and school-age children. One survey was administered to both groups, and the data collection process was the same.   
  
The data from parents of preschool and school-age children are reported in aggregate, although to determine differences, disaggregated analyses were also conducted. Excluding the preschool data, the percentage of parents reporting schools facilitated parent involvement was 72.2%. These results were not significantly different than the FFY 2019 Indicator 8 results of 72.96% (p > .05).

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

| **Survey Question** | **Yes / No** |
| --- | --- |
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | NO |
| The demographics of the parents responding are representative of the demographics of children receiving special education services. | NO |

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

The responding sample was compared to 2019 Child Count data for the participating cohort districts. Differences between the responding sample and the population were compared for three demographic categories (gender, race/ethnicity, and primary disability) and 22 indices within these categories.  
  
According to LaPier, Bullis and Falls (September 2007), responses +/-3.0% from the representative sample are considered “important differences” for sampling. The ALSDE has adopted this standard for representativeness.   
  
There were seven indices that were +/-3.0% of the target population obtained from the 2019 Child Count data and therefore were not representative:   
•Black (3.6% underrepresented);   
•Autism (5.1% overrepresented);   
•Developmental Delay (6.9% overrepresented);  
•Multiple Disabilities (3.3% overrepresented);  
•Other Health Impairment (8.4% underrepresented);   
•Specific Learning Disability (10.8% underrepresented); and  
•Speech/Language Impairment (3.8% overrepresented).  
  
To address deviations in representativeness of future Indicator 8 samples, the ALSDE will implement the following strategies:  
  
•The ALSDE will implement a census survey again in FFY 2020. Due to COVID-19, obtaining baseline response rates from districts was not feasible. The ALSDE will examine the district Child Count data as well as the responding sample from FFY 2020 to draw a new sample for FFY 2021.   
•For FFY 2020, the ALSDE will work to increase the response rate. The ALSDE staff reviewed response rate data for districts twice during the data collection window. As a result of school closures, it was challenging to obtain more survey responses, but ALSDE staff will continue the periodic review of response rates during the FFY 2020 data collection window.  
•To promote the online survey, the state will continue to share the survey weblink on the Special Education Services page, as well as at statewide conferences with parent participants.   
•The ALSDE will continue to work closely with the Alabama Parent Education Center to reach parents through APEC’s outreach activities. The ALSDE will ask APEC to include the survey weblink on its monthly newsletters.   
•The ALSDE will be in communication with specific advocacy groups around the state, particularly those addressing parents of students with specific learning disabilities and other health impairment.

**Include the State’s analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.**

The ALSDE has collected limited demographic data for responding parents. For FFY 2020, the ALSDE will add a question regarding parent race/ethnicity to its Alabama Parent Survey.   
  
One demographic measure, location, showed among the 142 school districts and charter schools included in the survey distribution, 133 were represented. Therefore, parents from 93.66% of districts and charter schools responded to the survey. Furthermore, 66% of districts had a response rate of 10% or higher.   
  
Examining the 22 demographic indices used for students, 68% were representative when compared to the 2019 Alabama Child Count data. Percentages below refer to the responding sample, and a deviation of +/-3.0% was used to determine representativeness. Representative indices included:  
•Gender: Male (65.08%) and female (34.92%)  
•Race/Ethnicity: Asian (1.01%); Hispanic or Latino (4.91%); Native American (0.75%); More Than One Race (5.25%); Pacific Islander (0.15%); and White (55.60%).   
•Primary Disability: Deaf-Blindness (0.30%); Emotional Disability (2.20%); Hearing Impairment (0.81%); Intellectual Disability (6.61%); Orthopedic Impairment (0.37%); Traumatic Brain Injury (0.46%); and Visual Impairment (0.57%).   
  
Parents of students who are Black (32.33%), or who have a primary disability of Other Health Impairment (5.98%) or a Specific Learning Disability (27.52%) were underrepresented in the responding sample.   
  
Parents of students who have a primary disability of Autism (14.25%), Developmental Delay (13.30%); Multiple Disabilities (4.68%); and Speech/Language Impairment (22.95%) were overrepresented in the responding sample.

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period. The survey window was initially opened between March and July 2020, and therefore the COVID-19 pandemic could have impacted the results. However, to mitigate the impact of school closures, the ALSDE extended the survey window through August 2020. Additionally, as Alabama schools were either virtual or closed during the timing of the survey, parent attitudes regarding special education services and access to supports were likely affected. The effects of COVID-19 and school closures were confounding variables, affecting the internal validity of the Alabama Parent Survey results. The ALSDE cannot separate parents’ attitudes regarding services and school closures from how parents rated other items measuring parent involvement. As COVID-19 has continued to impact schools during the 2020-2021 school year, Indicator 8 results may be impacted until at least FFY 2021. To increase results for this indicator, the ALSDE staff will offer technical assistance and/or resources to districts with lower Indicator 8 data.

