**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**

**California**



**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**

1,676

**General Supervision System**

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

Please see attachment

**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.**

Please see attachment

**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.**

Please see attachment

**Stakeholder Involvement**

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

The CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
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SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**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.**

Please see attachment

## 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**

## 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.

The Department has imposed Specific Conditions on the State's IDEA Part B grant award each year from FFY 1997 through FFY 2020 related to the provision of special education and related services to eligible youth with disabilities in adult correctional facilities.

## 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.

## Intro – State Attachments



# 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** |
| --- | --- |
| 2012 | 61.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% |
| Data | 62.00% | 65.00% | 65.52% | 65.01% | 66.30% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 90.00% |

**Targets: Description of Stakeholder Input**

The CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

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1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
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SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**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 | 58,104 |
| 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 | 67.7%[[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 | 58,104 | 66.30% | 90.00% | 67.7%2 | Did Not Meet 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*.***

The graduation requirements are the same for both students with and without disabilities. The state of California according to Education Code (EC) 51225.3 has specified a minimum set of courses to meet state requirements to graduate from high school and receive a diploma. The governing boards of local education agencies have the authority to supplement the state minimum requirements at the local level. EC 51225.3 states that all pupils receiving a diploma of graduation from a California high school must have completed all of the following courses, while in grades nine to twelve, inclusive:
- Three courses in English
-Two courses in mathematics, including one year of Algebra I (EC 51224.5)
-Two courses in science, including biology and physical sciences
-Three courses in social studies, including United States history and geography; world history, culture, and geography; a one-semester course in American government and civics, and a one-semester course in economics
-One course in visual or performing arts, foreign language, or career technical education
-Two courses in physical education, unless the pupil has been exempted pursuant to the provisions of EC 51241

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

NO

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

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Drop Out

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** Percent of youth with IEPs 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 | 15.72% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target <= | 14.72% | 13.72% | 12.72% | 11.72% | 10.72% |
| Data | 17.52% | 14.46% | 13.76% | 11.36% | 11.24% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target <= | 9.72% |

**Targets: Description of Stakeholder Input**

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**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) | 29,926 |
| 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) | 2,654 |
| 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) | 1,355 |
| 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) | 6,214 |
| 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) | 168 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,214 | 40,317 | 11.24% | 9.72% | 15.41% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The CDE is concerned with the increased number of students dropping out and identified a number of LEAs for which the dropout rate increased. As a result, these LEAs were required to identify the root cause of the issue and develop a plan to reduce dropout rates over time. Overall the root causes were varied across LEAs but included the lack of dropout mitigation strategies, implementation of a credit recovery process and the movement of students to county office continuation programs. California is working with each of those LEAs to improve the drop out rates.

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

Students are considered dropouts if they were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and did not exit special education through any of the other means. This includes runaways, GED recipients, 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)**

## 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 >= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| **A** | Overall | 96.50% | Actual | 98.38% | 93.40% | 95.07% | 94.18% | 95.07% |

**Historical Data: Math**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group**  | **Group Name**  | **Baseline**  | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A** | Overall | 2005 | Target >= | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| **A** | Overall | 96.40% | Actual | 98.50% | 94.60% | 94.72% | 93.80% | 94.74% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2019** |
| Reading | A >= | Overall | 95.00% |
| Math | A >= | Overall | 95.00% |

**Targets: Description of Stakeholder Input**

The CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

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More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

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1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
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LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**FFY 2019 Data Disaggregation from EDFacts**

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

NO

**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 |  |  | 95.07% | 95.00% |  | 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 |  |  | 94.74% | 95.00% |  | 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.**

https://www.cde.ca.gov/ta/tg/ca/resourceassignments.asp

https://caaspp-elpac.cde.ca.gov/caaspp/

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

Statewide assessments were waived for the 2019-20 school year due to Covid-19.

## 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 | 2015 | Target >= | 100.00% | 12.90% | 13.90% | 14.90% | 15.90% |
| **A** | Overall |  | Actual | 11.75% | 13.09% | 15.75% | 14.83% | 16.99% |

**Historical Data: Math**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Group**  | **Group Name** | **Baseline**  | **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| **A** | Overall | 2015 | Target >= | 100.00% | 10.60% | 11.60% | 12.60% | 13.60% |
| **A** | Overall |  | Actual | 9.62% | 10.43% | 12.28% | 11.32% | 12.97% |

**Targets**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2019** |
| Reading | A >= | Overall | 16.90% |
| Math | A >= | Overall | 14.60% |

**Targets: Description of Stakeholder Input**

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The SPP/APR was approved by the SBE in January 2021.

**FFY 2019 Data Disaggregation from EDFacts**

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

NO

**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 |  |  | 16.99% | 16.90% |  | 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 |  |  | 12.97% | 14.60% |  | 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.**

https://caaspp-elpac.cde.ca.gov/caaspp/
https://www.cde.ca.gov/ta/tg/ca/caaspp18datasummary.asp

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

Statewide assessments were waived for the 2019-20 school year due to Covid-19.

## 3C - Prior FFY Required Actions

The State has revised the baseline for this indicator, using data from FFY 2015, but OSEP cannot accept that revision because the State has not provided an acceptable reason for that revision.

The State provided its targets for FFY 2019 for this indicator, but OSEP cannot accept those targets because the State's end targets for FFY 2019 do not reflect improvement over the baseline data. The State must revise its FFY 2019 targets to reflect improvement.

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

California changed the baseline to FFY 2015 because that was the first year California conducted the Smarter Balance assessments statewide with scores.

## 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.

The State has revised the baseline for this indicator, using data from FFY 2015, and OSEP accepts that revision.

## 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 | 17.90% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target <= | 10.00% | 10.00% | 10.00% | 10.00% | 10.00% |
| Data | 2.13% | 2.32% | 3.22% | 3.67% | 1.41% |

**Targets**

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

**Targets: Description of Stakeholder Input**

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The SPP/APR was approved by the SBE in January 2021.

**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.**

383

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of districts that have a significant discrepancy** | **Number of Districts that met the State's minimum n-size** | **FFY 2018 Data** | **FFY 2019 Target** | **FFY 2019 Data** | **Status** | **Slippage** |
| 29 | 1,152 | 1.41% | 10.00% | 2.52% | 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**

To be included in the significant discrepancy calculation, districts must meet the State's minimum n-size. The current n-size is at least 20 students in the denominator and at least 10 students in the numerator, this excluded 383 districts. Districts identified to have a significant discrepancy are required to review and revise, if necessary, their policies, procedures and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards in accordance with 34 CFR §300.170(b). For this indicator, federal instructions require that the state report data for the year before the reporting year. The data reported here is from 2018–19.

