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

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

**For reporting on   
FFY 2021**

**Colorado**

U.S. Department of Education seal

**PART B DUE February 1, 2023**

**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**

In SY2021-22, Colorado was comprised of 68 Administrative Units (AUs), which served as Educational Service Agencies. The size of these AUs range from a single school district to AUs that consist of more than 10 individual school districts. In Colorado, the AUs are considered the Local Educational Agency (LEA) for the purpose of administering the Individuals with Disabilities Education Act (IDEA) and Colorado's Exceptional Children's Education Act (ECEA). The AUs are responsible for the provision of a Free and Appropriate Public Education (FAPE) to students with disabilities.

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

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

68

**General Supervision System:**

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

The Colorado Department of Education (CDE) provides support and accountability to Administrative Units (AUs) to meet the needs of IDEA eligible students in Colorado. Data are gathered on an annual basis from all AUs to ensure compliance and to monitor student outcomes.  
  
Overview of Issue/Description of System or Process:  
  
Colorado General Supervision and Monitoring Objectives:  
1. Ensure a meaningful and continuous process that focuses on improving academic performance and outcomes for students with disabilities by linking AU data, including indicator data, to improvement activities and IDEA/ECEA regulatory requirements.  
2. Support each AU in the process of program evaluation, and improvement of instructional effectiveness and compliance to ensure growth in student academic performance and outcomes.  
  
As part of its overall monitoring process, CDE’s Office of Special Education (OSE) gathers and analyzes the data described below and may provide additional verification and improvement activities through facilitated assessment, IEP file reviews, and other technical assistance activities.  
Student Data Include:   
• Prevalence rate by disability, race, and ethnic categories  
• Percentage of time students with disabilities are educated with non-disabled students  
• Educational placement of students with disabilities  
• Evaluation timelines  
•IEP implementation timelines   
• Performance on state assessments  
• Preschool outcomes  
• Graduation and dropout rates  
• Extra-curricular opportunities and integration with peers without disabilities and educational settings for preschool students with disabilities  
• Students exiting special education  
• Data regarding disciplinary exclusions, including disaggregation by disability, race, and ethnic categories  
• Transition IEP compliance  
• Post School Outcomes  
  
The OSE uses information and multiple data sources to verify the information described above.   
The data noted above are used to evaluate the performance of AUs on the State Performance Plan (SPP) indicators and their related requirements. In partnership with AUs, these data are examined to determine:  
• Related themes or relationships of performance on indicators. (e.g., Part B graduation rates with test performance and transition planning)  
• Existence of patterns or trends over time (i.e., is the AU’s performance improving or slipping)  
• Areas of non-compliance  
• Inadequate student performance  
  
OSE staff also monitor and track licenses and qualified status of special education providers to ensure compliance. Data collected in this area are related to:   
• Personnel Qualifications  
• Staff caseload information  
  
OSE staff also works closely with CDE’s School Finance Unit to ensure that each AU meets requirements specific to excess cost calculation, maintenance of effort, and allowable use of funds. As part of this effort CDE considers the following:  
• IDEA Part B and Preschool Narratives and Budgets  
• End of Year fiscal reporting  
Data from dispute resolution is also included as part of the OSE’s overall process. Data and information include:  
• Dispute resolution findings of noncompliance, including state complaints and due process hearings  
• Areas of concern identified outside the scope of an investigation, including concerns raised by parents in calls with dispute resolution staff  
  
The OSE analyzes the data to identify trends on a state and AU level that may indicate systemic noncompliance with state and federal regulations and to inform general supervision activities.  
  
Verification of Correction and Enforcement Activities:  
  
The OSE’s General Supervision and Monitoring Staff work collaboratively with the state’s local special education directors to identify root causes that resulted in non-compliance and/or to provide technical assistance to support AUs in correcting non-compliance and sustaining compliance. In all instances of student-specific non-compliance, immediate correction is required.  
  
A Description of CDE’s Dispute Resolution Process  
  
  
Facilitated IEP Process:  
  
The CDE supports IEP facilitation as a practice for preventing and intervening constructively in disagreements that may emerge during the IEP meeting. CDE currently offers statewide facilitators to support districts and parents at no cost. CDE also provides facilitation training to build sustainability.  
  
Mediation:  
  
Mediation is available at no cost to parents and school districts who have disputes involving any matter under Part B.   
When CDE receives a request for mediation, dispute resolution staff confirm that both parties are agreeable to mediation. Once both parties have agreed to mediation, a mediator is assigned based on a random or rotational basis.   
  
State Complaints Process:  
  
The state complaint process is available to any party who believes a public agency has violated IDEA/ECEA. When a state complaint is filed, a state complaint officer (SCO) notifies the parties whether the complaint is accepted for investigation. If a complaint is rejected for not meeting content requirements, the party is informed of the reasons why and notified of their right to refile.  
  
The SCO uses a variety of investigative techniques including requests for information, interviews, and review of records. Within 60 days, the SCO issues a decision that includes findings of fact and conclusions of law, unless properly extended for mediation or exceptional circumstances.   
  
If the investigation results in findings of noncompliance, the SCO orders corrective action and establishes dates for completion of activities, as well as documentation that must be submitted to demonstrate that corrective action has been taken.   
  