## 8 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

**Response to actions required in FFY 2018 SPP/APR**

The demographics of the parents responding were not representative of the demographics of children receiving special education services. To address deviations in representativeness of future Indicator 8 samples, the ALSDE will implement the following strategies:  
  
•The ALSDE will implement a census survey again in FFY 2020. Due to COVID-19, obtaining baseline response rates from districts was not feasible. The ALSDE will examine the district Child Count data as well as the responding sample from FFY 2020 to draw a new sample for FFY 2021.   
•For FFY 2020, the ALSDE will work to increase the response rate. The ALSDE-SES staff reviewed response rate data for districts twice during the data collection window. As a result of school closures, it was challenging to obtain more survey responses, but ALSDE-SES staff will continue the periodic review of response rates during the FFY 2020 data collection window.  
•To promote the online survey, the state will continue to share the survey weblink on the Special Education Services page, as well as at statewide conferences with parent participants.   
•The ALSDE will continue to work closely with the Alabama Parent Education Center to reach parents through APEC’s outreach activities. The ALSDE will ask APEC to include the survey weblink on its monthly newsletters.   
•The ALSDE will be in communication with specific advocacy groups around the state, particularly those addressing parents of students with specific learning disabilities and other health impairment.   
  
The ALSDE-SES has collected limited demographic data for responding parents. For FFY 2020, the ALSDE-SES will add a question regarding parent race/ethnicity to its Alabama Parent Survey.   
  
One demographic measure, location, showed among the 142 school districts and charter schools included in the survey distribution, 133 were represented. Therefore, parents from 93.66% of districts and charter schools responded to the survey. Furthermore, 66% of districts had a response rate of 10% or higher.   
  
Examining the 22 demographic indices used for students, 68% were representative when compared to the 2019 Alabama Child Count data. Percentages below refer to the responding sample, and a deviation of +/-3.0% was used to determine representativeness. Representative indices included:  
•Gender: Male (65.08%) and female (34.92%)  
•Race/Ethnicity: Asian (1.01%); Hispanic or Latino (4.91%); Native American (0.75%); More Than One Race (5.25%); Pacific Islander (0.15%); and White (55.60%).   
•Primary Disability: Deaf-Blindness (0.30%); Emotional Disability (2.20%); Hearing Impairment (0.81%); Intellectual Disability (6.61%); Orthopedic Impairment (0.37%); Traumatic Brain Injury (0.46%); and Visual Impairment (0.57%).

## 8 - OSEP Response

The State reported that the COVID-19 pandemic impacted the data for this indicator. Specifically, the State reported, "The effects of COVID-19 and school closures were confounding variables, affecting the internal validity of the Alabama Parent Survey results." In addition, the State reported it changed its data collection process for this indicator. Specifically, "In prior years, the ALSDE used a sampling plan and districts, other than Mobile County, participated every four years. In fall 2019, it was determined the ALSDE would survey districts by census to collect data from all parents of students with disabilities across the state." OSEP notes the change in methodology and the reported impact of COVID-19 affects the comparability of data.

## 8 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

# Indicator 9: Disproportionate Representation

**Instructions and Measurement**

**Monitoring Priority:** Disproportionality

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

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

**Data Source**

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

**Measurement**

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

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

Based on its review of the 618 data for FFY 2018, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2019 reporting period (i.e., after June 30, 2020).

**Instructions**

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 9 - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 2.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 0% |

**FFY 2019 SPP/APR Data**

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

YES

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

132

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial and ethnic groups in special education and related services** | **Number of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification** | **Number of Districts that met the State's minimum n-size** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| 10 | 5 | 10 | 0.00% | 0% | 50.00% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

In determining if disproportionate representation was the result of inappropriate identification, the ten LEAs with disproportionate representation were subject to a review of policies, procedures, and practices. As part of the data review, the ALSDE conducted Eligibility Criteria Reviews for Identification. Of the ten LEAs with overrepresentation, the ALSDE determined that in 5 of 10 or 50% of the LEAs, the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.   
  
ALSDE attributes the slippage in this indicator to implementing a higher standard for determining whether disproportionate identification is the result of inappropriate identification. Previous to the review for the FFY 2019 APR, ALSDE did not include individual isolated related instances of noncompliance as evidence of inappropriate identification. However, beginning with the FFY 2019 review, ALSDE now considers and counts those findings to be evidence of inappropriate identification.

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

YES

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

The ALSDE uses the risk ratio, and if necessary, the alternate risk ratio, to calculate disproportionate representation for racial and ethnic groups. An LEA is considered to have disproportionate representation for Indicator 9 when the risk ratio is greater than 2.25. The calculation for disproportionate representation is based on one year of data. The ALSDE has established a minimum cell-size of less than or equal to ten for the numerator; a minimum n-size for the denominator has not been established when defining disproportionate representation under Indicator 9.   
  
Using the OSEP Disproportionality Template, all 142 LEAs were included in an initial examination of data and calculation of disproportionate representation. Based on the data for all 142 LEAs, ten LEAs had a risk ratio of greater than 2.25 and met the state's minimum cell-size of ten. The ALSDE excluded 132 LEAs from the final determination of overrepresentation due to each not having met the minimum cell-size.   
  
Data for all racial and ethnic groups were used in the review and analysis for disproportionate representation for each LEA and include the following: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, and Two or More Races.