California requires all districts with significant discrepancy to go through a review of policies, practices and procedures. CDE staff review files from each district identified as having significant discrepancy using a compliance instrument to test compliance of each student file or policy document for 39 items. The purpose of this review is ensure that districts are properly developing and implementing IEPs, use positive behavioral interventions and supports, and include procedural safeguards as outlined in 34 C.F.R. 300.170 (b). Each instance of noncompliance is required to be corrected and the CDE requires the district to revise their policies and procedures to comply with IDEA. Copies of the compliance instrument can be made available at the request of OSEP.

In California, a significant discrepancy is defined as having a rate of suspension and expulsion greater than the statewide bar. For FFY 2019, the statewide bar for the number of students with disabilities suspended or expelled for greater than 10 days was 2.76 percent. The statewide bar is calculated as the state rate (.76%) plus 2 percent. This was the percentage that was used to identify districts in the target data calculation above. The corrective action process requires that districts correct non-compliant findings when individual student level or policy, procedure and practice noncompliance is found. All district policies, procedures, and practices documents are reviewed every four years or more frequently if data calculations warrant a review.
For FFY 2019, verification of correction of student and district level noncompliance includes the review of:
-Evidence of student level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and, in district level correction was needed, a review of a new sample of student records
-A more stringent level of follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator (Prong-II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensures correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) is correctly implementing the specific regulatory requirements in 34 CFR 300.170(b); and (2) has corrected each individual case of Evidence of Review of noncompliance, unless the child is no longer within the jurisdiction.

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

**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.**

Districts identified as having a significant discrepancy in any ethnicity are required to review and revise their policies (if district has noncompliance), procedures, and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards as outlined in 34 CFR 300.170 (b). In 2019-20, verification of correction of student and district level noncompliance included the review of:
-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction
was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator (Prong II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE will continue to ensure correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) is correctly implementing the specific regulatory requirements in 34 CFR 300.170 (b); and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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** |
| --- | --- |
| 2009 | 4.30% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 2.32% | 5.74% | 2.78% | 6.34% | 4.86% |

**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.**

383

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 70 | 47 | 1,152 | 4.86% | 0% | 4.08% | Did Not Meet Target | No Slippage |

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

YES

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

To be included in the significant discrepancy calculation, districts must meet the State's minimum n-size. The current minimum n-size is at least 20 students in the denominator and at least 10 student in the numerator, this excluded 383 districts. Districts identified to have a significant discrepancy are required to review and revise, if necessary, their policies, procedures and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. For this indicator, federal instructions require that the state report data for the year before the reporting year. The data reported here is from
2018–19.

California requires all districts with significant discrepancy to go through a review of policies, practices and procedures. CDE staff review files from each district identified as having significant discrepancy using a compliance instrument to test compliance of each student file or policy document for 39 items. The purpose of this review is ensure that districts are properly developing and implementing IEPs, use positive behavioral interventions and supports, and include procedural safeguards as outlined in 34 C.F.R. 300.170 (b). Each instance of noncompliance is required to be corrected and the CDE requires the district to revise their policies and procedures to comply with IDEA.

Copies of the compliance instrument can be made available at the request of OSEP.

In California, a significant discrepancy is defined as having a rate of suspension and expulsion greater than the statewide bar. For FFY 2019, the statewide bar for the number of students with disabilities suspended or expelled for greater than 10 days was 2.76 percent. This was the percentage that was used to identify districts in the target data calculation above.

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

**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.**

Districts identified as having a significant discrepancy in any ethnicity were required to review and revise their policies (if district has noncompliance), procedures, and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards as outlined in 34 CFR 300.170 (b).

In 2019-20, verification of correction of student and district level noncompliance included the review of:

-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator (ProngII). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE continues to ensure correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) is correctly implementing the specific regulatory requirements in 34 CFR 300.170 (b); and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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

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

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

The State DID ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008*.***

Districts identified as having a significant discrepancy in any ethnicity were required to review and revise their policies (if district has noncompliance), procedures, and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards as outlined in 34 CFR 300.170 (b). In 2019-20, verification of correction of student and district level noncompliance included the review of:
-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected noncompliance related to this indicator (Prong II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE continues to ensure correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) is correctly implementing the specific regulatory requirements in 34 CFR 300.170 (b); and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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** |
| --- | --- | --- | --- |
| 538 | 538 |  | 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***

Districts identified as having a significant discrepancy in any ethnicity were required to review and revise their policies (if district has noncompliance), procedures and practices related to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards. The CDE required revision of policy, practices, and procedures when noncompliance is identified.

In 2019—20, verification of correction of student and district level non compliance included the review of:

-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction was needed, a review of a new sample of student records.
-A more stringent level of follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator (Prong II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensured correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.170 (b) ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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

The CDE ensured LEA policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008 through a review of each individual case of noncompliance identified.

If a LEA was identified as Disproportionate they were selected for a review of policies, procedures, and practices including student level compliance data. If during the review the LEA was found noncompliant in any area related to the development and implementation of IEPs and procedural safeguards. The CDE issued required Corrective Actions, the LEA must submit evidence of correction within 60 days.

If a LEA had a student level finding of noncompliance, it must submit evidence that it corrected the noncompliance at the student level. In the instance a LEA was found noncompliant in the area of “when a student with a disability has been removed from his or her current placement for 10 school days in the same school year, during any subsequent days of removal, did the public agency provide services”. The LEA must provide evidence the student was provided all IEP services beginning on the eleventh day of suspension or expulsion. The LEA reconvened the IEP team and provide evidence that the public agency was included and services by the public agency were considered.

If a LEA had a finding of noncompliance within the policies and procedures the LEA provided evidence that it corrected the policies and procedures to be compliant with state and federal law, notified staff and administrators of the policies and procedures change, and conducted in-service training for staff and administrators.

After the initial submission of evidence the LEA was required to submit a subsequent data report (Prong II) to ensure the implementation of the corrective action. The CDE required subsequent data reviews until the LEA is 100% compliant. This guarantees each finding of noncompliance is corrected every year and the systemic noncompliance have been corrected.

The CDE ensured correction of all 538 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.170 (b) ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2019, 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 districts identified with noncompliance in FFY 2019 have corrected the noncompliance, 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 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 >= | 49.20% | 49.20% | 50.20% | 51.20% | 52.20% |
| A | 50.40% | Data | 53.38% | 54.07% | 54.92% | 56.10% | 56.88% |
| B | 2005 | Target <= | 24.60% | 24.60% | 23.60% | 22.60% | 21.60% |
| B | 24.20% | Data | 22.01% | 21.54% | 20.70% | 19.82% | 19.54% |
| C | 2005 | Target <= | 4.40% | 4.40% | 4.20% | 4.00% | 3.80% |
| C | 4.30% | Data | 3.31% | 3.63% | 3.56% | 3.40% | 3.10% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A >= | 53.20% |
| Target B <= | 20.60% |
| Target C <= | 3.60% |

**Targets: Description of Stakeholder Input**

The CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
3. California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) Teaching Pyramid provides a systematic framework for promoting social and emotional development, support for children's appropriate behavior, preventing challenging behavior, and addressing problematic behavior.