Due Process Hearings:  
  
CDE uses Administrative Law Judges (ALJ) to provide due process hearings. The OSE tracks applicable timelines to ensure compliance with IDEA and provides a copy of the decision for publication and dissemination to the state special education advisory committee. The OSE regularly provides training in special education law to ALJs. If the ALJ orders remedies, the General Supervision Team is notified to ensure compliance

**Technical Assistance System:**

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

OSE consultants are available via email, telephone, and in person to address AU-specific requests for technical assistance (TA) as a part of the General Supervision System. In addition, the CDE provides varied levels of technical assistance based on need.   
  
Universal Support   
Available for AUs that demonstrate compliance with IDEA and Colorado’s Exceptional Children’s Education Act (ECEA) regulations based on performance indicators and data sources (described in more detail above). Examples of Universal Supports may include resources on the website, self-assessment tool, conferences, and webinars.   
  
Targeted Support   
Available for AUs that demonstrate multiple areas of moderate need over 12-18 months as reflected in performance indicators, student achievement data, and other data sources (described above). The AU’s specific area(s) of need are targeted through TA activities and interventions identified through a facilitated self-assessment tool and developed with the AU. Examples of Targeted Supports include but are not limited to side-by-side assistance, in-person professional learning, and tools and resources to analyze areas of concern.  
  
Intensive Support   
Available for AUs that demonstrate ongoing areas of intense need or many areas of need that have not been adequately addressed, as reflected in performance indicators, student achievement data and other data sources described above. A Corrective Action Plan (CAP) is developed to address findings of noncompliance. The AU receives intensive support from the CDE (e.g., site visits, professional development, increased data reporting to the CDE in targeted area(s), virtual meetings, desk audit) to develop and implement the CAP. The CDE follows up with AUs regarding its CAP on a regular basis to ensure compliance and progress.

**Professional Development System:**

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

Colorado has key systems in place to ensure that educators and related service providers have the knowledge and skills to work effectively with all students with disabilities. This includes support and monitoring of content provided by special education personnel preparation programs and providing statewide universal, targeted, and intensive technical assistance to Colorado school personnel working with students with disabilities.  
  
Institutions of higher education in the state work closely with the CDE and the Department of Higher Education to assure programs that cover the range of knowledge and skills required of teachers of students with disabilities, across all age ranges and eligibility categories. Fifteen public and/or private four-year schools in Colorado offer undergraduate and/or graduate degrees and licensure programs in special education. There are seven universities and five AUs approved by the CDE to offer alternate programs leading to licensure as a special education generalist.  
  
The CDE is responsible for the content review of all teacher preparation programs, both traditional and alternative, to ensure that any program seeking authorization or reauthorization meets the state standards defined in statute, State Board of Education rules, and CDE policy and guidance. Initial approval and reauthorization are required for any institution offering educator preparation programs leading to endorsement in Colorado, including public and private institutions. The OSE works closely with CDE's Educator Preparation and Support Unit to review the content of any program that seeks to prepare teachers in special education and related fields. This also includes a review of general and special education content specific to reading instruction. The process ensures that programs offered throughout the state meet the Colorado Teacher Quality Standards and the endorsement related standards delineated in the Rules for the Administration of the Educator Licensing Act of 1991.  
  
The OSE is actively engaged in the enhancement of skills and knowledge required of licensed special education personnel currently working in the field. The OSE provides professional development in areas identified by parents, teachers, related service providers, local Directors of Special Education, and OSE consultants. Data that inform training and coaching topics are determined from state performance results and need assessments. Technical assistance topics are further informed by national and state initiatives. Discipline-specific specialists in the OSE work with the field to confirm and prioritize training topics. The CDE archives universal-level professional learning for providers to access at any time. This allows for base-training across a variety of topics to build core capacity. Deeper content professional development is offered through a calendar of virtual and in-person opportunities across respective disciplines. A new feature which evolved during the pandemic were routine office-hours by discipline-specific consultants that offer real-time training and discussion opportunities on topics pertinent across providers. These office hours have continued to be offered, not only in response to ongoing issues related to the pandemic, but to address other areas of interest. As needed, AUs can engage in highly customized training to address needs stemming from their unique training targets, including corrective action training supports.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 17, the State’s Systemic Improvement Plan (SSIP).**

FFY 2021, the following mechanisms were used to gather broad stakeholder input:  
  
CDE held six virtual Early Childhood Special Education Advisory Committee meetings between January 2022 and February 2023 with a diverse group representing parents, community members, and other agency representatives to present, review, discuss and solicit feedback on targets and the development and implementation of improvement strategies for Indicators 6 and 7.   
  
CDE presented an overview of the Colorado SPP/APR submission, discussed the data for each Indicator, whether or not the targets were met, explained slippage, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
To engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
Additional modules are being developed to address needs identified through a recent parent feedback session.  
  
Indicator 8 - CDE hosted and participated in family outreach meetings with two of our largest Denver Metro area AUs to talk about parent surveys and family resources. CDE hosted BIPOC sessions including two community advocate sessions, three parent sessions, and one Spanish-speaking session for families.   
  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

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

NO

**Number of Parent Members:**

130

**Parent Members Engagement:**

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

For FFY 2021  
CDE held Early Childhood Special Education Advisory Committee meetings with a diverse group representing parents, community members, and other agency representatives to present, review, discuss and solicit feedback on targets for Indicators 6 and 7.   
  
CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
To engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted six parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
An additional parent meeting was held with parents to make sure that we had accurately identified their training needs.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning   
2. Who helps students reach their goals   
3. What are 18-21 services   
4. Education   
5. Employment   
6. Success stories   
Additional modules are being developed to address needs identified through a recent parent feedback session.  
  
Indicator 8 - CDE hosted and participated in family outreach meetings with two of our largest Denver Metro AUs to talk about parent surveys and family resources. CDE hosted BIPOC sessions including two community advocate sessions, three parent sessions, and one Spanish-speaking session for families.   
  
For FFY 2020, 45 parent members were engaged in small group virtual presentations were held with parent members from each of these groups: the Colorado Special Education Advisory Committee (CSEAC), PEAK, The ARC of Colorado, Disability Law Colorado, Parent Partnerships for Equity, and the Preschool School Special Education Advisory Committee (PSSEAC). During these meetings, participants were encouraged to ask questions about the history and performance on each indicator and to complete the surveys for the indicators. Follow-up emails, with the link to the dedicated webpage, were sent to each group when the public comment period opened, so that they can share with their constituents.

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

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

During FFY 2021, Colorado conducted many activities to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities. Details explaining the diverse groups of parents and types of activities conducted can be found above in the Parent Members Engagement section.   
  
During FFY 2020, small group virtual presentations were held with parent members from each of these groups: CSEAC, PEAK, The Arc of Colorado, Disability Law Colorado, Parent Partnerships for Equity, and PSSEAC. During these meetings, participants were encouraged to ask questions about the history and performance on each indicator and to complete the surveys for the indicators. Follow-up emails, with the link to the dedicated webpage, were sent to each group when the public comment period opened, so that they can share with their constituents.  
For the public comment period, to increase capacity of diverse group of parents who might not be familiar with the SPP-APR, we created a series of webinars explaining each of the indicators, proposed targets, and improvement strategies. These webinars were posted along with the link to an indicator input survey, so that parents can educate themselves on the contents before providing feedback to each indicator.

**Soliciting Public Input:**

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

Nov. 8, 2021- January 7, 2022 - Solicited public comments through a broad CDE-wide communication plan including a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, CDE webpage news story, CDE’s Weekly Newsletter, “The Scoop”, and additional notifications to our parent advocacy agencies

**Making Results Available to the Public:**

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

By June 2023, the CDE will publish the final results of the FFY2021 SPP/APR on it’s website. The CDE will send a separate notification to each of the stakeholder groups that participated in virtual meetings during the course of the process.

**Reporting to the Public**

**How and where the State reported to the public on the FFY 2020 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 2020 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.**

Following the submission of the FFY2020 SPP/APR to the U.S. Department of Education, the CDE posted the FFY2020 performance of each AU on the following website:   
http://www.cde.state.co.us/cdesped/AUperformanceprofiles.asp   
A complete and final copy of the State’s SPP/APR was also posted on the following website:  
http://www.cde.state.co.us/cdesped/spp-apr

## Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 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 2021 SPP/APR submission, due February 1, 2023, 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 2020 SPP/APR**

Results Driven Accountability  
TA sources  
• National Center for Systemic Improvement (NCSI)  
• IDEA Data Center   
• Office of Special Education Programs  
Colorado’s Action   
• NSCI provided samples of states’ monitoring self-assessments and the educational benefit reviews. Based on these, the Colorado General Supervision and Monitoring Team evaluated processes and components of states’ systems. A comprehensive comparison of models was developed and presented to Colorado's State Director and the ESSU leadership team. A proposed framework was developed and the implementation of the work of developing a new Colorado monitoring and supervision Facilitated Assessment (FA) including Education Benefit Review (EBR) began in July2020, starting with internal stakeholders, and continued through 2022. Colorado piloted the FSA and EBR in the fall of 2022 .   
• With the support from the IDEA Data Center regarding significant disproportionality (e.g., peer-to-peer exchange, significant disproportionality summit), Colorado kept refining its significant disproportionality monitoring system. We now have a more hands-on support for the root-cause analysis and the CCEIS action plan development as well as a robust approval process for the CCEIS action plan submissions.  
•IDEA Data Center meetings provided facilitation for the completion of the SEA Data Process Protocols. These meetings were attended by both data staff and program staff to increase the understanding of the various data collections and to connect the work of the professional development consultants to the data.   
  
Indicator 15 & 16: (Dispute Resolution)  
TA sources  
• The CDE contracts with, and participates in, the TAESE Dispute Resolution quarterly workgroups for State Complaints Officers, Mediators and Due Process Hearing Officers. State Compliant Officers and SEA staff participate on the State Complaints call; SEA staff and contract mediators participate on the Mediators call; and SEA staff and Administrative Law Judges participate on the Due Process call. CDE contracted with a Nationally recognized Special Education Lawyer to conduct a full day training for ALJs in April of 2022.  
• SEA staff attended in the CADRE Conference in October 2022.   
• The CDE held a virtual Special Education Legal Conference in April 2022 with both national and local speakers. This was attended by SEA staff, ALJs, Mediators, and State Complaints Officers.   
• State Complaints Officers attended the Tri-State Legal Conference and Complaint Investigator Pre-Conference in November 2022.   
  