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

For each LEA identified with disproportionate representation, the ALSDE examines LEA child find, evaluation, eligibility and other related policies, procedures, and practices. The ALSDE then conducts a review of individual student records to determine if evaluation and eligibility requirements were met according to the Alabama Administrative Code (AAC) and the Part B IDEA requirements. This review is conducted for every LEA with disproportionality by the ALSDE Compliance Monitoring Unit as a part of the continuous improvement process, in which an LEA is identified as having disproportionality and must include a review of child find and evaluation policies, practices and procedures to ensure compliance with the IDEA. If an LEA has been identified as having disproportionality, the LEA is notified and, if appropriate, required to review and revise their policies, practices and procedures used in their identification processes.   
  
As a part of Alabama’s process towards continuous improvement, pre-staffing meetings are held to discuss LEA data (e.g., Child Count, LEA SPP/APR compliance and performance data, previous monitoring reports, fiscal information) to determine specific areas of focus and need. Particularly, Child Count related data, which includes disproportionality and placement in the least restrictive environment information, are discussed during the pre-staffing meetings. As a result of the pre-staffing meetings, probing questions are reviewed (modified as necessary) and then are shared with the LEA Special Education Coordinator. The LEA is then required to develop an action plan; the state conducts follow-up activities to ensure implementation of plan and provides technical assistance if needed. If the evidence indicating inappropriate identification includes noncompliance, ALSDE makes the appropriate findings of noncompliance and requires correction no later than one year from the notification of the findings.

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

There was no COVID-19 impact on the completeness, validity and reliability for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

Because the State reported less than 100% compliance for FFY 2019 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. The State must demonstrate, in the FFY 2020 SPP/APR, that the five districts identified in FFY 2019 with disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 10: Disproportionate Representation in Specific Disability Categories

**Instructions and Measurement**

**Monitoring Priority:** Disproportionality

**Compliance indicator**: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

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

**Data Source**

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

**Measurement**

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

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

Based on its review of the 618 data for FFY 2019, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2019 reporting period (i.e., after June 30, 2020).

**Instructions**

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 10 - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2016 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 0% |

**FFY 2019 SPP/APR Data**

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

YES

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

90

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories** | **Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification** | **Number of Districts that met the State's minimum n-size** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| 142 | 29 | 52 | 0.00% | 0% | 55.77% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

In determining if disproportionate representation was the result of inappropriate identification, the 52 LEAs with disproportionate representation were subject to a review of policies, procedures, and practices. As part of the data review, the ALSDE conducted Eligibility Criteria Reviews for Identification. Of the 52 LEAs with overrepresentation, the ALSDE determined that in 29 of 52 or 55.77% of the LEAs, the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.   
  
ALSDE attributes the slippage in this indicator to implementing a higher standard for determining whether disproportionate identification is the result of inappropriate identification. Previous to the review for the FFY 2019 APR, ALSDE did not include individual isolated related instances of noncompliance as evidence of inappropriate identification. However, beginning with the FFY 2019 review, ALSDE now considers and counts those findings to be evidence of inappropriate identification.

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

YES

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

The ALSDE uses the risk ratio, and if necessary, the alternate risk ratio, to calculate disproportionate representation for racial and ethnic groups. An LEA is considered to have disproportionate representation for Indicator 10 when the risk ratio is greater than 2.50. The calculation for disproportionate representation is based on one year of data. The ALSDE has established a minimum cell-size of less than or equal to ten for the numerator; a minimum n-size for the denominator has not been established when defining disproportionate representation under Indicator 10.   
  
Using the OSEP Disproportionality Template, all 142 LEAs were included in an initial examination of data and calculation of disproportionate representation. Based on the data for all 142 LEAs, 52 LEAs had a risk ratio of greater than 2.50 and met the state's minimum cell-size of ten. The ALSDE excluded 90 LEAs from the final determination of overrepresentation due to each not having met the minimum cell-size.   
  
Data for all racial and ethnic groups were used in the review and analysis for disproportionate representation for each LEA and include the following: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, and Two or More Races. Additionally, the following disability categories were used in the review and analysis for disproportionate representation for each LEA: Autism, Emotional Disability, Intellectual Disability, Other Health Impairment, Specific Learning Disability, and Speech or Language Impairment.

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

For each LEA identified with disproportionate representation, the ALSDE examines LEA child find, evaluation, eligibility and other related policies, procedures, and practices. The ALSDE then conducts a review of individual student records to determine if evaluation and eligibility requirements were met according to the Alabama Administrative Code (AAC) and the Part B IDEA requirements. This review is conducted for every LEA with disproportionality by the ALSDE Compliance Monitoring Unit as a part of the continuous improvement process, in which an LEA is identified as having disproportionality and must include a review of child find and evaluation policies, practices and procedures to ensure compliance with the IDEA. If an LEA has been identified as having disproportionality, the LEA is notified and, if appropriate, required to review and revise their policies, practices and procedures used in their identification processes.   
  
As a part of Alabama’s process towards continuous improvement, pre-staffing meetings are held to discuss LEA data (e.g., Child Count, LEA SPP/APR compliance and performance data, previous monitoring reports, fiscal information) to determine specific areas of focus and need. Particularly, Child Count related data, which includes disproportionality and placement in the least restrictive environment information, are discussed during the pre-staffing meetings. As a result of the pre-staffing meetings, probing questions are reviewed (modified as necessary) and then are shared with the LEA Special Education Coordinator. The LEA is then required to develop an action plan; the state conducts follow-up activities to ensure implementation of plan and provides technical assistance if needed. If the evidence indicating inappropriate identification includes noncompliance, ALSDE makes the appropriate findings of noncompliance and requires correction no later than one year from the notification of the findings.