More information may be found at the Working Together for Inclusion and Belonging Web site at http://cainclusion.org/.
SED Staff, comprised of over 140 individuals that have been meeting along with program service providers monthly to discuss and review special education issues impacting California students and to recommend long-term institutional modifications to accommodate the OSEP's shift toward Results Driven Accountability, and support LEAs in achieving improved outcomes for students with disabilities.
SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**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 | 703,920 |
| 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 | 410,931 |
| 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 | 128,152 |
| 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 | 19,554 |
| 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 | 631 |
| 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 | 2,264 |

**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 | 410,931 | 703,920 | 56.88% | 53.20% | 58.38% | Met Target | N/A |
| B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day | 128,152 | 703,920 | 19.54% | 20.60% | 18.21% | Met Target | N/A |
| C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 22,449 | 703,920 | 3.10% | 3.60% | 3.19% | Met Target | N/A |

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

NO

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

Reporting requirements for the IDEA section 618 data collection (specifically, IDEA Part B Child Counts and Educational Environments) were updated to allow States to include five-year-olds in Kindergarten in file specification FS002 - Children with Disabilities (IDEA) School Age and exclude these children from file specification FS089 - Children with Disabilities (IDEA) Early Childhood for School Year (SY) 2019-20. SY 2019-20 (i.e., FFY 2019) was the transition year for this change; States had the option to report five-year-olds in Kindergarten in FS002 in their SY 2019-20 submission or wait to do so with their SY 2020-21 submission, when the change becomes permanent. The State transitioned to reporting five-year-olds in Kindergarten in FS002 for its SY 2019-20 submission under IDEA section 618. This change impacts the State’s data for SPP/APR Indicators 5 and 6, because the required data source for SPP/APR Indicators 5 and 6 is the same data as used for reporting to the Department under IDEA section 618. Therefore, the State’s slippage status indicates “NA” for this indicator. However, the State must revise the baseline for this indicator, using data from FFY 2019.

## 5 - Required Actions

The State did not revise the baseline for this indicator, as required due to the change in the data source. The State must revise its baseline using data from FFY 2019.

# 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 | 2012 | Target >= | 32.90% | 32.90% | 33.90% | 34.90% | 35.90% |
| A | 38.80% | Data | 32.91% | 44.13% | 45.19% | 37.32% | 36.58% |
| B | 2012 | Target <= | 34.40% | 34.40% | 33.40% | 32.40% | 31.40% |
| B | 35.90% | Data | 34.41% | 31.45% | 29.86% | 33.81% | 33.84% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A >= | 38.90% |
| Target B <= | 30.40% |

**Targets: Description of Stakeholder Input**

The CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
3. California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) Teaching Pyramid provides a systematic framework for promoting social and emotional development, support for children's appropriate behavior, preventing challenging behavior, and addressing problematic behavior.

More information may be found at the Working Together for Inclusion and Belonging Web site at http://cainclusion.org/.
SED Staff, comprised of over 140 individuals that have been meeting along with program service providers monthly to discuss and review special education issues impacting California students and to recommend long-term institutional modifications to accommodate the OSEP's shift toward Results Driven Accountability, and support LEAs in achieving improved outcomes for students with disabilities.
SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**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 | 50,582 |
| 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 | 12,947 |
| 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 | 19,112 |
| 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 | 1,702 |
| 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.**

YES

**Provide an explanation below**

California resubmitted the FS089 file in November of 2020. The prepopulated data did not match those corrected numbers.

**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 | 28,205 | 81,857 | 36.58% | 38.90% | 34.46% | Did Not Meet Target | N/A |
| B. Separate special education class, separate school or residential facility | 29,274 | 81,857 | 33.84% | 30.40% | 35.76% | Did Not Meet Target | N/A |

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

NO

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

Reporting requirements for the IDEA section 618 data collection (specifically, IDEA Part B Child Counts and Educational Environments) were updated to allow States to include five-year-olds in Kindergarten in file specification FS002 - Children with Disabilities (IDEA) School Age and exclude these children from file specification FS089 - Children with Disabilities (IDEA) Early Childhood for School Year (SY) 2019-20. SY 2019-20 (i.e., FFY 2019) was the transition year for this change; States had the option to report five-year-olds in Kindergarten in FS002 in their SY 2019-20 submission or wait to do so with their SY 2020-21 submission, when the change becomes permanent. The State transitioned to reporting five-year-olds in Kindergarten in FS002 for its SY 2019-20 submission under IDEA section 618. This change impacts the State’s data for SPP/APR Indicators 5 and 6, because the required data source for SPP/APR Indicators 5 and 6 is the same data as used for reporting to the Department under IDEA section 618. Therefore, the State’s slippage status indicates “NA” for this indicator. However, the State must revise the baseline for this indicator, using data from FFY 2019.

## 6 - Required Actions

The State did not revise the baseline for this indicator, as required due to the change in the data source. The State must revise its baseline using data from FFY 2019.

# 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 | 2016 | Target >= | 72.70% | 72.70% | 82.20% | 83.20% | 84.20% |
| A1 | 82.24% | Data | 59.46% | 67.63% | 82.24% | 76.71% | 76.04% |
| A2 | 2016 | Target >= | 82.10% | 82.10% | 78.50% | 79.50% | 80.50% |
| A2 | 78.53% | Data | 60.88% | 72.52% | 78.53% | 77.59% | 76.65% |
| B1 | 2016 | Target >= | 70.00% | 70.00% | 79.70% | 80.70% | 81.70% |
| B1 | 79.73% | Data | 60.16% | 68.68% | 79.73% | 76.06% | 75.18% |
| B2 | 2016 | Target >= | 82.50% | 82.50% | 77.57% | 78.57% | 79.57% |
| B2 | 77.57% | Data | 59.61% | 71.24% | 77.57% | 76.70% | 76.23% |
| C1 | 2016 | Target >= | 75.00% | 75.00% | 73.70% | 74.70% | 75.70% |
| C1 | 73.72% | Data | 65.84% | 68.72% | 73.72% | 75.34% | 75.40% |
| C2 | 2016 | Target >= | 79.00% | 79.00% | 76.45% | 77.45% | 78.45% |
| C2 | 76.45% | Data | 65.76% | 70.47% | 76.45% | 77.02% | 76.74% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A1 >= | 85.20% |
| Target A2 >= | 81.50% |
| Target B1 >= | 82.70% |
| Target B2 >= | 80.50% |
| Target C1 >= | 76.70% |
| Target C2 >= | 79.45% |

**Targets: Description of Stakeholder Input**

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SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**FFY 2019 SPP/APR Data**