Colorado’s Action   
• Case law reviews, professional resources, and topic discussions assist in conducting effective and legally sound state complaint investigations, mediations, and due process hearings  
• The Tri-State Pre-Conference for Complaint Investigators provides an opportunity for SCOs to discuss critical legal issues and potential solutions to complicated challenges with other investigators across the country. Specifically, the SCOs network and develop partnerships with investigators, receive updates from other states, better understand the complaint investigation process and develop a better understanding of legal issues pertaining to complaint investigation.  
• Additionally, the CDE has convened a dispute resolution advisory board to explore improvements to all three IDEA processes. The Board determined that its priorities include improving awareness, access, and effectiveness of mediation.  
  
Indicators 1, 2, 13, 14 (Graduation, Dropout, Transition Compliance, and Post School Outcomes)  
TA sources  
• National Technical Assistance Center on Transition (NTACT)  
  
Colorado's Actions  
Through year-long consultation and meetings with NTACT, Colorado has developed a Colorado Technical Assistance Action Plan for the implementation of a statewide Sequence of Services (SOS) to create consistent statewide services for students with disabilities by September 2025. This is a collaborative effort between the Dept of Education, the CO Division of Vocational Rehabilitation, and the LEAs to implement evidence-based transition services with fidelity. NTACT staff has met with LEAs preparing them for the implementation of the SOS pilot programs. Between March and September, 2023, Colorado will work with NTACT to develop a strategic plan that supports SOS scale up supporting the implementation timeline of 9/2023 - 9/2025.   
  
Indicators 6 & 7: Preschool Settings and Skills  
TA sources  
• Center for IDEA Early Childhood Data Systems (DaSy)  
• Early Childhood Technical Assistance Center (ECTA)  
  
Colorado’s Action  
• Continued participation in the Child Outcomes Data Use Cohort, through working with family and local administrative unit representatives to further analyze data related to Preschool Outcomes and promote data use in local communities.  
• Three critical questions were used to guide program improvement for TA, for example we used them to prepare for fall 2022 regional meetings with the field.  
• The process protocol for Data-Based Decision-Making that was developed in conjunction with the Child Outcomes Data Use Cohort was presented in several professional learning opportunities, including a 3 part MTSS journal study with the field, presented to the Preschool Advisory Committee meeting and presented to a our annual state meeting during a breakout.  
Changes to the vendor automatic conversion process took effect in the 21-22 reporting year.  
CDE held Early Childhood Special Education Advisory Committee meetings in which diverse and varied representatives participated. This group set new targets for Indicators 6 and 7 to include in the SPP over the course of the year’s meeting.

## Intro - OSEP Response

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 24, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

## Intro - Required Actions

The State's IDEA Part B determination for both 2022 and 2023 is Needs Assistance. In the State's 2023 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 2022 SPP/APR submission, due February 1, 2024, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

# Indicator 1: Graduation

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

**Data Source**

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

**Measurement**

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

**Instructions**

*Sampling is not allowed.*

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target. Provide the actual numbers used in the calculation.

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

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

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

## 1 - Indicator Data

**Historical Data[[1]](#footnote-2)**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 79.27% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 73.40% | 75.00% | 76.60% | 78.20% | 79.27% |
| Data | 57.24% | 75.43% | 74.12% | 76.50% | 79.27% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 79.27% | 79.83% | 81.09% | 82.35% | 83.61% |

**Targets: Description of Stakeholder Input**

For FFY 2021, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
Additional modules are being developed to address needs identified through a recent parent feedback session.  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 5,005 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |  |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 100 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 50 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 988 |

**FFY 2021 SPP/APR Data**

| **Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma** | **Number of all youth with IEPs who exited special education (ages 14-21)** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 5,005 | 6,143 | 79.27% | 79.27% | 81.47% | Met target | No Slippage |

**Graduation Conditions**

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

Under Colorado law, “each school district board of education retains the authority to develop its own unique high school graduation requirements, so long as those local high school graduation requirements meet or exceed any minimum standards or basic core competencies or skills identified in the comprehensive set of guidelines for high school graduation developed by the state board pursuant to this paragraph.” 22-2-106(1)(a.5) C.R.S. There are no specific courses, or numbers of courses, required by the state’s graduation guidelines, and there are no legislated course requirements other than one course in Civics: “Satisfactory completion of a course on the civil government of the United States and the state of Colorado . . . shall be a condition of high school graduation in the public schools of this state.” 22-1-104 (3)(a) C.R.S.   
Youth with IEPs must meet the same requirements as youth without IEPs in order to graduate with a regular high school diploma.

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

NO

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

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Drop Out

**Instructions and Measurement**

Monitoring Priority: FAPE in the LRE

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

Data Source

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

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

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

Instructions

*Sampling is not allowed.*

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target.

Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) graduated with a

state-defined alternate diploma; (c) received a certificate; (d) reached maximum age; or (e) dropped out.

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

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.