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

There was no COVID-19 impact on the completeness, validity and reliability for this indicator.  
  
In reviewing the data for the correction of noncompliance, 3 LEAs were double counted and identified in multiple disability areas for Indicator 10. As a result, the count was corrected and reported as 29 (a change from the original reported number of 32) for the number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.

**Correction of Findings of Noncompliance Identified in FFY 2018**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

## 10 - Required Actions

Because the State reported less than 100% compliance for FFY 2019 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. The State must demonstrate, in the FFY 2020 SPP/APR, that the 29 districts identified in FFY 2019 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification [is/are] in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 11: Child Find

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

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

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

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

**Instructions**

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 11 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 82.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.36% | 99.51% | 99.68% | 99.77% | 99.70% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 SPP/APR Data**

| **(a) Number of children for whom parental consent to evaluate was received** | **(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 19,215 | 19,159 | 99.70% | 100% | 99.71% | Did Not Meet Target | No Slippage |

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

56

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

Given that the number of children included in (a) but not included in (b) is 56, the following numbers indicate the range of days beyond the 60-day initial evaluation timeline when evaluations were completed for children: 1-15 days - 18; 16-30 days - 5; 31-45 days - 4; 46-60 days - 2; and 60+ days - 27. The reasons for delays include students failed vision and hearing tests, school delay, central office delay (psychometrist/testing personnel not notified), shortage of qualified testing personnel, practices and procedures, and delay of evaluation processes.

**Indicate the evaluation timeline used:**

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

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

State database that includes data for the entire reporting year

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

The ALSDE utilizes the state database to generate a report to collect data for Indicator 11 for each LEA. The LEAs submit data one time each year through the District Approval process for reporting data in the APR. Reported data are for the entire reporting period and all LEAs in the state are included and evaluated for compliance with the timelines. The actual numbers used in the calculation are provided under Actual Target Data.

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period. Although the state was able to collect data for this indicator utilizing the state database, the ALSDE recognizes a decrease in the number of children for whom parental consent to evaluate was received as compared to the previous reporting period (a decrease of 4,088). The ALSDE is providing training and guidance on conducting eligibility evaluations and determinations. Nevertheless, there was no COVID-19 impact on the completeness, validity and reliability for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 22 | 22 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA’s report to determine whether all students for whom parental consent to evaluate was received and evaluated within the 60-day timeline with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement based on a review of updated data. All reviews of updated data were conducted within one year from the notification of noncompliance. The findings in LEAs identified as having noncompliance with Indicator 11 for FFY 2018 were corrected within one year of notification consistent with OSEP Memo 09-02.

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

For each individual student whose evaluation was not completed within 60 days, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. Within the database, it was determined that the students received their required evaluations, even though late, were consistent with OSEP Memo 09-02 and all individual noncompliance was corrected for FFY 2018 within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

## 11 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 12: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priorit**y: Effective General Supervision Part B / Effective Transition

**Compliance indicator**: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

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

**Data Source**

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

**Measurement**

a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.

b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.

c. # of those found eligible who have an IEP developed and implemented by their third birthdays.

d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.

e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.

f. # of children whose parents chose to continue early intervention services beyond the child’s third birthday through a State’s policy under 34 CFR §303.211 or a similar State option.

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

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

**Instructions**

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 12 - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 76.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.72% | 99.86% | 99.65% | 99.83% | 99.92% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination. | 1,752 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 278 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 1,343 |
| d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied. | 67 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 60 |
| f. Number of children whose parents chose to continue early intervention services beyond the child’s third birthday through a State’s policy under 34 CFR §303.211 or a similar State option. | 0 |

| **Measure** | **Numerator (c)** | **Denominator (a-b-d-e-f)** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 1,343 | 1,347 | 99.92% | 100% | 99.70% | Did Not Meet Target | No Slippage |

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

4

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

Given that the number of children in (a) but not included in b, c, d or e is 4, the following numbers indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed: 1-15 Days - 2; 16-30 Days - 1; 31-45 Days - 0; 46-60 Days - 0; and 60+ Days - 1. The reasons for delays include central office delays.

**Attach PDF table (optional)**

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

State database that includes data for the entire reporting year

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

The ALSDE utilizes the state database to generate a report to collect data for Indicator 12. The LEAs submit data one time each year through the District Approval process for reporting in the APR. Reported data are for the entire reporting period and all LEAs in the state are included.

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period. Nonetheless, the state was able to collect data for this indicator utilizing the state database resulting in no COVID-19 impact on the completeness, validity and reliability for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 1 | 1 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA’s report to determine whether all students who have been served in Part C and referred to Part B for Part B eligibility determination had an IEP developed and implemented by their third birthdays with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement based on a review of updated data. All reviews were conducted within one year from the notification of noncompliance. The findings in LEAs identified as having noncompliance with Indicator 12 for FFY 2018 were corrected within one year of notification consistent with OSEP Memo 09-02.