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

18,534

**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 | 252 | 1.36% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,473 | 7.95% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,571 | 13.87% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 4,103 | 22.14% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 10,135 | 54.68% |

| **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)* | 6,674 | 8,399 | 76.04% | 85.20% | 79.46% | Did Not Meet 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)* | 14,238 | 18,534 | 76.65% | 81.50% | 76.82% | Did Not Meet Target | No 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 | 189 | 1.04% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,602 | 8.85% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,483 | 13.72% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 3,911 | 21.62% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 9,908 | 54.76% |

| **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)* | 6,394 | 8,185 | 75.18% | 82.70% | 78.12% | Did Not Meet 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)* | 13,819 | 18,093 | 76.23% | 80.50% | 76.38% | Did Not Meet Target | No 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 | 255 | 1.41% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1,275 | 7.06% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 2,479 | 13.73% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 3,423 | 18.96% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 10,619 | 58.83% |

| **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)*  | 5,902 | 7,432 | 75.40% | 76.70% | 79.41% | 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)* | 14,042 | 18,051 | 76.74% | 79.45% | 77.79% | Did Not Meet Target | No Slippage |

**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.”**

In California, a sample of children is used to define "comparable to same-aged peers" for Indicator 7. This sample of same-aged peers refers to a total sample of children ages birth to 5 enrolled in both CDE Early Education and Support Division programs and infants, toddlers, and preschoolers with disabilities enrolled in CDE, SED Part C (early intervention) or Section 619 (preschool) programs that were assessed on the DRDP in Spring 2020. California identifies same aged peers as children without IEPs ages 3 to 5 who are enrolled in an early childhood program sponsored by the State Education Agency or Local Educational Agency.

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

In California, local education agencies provide DRDP (2015) assessment data to the California Department of Education, Special Education Division for all 3, 4, and 5-year-old children with IEPs each fall and spring. The data from these assessments is used to fulfill the OSEP requirements for Indicator 7. The DRDP (2015) is a developmental continuum for children birth through five years of age and is comprised of developmental indicators representing important areas of learning and development for young children along which children’s skills are measured.

In each of the OSEP Outcomes, DRDP data is used to establish “entry” and “exit” scores for every child by comparing the child’s DRDP data at the time of entry into preschool special education services to the data at exit from preschool special education. The steps in this process are:

-DRDP (2015) data are compiled to create a single longitudinal data set.
-This data is reviewed to identify an 'entry' assessment for every child.
-The CDE,SED reviews the DRDP (2015) data in CASEMIS to identify children who have exited preschool special education. The most recent DRDP assessment is used as the 'exit' assessment.
- 'Entry' and 'exit' DRDP assessments are paired and extracted for the Indicator 7 analyses.

For each outcome, the DRDP assessment results determine the extent to which the child’s behaviors and skills are comparable to age expectations. A child's rating is determined to be "within age expectations" if their rating is 1.2 standard deviations below the mean and up. A child's rating is determined to be "close to age expectation" if the rating is between 1.3 and 2.0 standard deviations below the mean for same-age peers. Finally, the child's rating is determined to be "not at age expectations" if the rating is located more than 2 standard deviations below the mean. Once each rating has been categorized into at, close, or not at age expectations, each child’s DRDP “entry” and “exit” data is used to provide an overall summary of progress, determined by comparing each child’s level of functioning and individual progress to a sample of same-aged peers, described below. The child’s progress is then recorded relative to progress expected for children the same age and assigned to the appropriate Progress Category. Using the OSEP Progress Category tabulations, results are calculated for each OSEP outcome and summary statement using OSEP's formulas for calculating these results.

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

## 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 CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
3. California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) Teaching Pyramid provides a systematic framework for promoting social and emotional development, support for children's appropriate behavior, preventing challenging behavior, and addressing problematic behavior.

More information may be found at the Working Together for Inclusion and Belonging Web site at http://cainclusion.org/.
SED Staff, comprised of over 140 individuals that have been meeting along with program service providers monthly to discuss and review special education issues impacting California students and to recommend long-term institutional modifications to accommodate the OSEP's shift toward Results Driven Accountability, and support LEAs in achieving improved outcomes for students with disabilities.
SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 69.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 90.00% | 90.00% | 91.00% | 92.00% | 93.00% |
| Data | 99.22% | 93.76% | 99.42% | 99.56% | 99.57% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 94.00% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 837,415 | 840,791 | 99.57% | 94.00% | 99.60% | Met Target | No Slippage |

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

840,791

**Percentage of respondent parents**

100.00%

**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 required question is asked of every parent in California during the IEP process. It is expected that all California students ages 3-22 will have at least one IEP per year.

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

| **Survey Question** | **Yes / No** |
| --- | --- |
| Was a survey used?  | NO |
| The demographics of the parents responding are representative of the demographics of children receiving special education services. | YES |

**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.**

Please see the attachment "Indicator 8 Demographics".

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

## 8 - Prior FFY Required Actions

None

## 8 - OSEP Response

## 8 - Required Actions

## 8 - State Attachments



# 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** |
| --- | --- |
| 2016 | 2.57% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 0% | 0% | 0% | 0% | 0% |
| Data | 0.10% | 0.00% | 2.57% | 0.88% | 1.60% |

**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.**

265

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 55 | 29 | 1,411 | 1.60% | 0% | 2.06% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The CDE continues to refine its methodology and training for identification of non-compliance associated with disproportionality. In 2018-19, the CDE normed its instrument and improved inter-rater reliability with key staff responsible for this review. As such the CDE, has continued to more widely and accurately identify instances of non-compliance, resulting in more instances of non-compliance identified. In future years, the CDE believes this consistency will help the field reduce the number of non-compliances

**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 California Department of Education (CDE) is responsible under Individuals with Disabilities Education Improvement Act (IDEA 2004), for conducting monitoring activities based on district data submitted through the California Longitudinal Pupil Achievement Data System (CALPADS). Specifically, the CDE must identify districts that have disproportionate representation in special education based on race and ethnicity. When a local educational agency (LEA) is found to have disproportionate representation, the state is required, in Title 34 of the Code of Federal Regulations 300.600(d), to monitor and ensure that district policies, procedures, and practices are compliant, do not lead to inappropriate identification, and comply with requirements relating to the development and implementation of individualized education program, the use of positive behavioral interventions and supports, and procedural safeguards.

In order to better align the disproportionality process with the Significant Disproportionality guidelines issued by the federal Office of Special Education Programs (OSEP), the CDE is made changes to the calculation methodologies for Indicators 4, 9, and 10 and adding least restrictive environment (LRE) to disproportionality. These changes were effective for the data 2016–17 data year using the December 2016 CASEMIS data.