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

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2011 | 30.02% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target <= | 25.20% | 24.20% | 23.20% | 23.20% | 18.75% |
| Data | 23.62% | 22.13% | 22.17% | 19.43% | 18.75% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target <= | 18.75% | 16.67% | 16.67% | 14.59% | 14.59% |

**Targets: Description of Stakeholder Input**

For FFY 2021, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
Additional modules are being developed to address needs identified through a recent parent feedback session.  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a) | 5,005 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b) |  |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c) | 100 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d) | 50 |
| SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85) | 05/25/2022 | Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e) | 988 |

**FFY 2021 SPP/APR Data**

| **Number of youth with IEPs (ages 14-21) who exited special education due to dropping out** | **Number of all youth with IEPs who exited special education (ages 14-21)** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 988 | 6,143 | 18.75% | 18.75% | 16.08% | Met target | No Slippage |

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

By Colorado law, a dropout is defined as a "person who leaves school for any reason, except death, before completion of a high school diploma or its equivalent, and who does not transfer to another public or private school or enroll in an approved home study program." A student is not a dropout if he/she transfers to an educational program recognized by the district, completes a High School Equivalency Diploma (HSED) or registers in a program leading to a HSED, is committed to an institution that maintains educational programs, or is so ill that he/she is unable to participate in a homebound or special therapy program. Students who reach the age of 21 before receiving a diploma or designation of completion (“age-outs”) are also counted as dropouts.

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

YES

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

In Colorado, students who are considered as "exited from special education due to drop out" include students whose district reported them as one of the following: Transfer to a Career or Technical Education Program, Discontinued Schooling/Dropped Out, Expulsion, GED Transfer, Student Received GED from Non-District Program in the Same Year. The difference between the two is that while some students may still be engaged in educational pursuits (e.g., GED) they are no longer receiving district provided special education services in their new setting, thus they are "exited from special education." However, if they return to school prior to their 21st birthday, their IEP could be reinstated through conducting an updated evaluation. In addition, the students who “age out” are counted as “reached maximum age” rather than “dropped out.”

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

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

## 2 - Required Actions

# Indicator 3A: Participation for Children with IEPs

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

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

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 3A - Indicator Data

**Historical Data:**

| **Subject** | **Group** | **Group Name** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2015 | 91.14% |
| Reading | B | Grade 8 | 2015 | 82.96% |
| Reading | C | Grade HS | 2015 | 75.83% |
| Math | A | Grade 4 | 2015 | 91.57% |
| Math | B | Grade 8 | 2015 | 83.66% |
| Math | C | Grade HS | 2015 | 75.08% |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Reading | B >= | Grade 8 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Reading | C >= | Grade HS | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | A >= | Grade 4 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | B >= | Grade 8 | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |
| Math | C >= | Grade HS | 95.00% | 95.00% | 95.00% | 95.00% | 95.00% |

**Targets: Description of Stakeholder Input**For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 Data Disaggregation from EDFacts**

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

**Date:**

04/05/2023

**Reading Assessment Participation Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs\* | 8,513 | 8,113 | 6,033 |
| b. Children with IEPs in regular assessment with no accommodations | 3,732 | 2,664 | 766 |
| c. Children with IEPs in regular assessment with accommodations | 2,991 | 2,845 | 3,187 |
| d. Children with IEPs in alternate assessment against alternate standards | 406 | 458 | 408 |

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

04/05/2023

**Math Assessment Participation Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs\* | 8,518 | 8,117 | 6,033 |
| b. Children with IEPs in regular assessment with no accommodations | 3,647 | 2,598 | 766 |
| c. Children with IEPs in regular assessment with accommodations | 3,078 | 2,898 | 3,188 |
| d. Children with IEPs in alternate assessment against alternate standards | 402 | 458 | 409 |

\*The children with IEPs count excludes children with disabilities who were reported as exempt due to significant medical emergency in row a for all the prefilled data in this indicator.

**FFY 2021 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Participating** | **Number of Children with IEPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 7,129 | 8,513 | 8.46% | 95.00% | 83.74% | Did not meet target | No Slippage |
| **B** | Grade 8 | 5,967 | 8,113 | 7.14% | 95.00% | 73.55% | Did not meet target | No Slippage |
| **C** | Grade HS | 4,361 | 6,033 | 60.94% | 95.00% | 72.29% | Did not meet target | No Slippage |

**FFY 2021 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Participating** | **Number of Children with IEPs** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 7,127 | 8,518 | 68.73% | 95.00% | 83.67% | Did not meet target | No Slippage |
| **B** | Grade 8 | 5,954 | 8,117 | 54.01% | 95.00% | 73.35% | Did not meet target | No Slippage |
| **C** | Grade HS | 4,363 | 6,033 | 60.93% | 95.00% | 72.32% | Did not meet target | No Slippage |

**Regulatory Information**

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

**Public Reporting Information**

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

Public reporting is available in a spreadsheet in the section "Participation and Achievement in the State Assessments" on this web page: http://www.cde.state.co.us/cdesped/sped\_data  
  
Reporting of the Colorado Measures of Academic Success data in accordance with 34 CFR §300.160(f) can be found at:  
http://www.cde.state.co.us/assessment/cmas-dataandresults  
   
Performance results for Colorado’s Alternate Assessment (CoAlt), based on alternate standards can be found on the CDE’s website at:  
http://www.cde.state.co.us/assessment/newassess-coaltelam  
http://www.cde.state.co.us/assessment/newassess-coaltsss   
  
Additional district or individual school information can be found at   
http://www.cde.state.co.us/schoolview