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

For each individual case where a student who had been served in Part C and referred to Part B for Part B eligibility determination, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. Within the database, it was determined that the students received their required evaluations, even though late, were consistent with OSEP Memo 09-02 and all individual noncompliance was corrected for FFY 2018 within one year.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 12 - Prior FFY Required Actions

None

## 12 - OSEP Response

## 12 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 13: Secondary Transition

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 13 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2009 | 99.93% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 99.97% | 99.99% | 99.91% | 99.77% | 99.95% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target | 100% |

**FFY 2019 SPP/APR Data**

| **Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition** | **Number of youth with IEPs aged 16 and above** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 20,297 | 20,300 | 99.95% | 100% | 99.99% | Did Not Meet Target | No Slippage |

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

State database that includes data for the entire reporting year

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

| **Question** | **Yes / No** |
| --- | --- |
| Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16? | YES |
| If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age? | YES |
| If yes, at what age are youth included in the data for this indicator | 15 |

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

There was no COVID-19 impact on the completeness, validity and reliability for this indicator.

**Correction of Findings of Noncompliance Identified in FFY 2018**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 5 | 5 | 0 | 0 |

**FFY 2018 Findings of Noncompliance Verified as Corrected**

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

Using the state database, the ALSDE accessed and viewed each LEA’s updated report to determine 100% compliance during periodic intervals throughout the year following the findings of noncompliance. The ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement based on a review of updated data. All reviews of updated data were conducted within one year from the notification of noncompliance and were verified as corrected within one year. All non-compliance with Indicator 13 for FFY 2018 were corrected within one year of notification consistent with OSEP Memo 09-02.

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

For noncompliance identified in FFY 2018, the ALSDE has verified that all LEAs have corrected each individual case of noncompliance based on a review of updated data about the transition components of the IEPs previously found out of compliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2018**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 13 - Prior FFY Required Actions

None

## 13 - OSEP Response

## 13 - Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.  
  
If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

# Indicator 14: Post-School Outcomes

**Instructions and Measurement**

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

**Results indicator:** 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:

Enrolled in higher education within one year of leaving high school.

Enrolled in higher education or competitively employed within one year of leaving high school.

Enrolled in higher education or in some other postsecondary education or training program; or competitively employed or in some other employment within one year of leaving high school.

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

**Data Source**

State selected data source.

**Measurement**

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

**Instructions**

*Sampling****of youth who had IEPs and are no longer in secondary school****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See General Instructions on page 2 for additional instructions on sampling.)*

Collect data by September 2020 on students who left school during 2018-2019, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2018-2019 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

**I. *Definitions***

*Enrolled in higher education* as used in measures A, B, and C means youth have been enrolled on a full- or part-time basis in a community college (two-year program) or college/university (four or more year program) for at least one complete term, at any time in the year since leaving high school.

*Competitive employment* as used in measures B and C: States have two options to report data under “competitive employment” in the FFY 2019 SPP/APR, due February 2021:

Option 1: Use the same definition as used to report in the FFY 2015 SPP/APR, i.e., competitive employment means that youth have worked for pay at or above the minimum wage in a setting with others who are nondisabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. This includes military employment.

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

*Enrolled in other postsecondary education or training* as used in measure C, means youth have been enrolled on a full- or part-time basis for at least 1 complete term at any time in the year since leaving high school in an education or training program (e.g., Job Corps, adult education, workforce development program, vocational technical school which is less than a two-year program).

*Some other employment* as used in measure C means youth have worked for pay or been self-employed for a period of at least 90 days at any time in the year since leaving high school. This includes working in a family business (e.g., farm, store, fishing, ranching, catering services, etc.).

**II. *Data Reporting***

Provide the actual numbers for each of the following mutually exclusive categories. The actual number of “leavers” who are:

1. Enrolled in higher education within one year of leaving high school;

2. Competitively employed within one year of leaving high school (but not enrolled in higher education);

3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);

4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

“Leavers” should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, “leavers” who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

**III. *Reporting on the Measures/Indicators***

Targets must be established for measures A, B, and C.

Measure A: For purposes of reporting on the measures/indicators, please note that any youth enrolled in an institution of higher education (that meets any definition of this term in the Higher Education Act (HEA)) within one year of leaving high school must be reported under measure A. This could include youth who also happen to be competitively employed, or in some other training program; however, the key outcome we are interested in here is enrollment in higher education.

Measure B: All youth reported under measure A should also be reported under measure B, in addition to all youth that obtain competitive employment within one year of leaving high school.

Measure C: All youth reported under measures A and B should also be reported under measure C, in addition to youth that are enrolled in some other postsecondary education or training program, or in some other employment.