The elements of all four indicators will use the Risk Ratio (see below) maximum of 3.0 to determine disproportionality with the following exceptions:

-If the numerator is less than 10 and the number of students in the race/ethnicity General Education group (denominator) is less than 20, then no calculation is done.
-If the numerator is less than 10 or the denominator is less than 20, then the Alternate Risk Ratio is used instead of the Risk Ratio.

**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.**

In FFY 2019, California identified 29 districts with non-compliant policies, procedures, or practices as a result of inappropriate identification. This determination was made by reviewing a sample of districts student files and their policies using a review tool. If any noncompliance was identified districts were required to correct the noncompliance using the standard identified in the OSEP Memorandum 09-02. The CDE conducts a file review of each LEA identified. The instrument can be found here:

Review Instruments
https://www3.cde.ca.gov/exfiles/downloadurl.aspx?pid=111&dc=9d9bedae51df4ef38b
https://www3.cde.ca.gov/exfiles/downloadurl.aspx?pid=111&dc=6a9edab3ea09460f94

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

**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** |
| --- | --- | --- | --- |
| 153 | 153 |  | 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***

Districts identified as having a significant discrepancy in any ethnicity were required to review and revise their policies (if district has noncompliance), procedures and practices related to the development and implementation of IEPs and procedural safeguards. The CDE required revision of policy, practices, and procedures when noncompliance is identified.

In 2019—20, verification of correction of student and district level noncompliance included the review of:
-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction
was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator (Prong
II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensured correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.111, 300.201, and 300.301 through 300.311; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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

The CDE ensured LEA policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008 through a review of each individual case of noncompliance identified.

If a LEA was identified as Disproportionate they were selected for a review of policies, procedures, and practices including student level compliance data. If during the review the LEA is found noncompliant in any area related to the development and implementation of IEPs and procedural safeguards. The CDE issued required Corrective Actions, the LEA must submit evidence of correction within 60 days.

If a LEA had a student level finding of noncompliance, it must submit evidence that it corrected the noncompliance at the student level. In the instance a LEA is found noncompliant in the area of “making the determination of eligibility, did the IEP team draw upon a variety of sources of information, such as test, teacher recommendations and parent input”. The LEA must provide evidence that an IEP was completed where, in making a determination of eligibility, the IEP team drew upon a variety of sources of information, such as test, teacher recommendations, and parent input.

If a LEA had a finding of noncompliance within the policies and procedures the LEA must provide evidence that it corrected the policies and procedures to be compliant with state and federal law, notified staff and administrators of the policies and procedures change, and conducted in-service training for staff and administrators.

After the initial submission of evidence the LEA was required to submit a subsequent data report (Prong II) to ensure the implementation of the corrective action. The CDE required subsequent data reviews until the LEA is 100% compliant. This guarantees each finding of noncompliance is corrected every year and the systemic noncompliance have been corrected.

The CDE ensured correction of all 153 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.111, 300.201, and 300.301 through 300.311; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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 29 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 | 17.14% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 0% | 0% | 0% | 0% | 0% |
| Data | 0.88% | 0.73% | 17.14% | 27.76% | 9.91% |

**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.**

535

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 261 | 161 | 1,141 | 9.91% | 0% | 14.11% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The CDE continues to refine its methodology and training for identification of non-compliance associated with disproportionality. In 2018-19, the CDE normed its instrument and improved inter-rater reliability with key staff responsible for this review. As such the CDE, has continued to more widely and accurately identify instances of non-compliance, resulting in more instances of non-compliance identified. In future years, the CDE believes this consistency will help the field reduce the number of non-compliances.

**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 California Department of Education (CDE) is responsible under Individuals with Disabilities Education Improvement Act (IDEA 2004), for conducting monitoring activities based on district data submitted through the California Longitudinal Pupil Achievement Data System (CALPADS). Specifically, the CDE must identify districts that have disproportionate representation in special education based on race and ethnicity. When a local educational agency (LEA) is found to have disproportionate representation, the state is required, in Title 34 of the Code of Federal Regulations 300.600(d), to monitor and ensure that district policies, procedures, and practices are compliant, do not lead to inappropriate identification, and comply with requirements relating to the development and implementation of individualized education program, the use of positive behavioral interventions and supports, and procedural safeguards.

In order to better align the disproportionality process with the Significant Disproportionality guidelines issued by the federal Office of Special Education Programs (OSEP), the CDE made changes to the calculation methodologies for Indicators 4, 9, and 10 and added least restrictive environment (LRE) to disproportionality. These changes are effective for the data 2016–17 data year using the December 2016 CASEMIS data.

The elements of all four indicators will use the Risk Ratio (see below) maximum of 3.0 to determine disproportionality with the following exceptions:

-If the numerator is less than 10 and the number of students in the race/ethnicity General Education group (denominator) is less than 20, then no calculation is done
-If the numerator is less than 10 or the denominator is less than 20, then the Alternate Risk Ratio (see below) is used instead of the Risk Ratio.

**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.**

In FFY 2019, California identified 161 districts with non compliant policies, procedures, or practices as a result of inappropriate identification. This determination was made by reviewing a sample of districts student files and their policies using a review tool. If any noncompliance was identified districts were required to correct the noncompliance using the standard identified in the OSEP Memorandum 09-02. The CDE conducts a file review of each LEA identified. The instrument can be found here:

Review Instruments
https://www3.cde.ca.gov/exfiles/downloadurl.aspx?pid=111&dc=9d9bedae51df4ef38b
https://www3.cde.ca.gov/exfiles/downloadurl.aspx?pid=111&dc=6a9edab3ea09460f94

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

**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** |
| --- | --- | --- | --- |
| 1,185 | 1,185 |  | 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***

Districts identified as having a significant discrepancy in any ethnicity were required to review and revise their policies (if district has noncompliance), procedures and practices related to the development and implementation of IEPs and procedural safeguards. The CDE required revision of policy, practices, and procedures when noncompliance is identified.

In 2019—20, verification of correction of student and district level noncompliance included the review of:

-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator
(Prong II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensured correction using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory
requirements in 34 CFR 300.111, 300.201, and 300.301 through 300.311; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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

The CDE ensured LEA policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008 through a review of each individual case of noncompliance identified.

If a LEA was identified as Disproportionate they were selected for a review of policies, procedures, and practices including student level compliance data. If during the review the LEA is found noncompliant in any area related to the development and implementation of IEPs and procedural safeguards. The CDE issued required Corrective Actions, the LEA must submit evidence of correction within 60 days.

If a LEA has a student level finding of noncompliance, it must submit evidence that it has corrected the noncompliance at the student level. In the instance a LEA was found noncompliant in the area of “making the determination of eligibility, did the IEP team draw upon a variety of sources of information, such as test, teacher recommendations and parent input”. The LEA must provide evidence that an IEP was completed where, in making a determination of eligibility, the IEP team drew upon a variety of sources of information, such as test, teacher recommendations, and parent input.