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

## 3A - Prior FFY Required Actions

None

## 3A - OSEP Response

## 3A - Required Actions

# Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

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

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

## 3B - Indicator Data

**Historical Data:**

| **Subject** | **Group** | **Group Name** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2018 | 10.39% |
| Reading | B | Grade 8 | 2018 | 7.20% |
| Reading | C | Grade HS | 2020 | 17.07% |
| Math | A | Grade 4 | 2018 | 8.34% |
| Math | B | Grade 8 | 2018 | 5.36% |
| Math | C | Grade HS | 2020 | 5.93% |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 11.64% | 12.90% | 14.15% | 15.41% | 16.67% |
| Reading | B >= | Grade 8 | 7.99% | 8.78% | 9.56% | 10.35% | 11.14% |
| Reading | C >= | Grade HS | 17.42% | 17.74% | 18.06% | 18.38% | 18.70% |
| Math | A >= | Grade 4 | 9.25% | 10.20% | 10.87% | 11.54% | 12.23% |
| Math | B >= | Grade 8 | 6.84% | 8.31% | 9.77% | 11.23% | 12.70% |
| Math | C >= | Grade HS | 6.10% | 6.30% | 3.50% | 6.70% | 6.90% |

**Targets: Description of Stakeholder Input**

For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 Data Disaggregation from EDFacts**

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

04/05/2023

**Reading Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 6,723 | 5,509 | 3,953 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 576 | 247 | 158 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 179 | 150 | 498 |

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/05/2023

**Math Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment | 6,725 | 5,496 | 3,954 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 405 | 159 | 57 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 136 | 88 | 184 |

**FFY 2021 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 755 | 6,723 | 10.13% | 11.64% | 11.23% | Did not meet target | No Slippage |
| **B** | Grade 8 | 397 | 5,509 | 7.13% | 7.99% | 7.21% | Did not meet target | No Slippage |
| **C** | Grade HS | 656 | 3,953 | 17.07% | 17.42% | 16.59% | Did not meet target | No Slippage |

**FFY 2021 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 541 | 6,725 | 8.21% | 9.25% | 8.04% | Did not meet target | Slippage |
| **B** | Grade 8 | 247 | 5,496 | 3.38% | 6.84% | 4.49% | Did not meet target | No Slippage |
| **C** | Grade HS | 241 | 3,954 | 5.93% | 6.10% | 6.10% | Met target | No Slippage |

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

CDE analyzed the available data and conferred with our partners in the assessment unit to discern the performance of the 4th grade cohort the prior year, when these students were in 3rd grade. However, the 3rd grade Math Assessment was not required for that school year. Only the ELA assessment was required for 3rd graders in spring 2021. As such, there are no data to compare the 3rd grade math results in 2021 to the 4th grade math results in 2022. These data may have provided an explanation for the slippage. Without the baseline of 3rd grade performance, we do not have a sound explanation for slippage.   
  
The COVID-19 pandemic had an impact on many aspects of education these last two years, including reducing or disrupting learning opportunities for students, schools, and districts. In addition, students across Colorado had to adapt to a variety of learning models over the course of the year, including in-person, remote, and hybrid instruction. Due to disrputed in-person instructional time, some districts had to adjust the content for students. It is likely the impact of these learning disruptions were uneven within districts and across the state.

**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.**

Public reporting is available in a spreadsheet in the section "Participation and Achievement in the State Assessments" on this web page: http://www.cde.state.co.us/cdesped/sped\_data  
  
Reporting of the Colorado Measures of Academic Success data in accordance with 34 CFR §300.160(f) can be found at:  
http://www.cde.state.co.us/assessment/cmas-dataandresults  
   
Performance results for Colorado’s Alternate Assessment (CoAlt), based on alternate standards can be found on the CDE’s website at:  
http://www.cde.state.co.us/assessment/newassess-coaltelam  
http://www.cde.state.co.us/assessment/newassess-coaltsss   
http://www.cde.state.co.us/cdesped/sped\_data  
  
Additional district or individual school information can be found at   
http://www.cde.state.co.us/schoolview

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

## 3B - Prior FFY Required Actions

If the State chooses to revise the baseline for the sub indicators HS Reading and HS Math, in the FFY 2021 SPP/APR, the State must provide an explanation for the revisions.  
  
The State did not provide targets for sub indicators Reading Group C and Math Group C, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

In March, 2020, the Colorado State Board of Education approved the cut-scores (proficiency band) for the PSAT/SATs. Spring 2021 SAT scores was the first time Colorado will report this data to the U.S. Department of Education with the new proficiency bands. Therefore, Colorado must set FFY 2020 as the baseline year.   
  
Targets for sub indicators for high school reading and high school math in FFY 2020 were developed with stakeholder input and show improvement over baseline. No changes were made to the targets.

## 3B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.  
  
The State revised its targets for this indicator, and OSEP accepts those targets.

## 3B - Required Actions

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

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

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

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

**Instructions**

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

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

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

of testing.