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States should consider categories such as race and ethnicity, disability category, and geographic location in the State.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| A | 2009 | Target >= | 22.49% | 22.74% | 22.99% | 23.24% | 23.49% |
| A | 13.77% | Data | 25.38% | 27.33% | 27.81% | 26.37% | 26.86% |
| B | 2019 | Target >= | 62.60% | 62.85% | 63.10% | 63.35% | 63.60% |
| B | 60.29% | Data | 65.71% | 70.20% | 60.20% | 60.02% | 64.73% |
| C | 2019 | Target >= | 76.61% | 76.86% | 77.11% | 77.36% | 77.61% |
| C | 70.62% | Data | 74.29% | 78.49% | 68.85% | 70.50% | 75.60% |

**FFY 2019 Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A >= | 23.49% |
| Target B >= | 60.29% |
| Target C >= | 70.62% |

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

During the FFY 2019 reporting year, the ALSDE sought input on how to better serve students transitioning from high school. Strategies included:  
  
1) Partnering with the Alabama Parent Education Center (APEC) to lead three family focus groups. The focus groups, conducted virtually and representing the three regions of the state, gathered input from family members of students in grades 6-12 or recent leavers. The focus groups allowed Alabama State Department of Education (ALSDE), Special Education Services, staff to hear concerns, suggestions, and needs from family members. At these meetings, ALSDE staff presented on the State Systemic Improvement Plan (SSIP) to gather feedback on secondary transition and post-school outcomes.   
  
2) Presenting on transition and post-school outcomes at several meetings. The ALSDE staff presented information about the state Performance Plan/Annual Performance Report (SPP/APR) and SSIP transition activities at the state’s Special Education Advisory Panel (SEAP) meetings and sought feedback from the SEAP. ALSDE staff also presented at the Regional Special Education Coordinators’ Meetings, the national Council for Exceptional Children regarding the transition work, and the ALSDE Back to School meeting with district leaders.   
3) Gathering input from parents through various surveys:  
  
a) Through work on the AL SSIP and AL State Personnel Development Grant (SPDG), the ALSDE gathered input from parents at middle and high school SSIP/SPDG sites through a Foundations Survey. All parents were asked to rate the behavior, safety, climate of schools, and the ALSDE received copies of the results.   
b) Additionally, AL SPDG parents of students of transition age were also asked complete a satisfaction survey of transition services and resources and the SSIP-developed Planning for Life After School survey. These surveys will be used to determine areas for follow-up training and product development.

**FFY 2019 SPP/APR Data**

|  |  |
| --- | --- |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 1,443 |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 356 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 514 |
| 3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed) | 56 |
| 4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed). | 93 |

| **Measure** | **Number of respondent youth** | **Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Enrolled in higher education (1) | 356 | 1,443 | 26.86% | 23.49% | 24.67% | Met Target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 870 | 1,443 | 64.73% | 60.29% | 60.29% | Met Target | No Slippage |
| C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4) | 1,019 | 1,443 | 75.60% | 70.62% | 70.62% | Met Target | No Slippage |

**Please select the reporting option your State is using:**

Option 2: Report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act, as amended by Workforce Innovation and Opportunity Act (WIOA), and 34 CFR §361.5(c)(9). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | YES |
| If yes, has your previously-approved sampling plan changed? | NO |

**Describe the sampling methodology outlining how the design will yield valid and reliable estimates.**

The ALSDE uses a representative sample of students with IEPs one-year after leaving high school. The representative sample is divided into two cohorts, and therefore half of the LEAs are represented each year. The two selected cohorts are equivalent in their number of students with disabilities, number of LEAs, and in their three index percentages (gender, ethnicity, and disability). The sampling plan reflects the Alabama 2013 Child Count demographics.   
  
The following steps outline the methodology used to create a representative sample, in alignment with the OSEP Part B SPP/APR Measurement Table.   
  
Step 1: Stratify districts by size. To achieve equivalent size samples, 135 districts were stratified into two groups, based on their student enrollment. Following OSEP’s interpretation, the first group was comprised of the largest districts with an average daily membership (ADM) of 50,000 or greater. In Alabama, only the Mobile County School System qualified. The remaining systems with an ADM less than 50,000 comprised the remaining group.   
  
Step 2: Select equivalent-size samples. Two equivalent annual sample groups were selected across the two size-stratified groups to create samples that were equivalent in their number of districts and the number of students with disabilities, per the December 2013 Child Count. For Mobile County, the only Alabama district in the largest size group, its schools were divided among the two annual sample groups to preserve their size equivalency.  
  
Step 3: Adjust samples for indices equivalency. Once the annual sample groups were selected to have equivalency in number of districts and students with disabilities, their equivalency regarding the sample indices (student gender, ethnicity, and disability) was evaluated. To increase the indices’ equivalence between sample group percentages and the state population percentages, districts were selected and moved between groups, according to the impact of their index’s percentages on the sample group percentages.  
The sampling includes three factors with 22 indices:   
  
1) Gender (Male/Female);   
2) Race/Ethnicity (Asian, Black, Hispanic, Native American, Pacific Islander, White, and Multiple Races); and   
3) Primary Disability (Autism; Deaf-Blindness; Developmental Delay; Emotional Disability; Hearing Impairment; Intellectual Disability; Multiple Disabilities; Orthopedic Impairment; Other Health Impairment; Specific Learning Disability; Speech/Language Impairment; Traumatic Brain Injury; Visual Impairment).  
  