If a LEA had a finding of noncompliance within the policies and procedures the LEA must provide evidence that it corrected the policies and procedures to be compliant with state and federal law, notified staff and administrators of the policies and procedures change, and conducted in-service training for staff and administrators.

After the initial submission of evidence the LEA was required to submit a subsequent data report (Prong II) to ensure the implementation of the corrective action. The CDE required subsequent data reviews until the LEA is 100% compliant. This guarantees each finding of noncompliance is corrected every year and the systemic noncompliance have been corrected.

The CDE ensured correction of all 1,185 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.111, 300.201, and 300.301 through 300.311; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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 161 districts identified in FFY 2019 with disproportionate representation of racial and ethnic groups in specific disability categories 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 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 | 81.47% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 96.04% | 98.76% | 98.46% | 97.86% | 96.17% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 96,210 | 92,578 | 96.17% | 100% | 96.22% | Did Not Meet Target | No Slippage |

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

3,632

**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.**

There are 5 delay reasons collected: Parent did not make child available, official school break of 5 days or more, transfer, late without cause, and other (example: mediation agreement or natural disaster).

Please see attachment for table.

**Indicate the evaluation timeline used:**

The State established a timeline within which the evaluation must be conducted

**What is the State’s timeline for initial evaluations? If the State-established timeframe provides for exceptions through State regulation or policy, describe cases falling within those exceptions and include in (b).**

According to Education Code Section 56043(f): "An individualized education program required as a result of an assessment of a pupil shall be developed within a total time not to exceed 60 calendar days, not counting days between the pupil's regular school sessions, terms, or days of school vacation in excess of five school days, from the date of receipt of the parent's or guardian's written consent for assessment, unless the parent or guardian agrees in writing to an extension, pursuant to Section 56344".

**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 data is collected through the CALPADS end of year submission. The CALPADS is a longitudinal student data reporting and retrieval system designed to accept and validate student level data submitted to the CDE. The CALPADS is one of many tools used to support the CDE's valid and reliable data efforts.

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

The Governor of California issued a stay at home order on March 19, 2020, this immediately shut down schools across the state. The statewide school closure impacted the data for this indicator by truncating the school year and impugned the completeness and reliability of this data. The data was specifically impacted by Covid-19 because Indicator 11 data is collected during the end of year CALPADS submission which includes the period of time schools were closed. The CDE took steps to mitigate the impact on the data collection by issuing guidance to LEAs on the requirement to continue to implement the requirements of IDEA during the school site closures. The CDE established a web page for information and guidance related to Covid-19 on the CDE website at https://www.cde.ca.gov/ls/he/hn/coronavirus.asp.

**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** |
| --- | --- | --- | --- |
| 4,723 | 4,723 |  | 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***

In 2019–20, verification of correction of student and district level noncompliance included the review of:
-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator (ProngII). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensured the correction of all 4,723 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.301 ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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

The CDE ensured LEA policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008 through a review of each individual case of noncompliance identified.

If a LEA was identified with data identified non-compliance they were selected for a review of policies, procedures, and practices including student level compliance data. If during the review the LEA is found noncompliant. The CDE issued required Corrective Actions, the LEA must submit evidence of correction within 60 days.

If a LEA had a student level finding of noncompliance, it must submit evidence that it corrected the noncompliance at the student level. In the instance a LEA did not evaluate a child within 60 days of receiving parental consent, the LEA must submit evidence that it held an evaluation, albeit late.

After the initial submission of evidence the LEA was required to submit a subsequent data report (Prong II) to ensure the implementation of the corrective action. The CDE required subsequent data reviews until the LEA is 100% compliant. This guarantees each finding of noncompliance is corrected every year and the systemic noncompliance has been corrected.

The CDE ensured the correction of all 4,723 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.301 ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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

The State reported that the COVID-19 pandemic impacted the data for this indicator. Specifically, the State reported, "[t]he data was specifically impacted by Covid-19 because Indicator 11 data is collected during the end of year CALPADS submission which includes the period of time schools were closed."

## 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.

## 11 - State Attachments



# 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 | 69.19% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 93.52% | 85.78% | 95.39% | 95.16% | 89.70% |

**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.  | 14,414 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.  | 1,264 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.  | 9,832 |
| 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.  | 1,814 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays.  | 116 |
| 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. |  |

| **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. | 9,832 | 11,220 | 89.70% | 100% | 87.63% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

California has noted an increase in the number of children with disabilities missing the required Part C to Part B transition timeline. After a review of the data, it was noted that there might be confusion between the requirements and expectations of the Part C agencies, known as regional centers, and districts. The CDE has partnered with the California Department of Developmental Services, which administers the Part C program, to provide more information to the field about the importance of timelines and need for a seamless transition for these children.

**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**

1,388

**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.**

There were 1,388 children in (a), but not included in b, c, d, or e. The table, attached, depicts the range of days beyond the third birthday for those children. Reasons cited for delays included: late referrals (before third birthday, but with insufficient time to complete the assessment), lack of staff, ineffective tracking system, no IEP in place before third birthday, student illness, and failure to keep appointments. Please see the attachment for this indicator.

**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 data is collected through the CALPADS end of year submission and from the California Department of Developmental Services. The CALPADS is California's student longitudinal data reporting and retrieval system designed to accept and validate student level data submitted to the CDE. The CALPADS is one of many tools used to support the CDE’s valid and reliable data efforts.

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

The Governor of California issued a stay at home order on March 19, 2020, this immediately shut down schools across the state. The statewide school closure impacted the data for this indicator by truncating the school year and impugned the completeness and reliability of this data. The data was specifically impacted by Covid-19 because Indicator 12 data is collected during the end of year CALPADS submission which includes the period of time schools were closed. The CDE took steps to mitigate the impact on the data collection by issuing guidance to LEAs on the requirement to continue to implement the requirements of IDEA during the school site closures. The CDE established a web page for information and guidance related to Covid-19 on the CDE website at https://www.cde.ca.gov/ls/he/hn/coronavirus.asp.

**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** |
| --- | --- | --- | --- |
| 1,154 | 1,154 |  | 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***

In 2019–20, verification of correction of student and district level noncompliance included the review of:
-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction
was needed, a review of updated data.
-A follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator (Prong II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensures the correction of all 1,154 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1)correctly implemented the specific regulatory requirements in 34 CFR 300.124 ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

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

The CDE ensured LEA policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008 through a review of each individual case of noncompliance identified.

If a LEA was identified with data identified non-compliance they were selected for a review of policies, procedures, and practices including student level compliance data. If during the review the LEA is found noncompliant. The CDE issued required Corrective Actions, the LEA must submit evidence of correction within 60 days.

If a LEA had a student level finding of noncompliance, it must submit evidence that it corrected the noncompliance at the student level. In the instance a LEA did not develop and implement an IEP by a child's third birthday, the LEA must submit evidence that it developed and implemented an IEP, albeit late.