## 3C - Indicator Data

**Historical Data:**

| **Subject** | **Group** | **Group Name** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2015 | 27.94% |
| Reading | B | Grade 8 | 2015 | 39.15% |
| Reading | C | Grade HS | 2015 | 29.91% |
| Math | A | Grade 4 | 2015 | 22.62% |
| Math | B | Grade 8 | 2015 | 16.40% |
| Math | C | Grade HS | 2015 | 8.01% |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 19.92% | 21.93% | 23.93% | 25.94% | 27.95% |
| Reading | B >= | Grade 8 | 39.05% | 39.23% | 39.40% | 39.58% | 39.75% |
| Reading | C >= | Grade HS | 35.99% | 37.01% | 38.02% | 39.04% | 40.06% |
| Math | A >= | Grade 4 | 26.81% | 27.69% | 28.58% | 29.46% | 30.34% |
| Math | B >= | Grade 8 | 10.23% | 11.77% | 13.32% | 14.86% | 16.41% |
| Math | C >= | Grade HS | 5.71% | 6.29% | 6.86% | 7.44% | 8.02% |

**Targets: Description of Stakeholder Input**For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 Data Disaggregation from EDFacts**

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

04/05/2023

**Reading Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 406 | 458 | 408 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 71 | 148 | 113 |

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/05/2023

**Math Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment | 402 | 458 | 409 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 142 | 41 | 89 |

**FFY 2021 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 71 | 406 | 24.26% | 19.92% | 17.49% | Did not meet target | Slippage |
| **B** | Grade 8 | 148 | 458 | 32.00% | 39.05% | 32.31% | Did not meet target | No Slippage |
| **C** | Grade HS | 113 | 408 | 34.11% | 35.99% | 27.70% | Did not meet target | Slippage |

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

During the FFY2020, according to a report released by the CDE assessment unit titled Spring Assessment Results Interpretation Considerations, “students across Colorado had to adapt to a variety of learning models over the course of the year, including in-person, remote and hybrid instruction. Due to reduced in-person time, some districts may have had to adjust the content for students, and it’s likely the impact of these learning disruptions was uneven within districts and across the state.” (retrieved on 01/03/23 from http://www.cde.state.co.us/assessment/2021\_coalt\_ela\_math\_statesummaryachievementresults). This report also states that it is important to understand that participation rates on this assessment were “significantly lower” than in previous years. During this assessment year, CDE was granted a waiver in which certain grade levels were assessed in specific content areas. English Language Arts assessments were required in grades 3, 5, 7, 9,10, and 11 and in Math, grades 4, 6, 8, 9, 10, and 11. Therefore, the total number of students taking the test in each content area was significantly less. In the past, participation rates were between 487 - 589 students per grade level, across the state. For this assessment year, the participation rates are between 289 – 388 students with valid scores. In some cases, at the discretion of the district and parents, students in those grades may have been assessed in the other content area, but it was not required.   
  
For the FFY 2021, assessments were required across each grade level even though instructional time continued to be erratic, and some students were receiving services in formats other than in-person instruction. Participation rates increased, although they remained lower than they were prior to the pandemic. With the higher participation rate in FFY 2021, there was an increased number of students with the most significant cognitive disabilities in the lower performance categories who returned to in-person learning, but were not able to attend in FFY 2020 due to medical issues and parent concerns regarding COVID.   
  
Finally, CDE has been making a concerted effort to ensure that the correct student population is identified and included in the alternative assessment and that the total student participation rate continued to be under the 1% state cap. In the past, students identified with a specific learning disability (SLD) have been inaccurately included in Colorado’s alternate assesessment (CO-Alt). According to CDE’s Alternate Assessment Participation Guidelines, a student must have a significant cognitive disability in order to participate. The eligibility criteria for the category of SLD states that the student’s learning problems are not primarily the result of an intellectual disability. These inappropriately identified students would likely have scored well on the alternative assessment and artificially inflated scores for the CO-Alt. As a result, scores on the CO-Alt were lower because the correct population of students who were appropriately assessed using the alternative assessment was reduced to students with the most significant cognitive disabilities. CDE regularly provides technical assistance to IEP teams on the topic of participation guidelines and identification.

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

During the FFY2020, according to a report released by the CDE assessment unit titled Spring Assessment Results Interpretation Considerations, “students across Colorado had to adapt to a variety of learning models over the course of the year, including in-person, remote and hybrid instruction. Due to reduced in-person time, some districts may have had to adjust the content for students, and it’s likely the impact of these learning disruptions was uneven within districts and across the state.” (retrieved on 01/03/23 from http://www.cde.state.co.us/assessment/2021\_coalt\_ela\_math\_statesummaryachievementresults) This report also states that it is important to understand that participation rates on this assessment were “significantly lower” than in previous years. During this assessment year, CDE was granted a waiver in which certain grade levels were assessed in specific content areas. English Language Arts assessments were required in grades 3, 5, 7, 9,10, and 11 and in Math, grades 4, 6, 8, 9, 10, and 11. Therefore, the total number of students taking the test in each content area was significantly less. In the past, participation rates were between 487 - 589 students per grade level, across the state. For this assessment year, the participation rates are between 289 – 388 students with valid scores. In some cases, at the discretion of the district and parents, students in those grades may have been assessed in the other content area, but it was not required.   
  
For the FFY 2021, assessments were required across each grade level even though instructional time continued to be erratic, and some students were receiving services in formats other than in-person instruction. Participation rates increased, although they remained lower than they were prior to the pandemic. With the higher participation rate in FFY 2021, there was an increased number of students with the most significant cognitive disabilities in the lower performance categories who returned to in-person learning, but were not able to attend in FFY 2020 due to medical issues and parent concerns regarding COVID.   
  