The responding sample was compared to the population of students with IEPs one-year post-school for these 22 indices. According to LaPier, Bullis and Falls (September 2007), the former National Post-School Outcomes Center indicated those responses +/-3.0% are considered “important differences.” The ALSDE has adopted this standard for representativeness.

| **Survey Question** | **Yes / No** |
| --- | --- |
| Was a survey used? | YES |
| If yes, is it a new or revised survey? | NO |

**Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.**

The state’s response rate for the FFY 2019 Alabama Post School Outcome Survey was 63.57%. The response rate was 0.25 percentage points less than in FFY 2018.   
  
The FFY 2019 responding sample was compared to the sample leaver group within the same districts. The table below demonstrates: 1) the demographics for the FFY 2019 cohort of leavers; 2) the demographics for the FFY 2019 responding sample, and 3) the difference between the two samples.   
  
Gender, Total Sample, Responding Sample, Difference  
Male, 65.24%, 64.73%, -0.51%  
Female, 34.76%, 35.27%, 0.51%  
  
Race/Ethnicity, Total Sample, Responding Sample, Difference  
Asian, 0.57%, 0.62%, 0.05%  
Black, 40.13%, 39.15%, -0.98%  
Hispanic, 4.54%, 3.81%, -0.73%  
Native American, 0.66%, 0.55%, -0.11%  
Multi-Race, 1.45%, 1.18%, -0.27%  
Pacific Islander, 0.04%, 0.00%, -0.04%  
White, 52.60%, 54.68%, 2.08%  
  
Disability Category, Total Sample, Responding Sample, Difference  
Autism, 8.37%, 8.80%, 0.43%  
Deaf-Blindness, 0.00%, 0.00%, 0.00%  
Developmental Delay, 0.00%, 0.00%, 0.00%  
Emotional Disability, 2.20%, 1.52%, -0.68%  
Hearing Impairment, 1.19%, 1.25%, 0.06%  
Intellectual Disability, 11.94%, 13.51%, 1.57%  
Multiple Disabilities, 2.29%, 2.63%, 0.34%  
Orthopedic Impairment, 0.57%, 0.49%, -0.08%  
Other Health Impairment, 14.27%, 14.48%, 0.21%  
Specific Learning Disability, 57.27%, 55.72%, -1.55%  
Speech/Language Impairment, 1.10%, 0.69%, -0.41%  
Traumatic Brain Injury, 0.40%, 0.49%, 0.09%  
Visual Impairment, 0.40%, 0.42%, 0.02%  
  
A comparison of the 22 indices for representativeness showed the responding sample was within +/-3.0 for all indices. Therefore, the responding sample was representative of the FFY 2019 cohort leavers.

| **Question** | **Yes / No** |
| --- | --- |
| Are the response data representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school? | YES |

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period. Although the state was able to collect data for this indicator, the data were collected between May and September 2020, and therefore COVID-19 likely impacted the results for both higher education enrollment and competitive employment. However, to mitigate the impact of school closures, the ALSDE extended the survey window through September 2020. Nonetheless, it will be challenging to ascertain the impact of COVID-19 on Indicator 14 until at least FFY 2021. To increase results for this indicator, the ALSDE staff will offer technical assistance and/or resources to districts with lower Indicator 14 data.  
  
Additionally, the ALSDE changed how "competitive employment" is reported and now uses Option 2 as the reporting option. Due to the change in reporting option, baseline for Indicator 14B and Indicator 14C was revised to FFY 2019.

## 14 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether the FFY 2019 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

**Response to actions required in FFY 2018 SPP/APR**

The FFY 2019 response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.  
  
The state’s response rate for the FFY 2019 Alabama Post School Outcome Survey was 63.57%. The response rate was 0.25% less than in FFY 2018.   
  
The FFY 2019 responding sample was compared to the sample leaver group within the same districts. The table below demonstrates: 1) the demographics for the FFY 2019 cohort of leavers; 2) the demographics for the FFY 2019 responding sample, and 3) the difference between the two samples.   
  
Gender, Total Sample, Responding Sample, Difference  
Male, 65.24%, 64.73%, -0.51%  
Female, 34.76%, 35.27%, 0.51%  
  
Race/Ethnicity, Total Sample, Responding Sample, Difference  
Asian, 0.57%, 0.62%, 0.05%  
Black, 40.13%, 39.15%, -0.98%  
Hispanic, 4.54%, 3.81%, -0.73%  
Native American, 0.66%, 0.55%, -0.11%  
Multi-Race, 1.45%, 1.18%, -0.27%  
Pacific Islander, 0.04%, 0.00%, -0.04%  
White, 52.60%, 54.68%, 2.08%  
  
Disability Category, Total Sample, Responding Sample, Difference  
Autism, 8.37%, 8.80%, 0.43%  
Deaf-Blindness, 0.00%, 0.00%, 0.00%  
Developmental Delay, 0.00%, 0.00%, 0.00%  
Emotional Disability, 2.20%, 1.52%, -0.68%  
Hearing Impairment, 1.19%, 1.25%, 0.06%  
Intellectual Disability, 11.94%, 13.51%, 1.57%  
Multiple Disabilities, 2.29%, 2.63%, 0.34%  
Orthopedic Impairment, 0.57%, 0.49%, -0.08%  
Other Health Impairment, 14.27%, 14.48%, 0.21%  
Specific Learning Disability, 57.27%, 55.72%, -1.55%  
Speech/Language Impairment, 1.10%, 0.69%, -0.41%  
Traumatic Brain Injury, 0.40%, 0.49%, 0.09%  
Visual Impairment, 0.40%, 0.42%, 0.02%  
  
A comparison of the 22 indices for representativeness showed the responding sample was within +/-3.0 for all indices. Therefore, the responding sample was representative of the FFY 2019 cohort leavers.