After the initial submission of evidence the LEA was required to submit a subsequent data report (Prong II) to ensure the implementation of the corrective action. The CDE required subsequent data reviews until the LEA is 100% compliant. This guarantees each finding of noncompliance is corrected every year and the systemic noncompliance has been corrected.

The CDE ensured the correction of all 1,154 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) is correctly implementing the specific regulatory requirements in 34 CFR 300.124 ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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.

## 12 - State Attachments



# 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 | 72.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.41% | 99.59% | 99.79% | 99.78% | 99.42% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 180,075 | 186,890 | 99.42% | 100% | 96.35% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

The CDE is concerned with the sharp decrease of youth with disabilities that have IEPs that do not contain secondary transition elements. During the 2019-2020 school year, many LEAs were unable to hold transition IEPs due to school site closures from the Governor’s Stay-At-Home order issued in March of 2020. CDE has informed each LEA that they are out of compliance and will need to hold those IEPs and include all the necessary transition elements.

**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 data is collected through the CALPADS end of year submission and from the California Department of Developmental Services. The CALPADS is California's student longitudinal data reporting and retrieval system designed to accept and validate student level data submitted to the CDE. The CALPADS is one of many tools used to support the CDE’s valid and reliable data efforts.

| **Question** | **Yes / No** |
| --- | --- |
| Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16?  | NO |

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

The Governor of California issued a stay at home order on March 19, 2020, this immediately shut down schools across the state. The statewide school closure impacted the data for this indicator by truncating the school year and impugned the completeness and reliability of this data. The data was specifically impacted by Covid-19 because Indicator 13 data is collected during the end of year CALPADS submission which includes the period of time schools were closed. The CDE took steps to mitigate the impact on the data collection by issuing guidance to LEAs on the requirement to continue to implement the requirements of IDEA during the school site closures. The CDE established a web page for information and guidance related to Covid-19 on the CDE website at https://www.cde.ca.gov/ls/he/hn/coronavirus.asp.

**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** |
| --- | --- | --- | --- |
| 1,163 | 1,163 |  | 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***

In 2019–20, verification of correction of student and district level noncompliance included the review of:
-Evidence of student-level correction;
-Review of policies, procedures, and practices including dissemination and staff training; and in cases where district level correction
was needed, a review of updated data.
-A level of follow-up review and reporting is required of districts that have previously corrected non-compliance related to this indicator (Prong II). This is to ensure that LEAs are correctly implementing the specific regulatory requirements.

The CDE ensures the correction of all 1,163 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.320(b) and 34 CFR 300.321 (b) ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of
the LEA.

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

The CDE ensured LEA policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008 through a review of each individual case of noncompliance identified.

If a LEA was identified with data identified non-compliance they were selected for a review of policies, procedures, and practices including student level compliance data. If during the review the LEA is found noncompliant. The CDE issued required Corrective Actions, the LEA must submit evidence of correction within 60 days.

If a LEA had a student level finding of noncompliance, it must submit evidence that it corrected the noncompliance at the student level. In the instance a LEA did not include appropriate measurable postsecondary goals in a students IEP, the LEA must submit evidence that it has corrected the noncompliance.

After the initial submission of evidence the LEA was required to submit a subsequent data report (Prong II) to ensure the implementation of the corrective action. The CDE required subsequent data reviews until the LEA is 100% compliant. This guarantees each finding of noncompliance is corrected every year and the systemic noncompliance has been corrected.

The CDE ensured the correction of all 1,163 findings using the standard identified in OSEP Memorandum 09-02, dated October 17, 2008 (OSEP Memo 09-02): (1) correctly implemented the specific regulatory requirements in 34 CFR 300.320(b) and 34 CFR 300.321 (b) ; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

**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 | 2013 | Target >= | 53.30% | 52.30% | 52.30% | 53.30% | 54.30% |
| A | 52.30% | Data | 50.41% | 52.26% | 48.87% | 53.97% | 54.78% |
| B | 2013 | Target >= | 73.40% | 72.40% | 72.40% | 73.40% | 74.40% |
| B | 72.40% | Data | 72.38% | 75.46% | 72.65% | 77.60% | 70.65% |
| C | 2013 | Target >= | 82.00% | 81.00% | 81.00% | 82.00% | 83.00% |
| C | 81.00% | Data | 82.17% | 83.16% | 81.72% | 85.56% | 89.33% |

**FFY 2019 Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target A >= | 55.30% |
| Target B >= | 75.40% |
| Target C >= | 84.00% |

**Targets: Description of Stakeholder Input**

The CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
3. California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) Teaching Pyramid provides a systematic framework for promoting social and emotional development, support for children's appropriate behavior, preventing challenging behavior, and addressing problematic behavior.

More information may be found at the Working Together for Inclusion and Belonging Web site at http://cainclusion.org/.
SED Staff, comprised of over 140 individuals that have been meeting along with program service providers monthly to discuss and review special education issues impacting California students and to recommend long-term institutional modifications to accommodate the OSEP's shift toward Results Driven Accountability, and support LEAs in achieving improved outcomes for students with disabilities.
SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**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 | 20,790 |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school  | 11,781 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school  | 4,006 |
| 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) | 1,669 |
| 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). | 2,110 |

| **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) | 11,781 | 20,790 | 54.78% | 55.30% | 56.67% | Met Target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 15,787 | 20,790 | 70.65% | 75.40% | 75.94% | 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) | 19,566 | 20,790 | 89.33% | 84.00% | 94.11% | 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?  | NO |

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

| **Survey Question** | **Yes / No** |
| --- | --- |
| Was a survey used?  | 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 CDE is working closely with LEAs and adult transition programs to reach more students to learn about their postsecondary outcomes. To this end, California is currently exploring the feasibility of a Preschool to Workforce data system to track outcomes (https://cadatasystem.wested.org/). Additionally, CDE is currently exploring funding options to access the National Student Clearinghouse data for more current information about post-secondary school outcomes. CDE hopes that these efforts will help ensure the response group of future APRs are representative of the demographics of youth no longer in secondary school in future submissions of the APR.

Please see attachment for graph of demographics.

| **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?  | 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 CDE is working closely with LEAs and adult transition programs to reach more students to learn about their postsecondary outcomes. To this end, California is currently exploring the feasibility of a Preschool to Workforce data system to track outcomes (https://cadatasystem.wested.org/). Additionally, CDE is currently exploring funding options to access the National Student Clearinghouse data for more current information about post-secondary school outcomes. CDE hopes that these efforts will help ensure the response group of future APRs are representative of the demographics of youth no longer in secondary school in future submissions of the APR.