## 14 - OSEP Response

The State has revised the baseline for Indicator 14B and Indicator 14C, using data from FFY 2019, and OSEP accepts that revision.

## 14 - Required Actions

# Indicator 15: Resolution Sessions

**Instructions and Measurement**

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

**Results Indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the EDFacts Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling is not allowed.

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

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline, targets and improvement activities, and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

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

States are not required to report data at the LEA level.

## 15 - Indicator Data

Select yes to use target ranges

Target Range not used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1 Number of resolution sessions | 124 |
| SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/04/2020 | 3.1(a) Number resolution sessions resolved through settlement agreements | 8 |

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

NO

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 47.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 28.97% | 29.22% | 29.47% | 29.72% | 29.97% |
| Data | 18.68% | 34.07% | 17.65% | 27.78% | 7.45% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 29.97% |

**FFY 2019 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 8 | 124 | 7.45% | 29.97% | 6.45% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

Due to school closures for a period of time and face-to-face services suspended for medical and/or safety reasons, LEAs reported a lack of settlement options they had to offer students. For example, in previous reporting periods, LEAs knew they could offer a certain number of hours of services or options to resolve disputes. However, with limited in-person educational options due to the COVID-19 pandemic resulting in school closures, LEAs did not have as many options to offer when resolving disputes, leading to fewer resolution sessions resolved through written agreements.

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period.   
  
As a result, many LEAs reported a lack of settlement options they had to offer students. This factor may have impacted the number of resolution sessions held and disputes resolved through resolution session settlement agreements. As COVID-19 has continued to impact schools during the 2020-2021 school year, Indicator 15 results may be impacted until at least FFY 2021. The ALSDE staff will offer technical assistance and/or resources related to the COVID impact, the provision of compensatory services, and other relevant topics to potential parties of due process hearings.

## 15 - Prior FFY Required Actions

None

## 15 - OSEP Response

## 15 - Required Actions

# Indicator 16: Mediation

**Instructions and Measurement**

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

**Results indicator:** Percent of mediations held that resulted in mediation agreements.

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

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the EDFacts Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (2.1(a)(i) + 2.1(b)(i)) divided by 2.1) times 100.

**Instructions**

Sampling is not allowed.

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

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, develop baseline, targets and improvement activities, and report on them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

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

States are not required to report data at the LEA level.

## 16 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1 Mediations held | 34 |
| SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.a.i Mediations agreements related to due process complaints | 12 |
| SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/04/2020 | 2.1.b.i Mediations agreements not related to due process complaints | 14 |

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

NO

**Targets: Description of Stakeholder Input**

The ALSDE has solicited broad stakeholder input from the Special Education Advisory Panel (SEAP) in order to review and revise, as necessary, SPP/APR targets; no targets were revised during this reporting period. The input sessions consisted of a face-to-face meeting as well as video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage.  
  
In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 62.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 86.36% | 86.61% | 86.86% | 87.11% | 87.36% |
| Data | 89.74% | 83.87% | 92.73% | 91.84% | 82.86% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 87.36% |

**FFY 2019 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 12 | 14 | 34 | 82.86% | 87.36% | 76.47% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

Due to school closures for a period of time and face-to-face services suspended for medical and/or safety reasons, LEAs reported a lack of settlement options they had to offer students. For example, in previous reporting periods, LEAs knew they could offer a certain number of hours of services or options to resolve disputes. However, with limited in-person educational options due to the COVID-19 pandemic resulting in school closures, LEAs did not have as many options to offer when resolving disputes, leading to fewer mediation agreements.

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

The governor of Alabama mandated the closure of all schools on March 18, 2020 due to the COVID-19 pandemic, and ultimately, required schools to offer learning using alternate methods of instruction (e.g., virtual options) for the remainder of the reporting period.   
  
Many LEAs felt limited in the number of face-to-face hours of services or secure virtual options to resolve disputes, as some parents were hesitant to do so through the virtual format. This factor may have impacted the number of mediation sessions held and disputes resolved through mediation agreements. As COVID-19 has continued to impact schools during the 2020-2021 school year, Indicator 16 results may be impacted until at least FFY 2021. The ALSDE staff will offer technical assistance and/or resources regarding virtual mediation, the COVID impact, the provision of compensatory services, and other relevant topics to IDEA mediators and potential parties to IDEA conflicts.

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions0

# Indicator 17: State Systemic Improvement Plan



# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role:**

Designated by the Chief State School Officer to certify

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.**

**Name:**

DaLee Chambers

**Title:**

Program Director of Special Education

**Email:**

daleec@alsde.edu

**Phone:**

334-694-4782

**Submitted on:**

04/29/21 10:01:54 AM

# ED Attachments

  

1. Data suppressed due to privacy protection [↑](#footnote-ref-2)
2. Percentage blurred due to privacy protection [↑](#footnote-ref-3)