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

During the SPP/APR clarification period OSEP had a question as to how California collects the data for this indicator. The CDE does not use sampling for this indicator, nor does the CDE issue a survey directly to students to collect this data. The data for this indicator is collected through the California Longitudinal Pupil Achievement Data System (CALPADS), which is the statewide longitudinal data system. Postsecondary Status is collected during the end of year CALPADS collection. LEAs are required to submit LEA data as to the status of students with disabilities who have exited secondary education in the prior academic year. CALPADS has several data checks built in to ensure the data submitted is valid and reliable. It is the LEAs decision on how they collect this data. Many LEAs issue a LEA designed paper survey. Some LEAs rely on other methods such as phone calls, emails, and social media. The CDE does not dictate to LEAs how they collect this data, only how it is submitted to CDE.

## 14 - Prior FFY Required Actions

The State has revised the baseline for this indicator, using data from FFY 2013, but OSEP cannot accept that revision because the State has not provided an acceptable reason for that revision.

The State provided targets for FFY 2019 for this indicator, but OSEP cannot accept those targets because the State's end targets for FFY 2019 do not reflect improvement over the baseline data. The State must revise its FFY 2019 targets to reflect improvement.

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**

California is changing the baseline to FFY 2013 because during that year California changed the method in which the data was collected.

## 14 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2013 and OSEP accepts that revision.

The State revised its targets for this indicator, and OSEP accepts those targets.

## 14 - Required Actions

In the FFY 2020 SPP/APR, the State must report whether the FFY 2020 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.

## 14 - State Attachments

****

# 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 | 536 |
| 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 | 139 |

**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 CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
3. California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) Teaching Pyramid provides a systematic framework for promoting social and emotional development, support for children's appropriate behavior, preventing challenging behavior, and addressing problematic behavior.

More information may be found at the Working Together for Inclusion and Belonging Web site at http://cainclusion.org/.
SED Staff, comprised of over 140 individuals that have been meeting along with program service providers monthly to discuss and review special education issues impacting California students and to recommend long-term institutional modifications to accommodate the OSEP's shift toward Results Driven Accountability, and support LEAs in achieving improved outcomes for students with disabilities.
SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2006 | 58.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 56.00% | 57.00% | 58.00% | 59.00% | 60.00% |
| Data | 30.18% | 32.18% | 31.24% | 24.15% | 21.92% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 61.00% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 139 | 536 | 21.92% | 61.00% | 25.93% | Did Not Meet Target | No Slippage |

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

## 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 | 2,568 |
| 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 | 1,314 |
| 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 | 52 |

**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 CDE and SED management collaborate with the stakeholders listed below:

The State Interagency Coordinating Council on Early Intervention: The State Interagency Coordinating Council (ICC) on Early Intervention provides advice and assistance to the Department of Developmental Services. Members of the ICC are appointed by the Governor. The council is comprised of parents of children with disabilities, early intervention service providers, health care professionals, state agency representatives, and others interested in early intervention. The ICC meets four times a year and encourages a family-centered approach, family-professional partnerships, and interagency collaboration, while providing a forum for public input.

Training and Technical Assistance Collaborative (TTAC):The Training and Technical Assistance Collaborative (TTAC) is composed of members from the federal, state, and local levels that share information on training efforts to increase the capacity of early childhood educators working with children with disabilities in a variety of service systems. Its mission is to provide an environment for building relationships and nurturing trust among leaders in support of coordination and collaboration in the planning and implementation of early intervention training and technical assistance activities. By providing a forum for cross-agency and cross-disciplinary discussion and resource sharing, TTAC promotes the mindful integration of specific core values into the delivery of early child care, education, and early intervention focusing on increasing child and family outcomes.

More information may be found at the Training and Technical Assistance Web site, hosted by WestEd at https://www.ceitan-earlystart.org/collaborations/training-and-technical-assistance-collaborative/.

Working Together for Inclusion and Belonging is a collaboration among early childhood education providers. The group combines efforts to offer technical assistance, professional development, other resources that address inclusive practice, promotion of healthy social-emotional development, and prevention of challenging behavior in early childhood, after-school, and in other education settings. Projects under the Working Together umbrella include:

1. Beginning Together: Caring for Infants & Toddlers with Disabilities or Special Needs in Inclusive Settings offers support for personnel working in the state funded Program for Infants and Toddler Care (PITC) in the form of technical assistance and resources, such as "training of trainers" institute, regional outreach activities, and revision and development of written materials, all to ensure that children with special needs are included, and appropriate inclusive practices are promoted.
2. California MAP to Inclusion and Belonging, Making Access Possible is a statewide collaborative project that offers technical assistance and resources to support child care providers in accommodating and including children with disabilities and other special needs ages birth to 21 in child care, after school and community settings.
3. California Collaborative on the Social & Emotional Foundations for Early Learning (CA CSEFEL) Teaching Pyramid provides a systematic framework for promoting social and emotional development, support for children's appropriate behavior, preventing challenging behavior, and addressing problematic behavior.

More information may be found at the Working Together for Inclusion and Belonging Web site at http://cainclusion.org/.
SED Staff, comprised of over 140 individuals that have been meeting along with program service providers monthly to discuss and review special education issues impacting California students and to recommend long-term institutional modifications to accommodate the OSEP's shift toward Results Driven Accountability, and support LEAs in achieving improved outcomes for students with disabilities.
SELPA directors’ monthly meetings have included review and discussion of selected SPP revisions and APR data. Additionally, the SELPA directors annually participate in two separate CALPADS training sessions each April and October to learn about results and the new SPP/APR requirements.

LEA administrators also annually participate in the two separate CALPADS training sessions each April and October to learn about the results and to discuss the new SPP/APR requirements.
SEACO administrators’ quarterly meetings is a forum to present selected SPP revisions and APR data, as well as, solicit input.
The ACSE reviews and discusses the requirements of OSEP’s SPP/APR at their regularly scheduled meetings. In October 2020, the SED Director reported to the ACSE on the OSEP's new priorities for the SPP/APR.

The SPP/APR was approved by the SBE in January 2021.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2006 | 43.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2014** | **2015** | **2016** | **2017** | **2018** |
| Target >= | 56.00% | 57.00% | 58.00% | 59.00% | 60.00% |
| Data | 62.67% | 60.06% | 54.75% | 57.90% | 62.14% |

**Targets**

|  |  |
| --- | --- |
| **FFY** | **2019** |
| Target >= | 61.00% |

**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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1,314 | 52 | 2,568 | 62.14% | 61.00% | 53.19% | Did Not Meet Target | Slippage |

**Provide reasons for slippage, if applicable**

CDE and OAH work collaboratively to resolve resolution sessions through settlement agreements. The CDE believes that these changes are due to a normal variation from year to year.

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

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

# Indicator 17: State Systemic Improvement Plan



# 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:**

Nora Parella

**Title:**

Education Research & Evaluation Consultant

**Email:**

nparella@cde.ca.gov

**Phone:**

916-947-7149

**Submitted on:**

04/29/21 2:33:34 PM

# ED Attachments

  

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