Finally, CDE has been making a concerted effort to ensure that the correct student population is identified and included in the alternative assessment and that the total student participation rate continued to be under the 1% state cap. In the past, students identified with a specific learning disability (SLD) have been inaccurately included in Colorado’s alternate assesessment (CO-Alt). According to CDE’s Alternate Assessment Participation Guidelines, a student must have a significant cognitive disability in order to participate. The eligibility criteria for the category of SLD states that the student’s learning problems are not primarily the result of an intellectual disability. These inappropriately identified students would likely have scored well on the alternative assessment and artificially inflated scores for the CO-Alt. As a result, scores on the CO-Alt were lower because the correct population of students who were appropriately assessed using the alternative assessment was reduced to students with the most significant cognitive disabilities. CDE regularly provides technical assistance to IEP teams on the topic of participation guidelines and identification.

**FFY 2021 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards** | **Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 142 | 402 | 41.64% | 26.81% | 35.32% | Met target | No Slippage |
| **B** | Grade 8 | 41 | 458 | 5.08% | 10.23% | 8.95% | Did not meet target | No Slippage |
| **C** | Grade HS | 89 | 409 | 30.23% | 5.71% | 21.76% | Met target | No Slippage |

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

**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.**

Public reporting is available in a spreadsheet in the section "Participation and Achievement in the State Assessments" on this web page: http://www.cde.state.co.us/cdesped/sped\_data  
  
Reporting of the Colorado Measures of Academic Success data in accordance with 34 CFR §300.160(f) can be found at:  
http://www.cde.state.co.us/assessment/cmas-dataandresults  
   
Performance results for Colorado’s Alternate Assessment (CoAlt), based on alternate standards can be found on the CDE’s website at:  
http://www.cde.state.co.us/assessment/newassess-coaltelam  
http://www.cde.state.co.us/assessment/newassess-coaltsss   
  
Additional district or individual school information can be found at   
http://www.cde.state.co.us/schoolview

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

## 3C - Prior FFY Required Actions

None

## 3C - OSEP Response

## 3C - Required Actions

# Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Participation rate for children with IEPs.

B. Proficiency rate for children with IEPs against grade level academic achievement standards.

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

D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

**Data Source**

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

**Measurement**

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

**Instructions**

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

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

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2021-2022 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2021-2022 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

## 3D - Indicator Data

**Historical Data:**

| **Subject** | **Group** | **Group Name** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- | --- | --- |
| Reading | A | Grade 4 | 2018 | 37.11 |
| Reading | B | Grade 8 | 2018 | 39.74 |
| Reading | C | Grade HS | 2020 | 42.88 |
| Math | A | Grade 4 | 2018 | 25.27 |
| Math | B | Grade 8 | 2018 | 31.52 |
| Math | C | Grade HS | 2020 | 30.42 |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A <= | Grade 4 | 37.11 | 37.11 | 37.11 | 37.11 | 37.10 |
| Reading | B <= | Grade 8 | 39.74 | 39.74 | 39.74 | 39.74 | 39.73 |
| Reading | C <= | Grade HS | 42.60 | 42.30 | 41.90 | 41.60 | 41.30 |
| Math | A <= | Grade 4 | 25.27 | 25.27 | 25.27 | 25.27 | 25.26 |
| Math | B <= | Grade 8 | 31.52 | 31.52 | 31.52 | 31.52 | 31.51 |
| Math | C <= | Grade HS | 30.30 | 30.10 | 29.90 | 29.70 | 29.50 |

**Targets: Description of Stakeholder Input**

For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 Data Disaggregation from EDFacts**

**Data Source:**

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

04/05/2023

**Reading Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 56,809 | 52,680 | 55,166 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 6,723 | 5,509 | 3,953 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 24,140 | 22,547 | 29,391 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 561 | 592 | 2,313 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 576 | 247 | 158 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 179 | 150 | 498 |

**Data Source:**

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/05/2023

**Math Assessment Proficiency Data by Grade**

|  |  |  |  |
| --- | --- | --- | --- |
| **Group** | **Grade 4** | **Grade 8** | **Grade HS** |
| a. All Students who received a valid score and a proficiency was assigned for the regular assessment | 56,799 | 52,755 | 55,210 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 6,725 | 5,496 | 3,954 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 17,000 | 16,660 | 17,827 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 433 | 415 | 1,263 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 405 | 159 | 57 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 136 | 88 | 184 |

**FFY 2021 SPP/APR Data: Reading Assessment**

| **Group** | **Group Name** | **Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards** | **Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 11.23% | 43.48% | 35.59 | 37.11 | 32.25 | Met target | No Slippage |
| **B** | Grade 8 | 7.21% | 43.92% | 37.86 | 39.74 | 36.72 | Met target | No Slippage |
| **C** | Grade HS | 16.59% | 57.47% | 42.88 | 42.60 | 40.88 | Met target | No Slippage |

**FFY 2021 SPP/APR Data: Math Assessment**

| **Group** | **Group Name** | **Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards** | **Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Grade 4 | 8.04% | 30.69% | 20.30 | 25.27 | 22.65 | Met target | No Slippage |
| **B** | Grade 8 | 4.49% | 32.37% | 26.15 | 31.52 | 27.87 | Met target | No Slippage |
| **C** | Grade HS | 6.10% | 34.58% | 30.42 | 30.30 | 28.48 | Met target | No Slippage |

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

## 3D - Prior FFY Required Actions

The State must establish a baseline for HS Reading and HS Math, using data from FFY 2018, in the FFY 2021 SPP/APR. If the State chooses to establish baseline using a different federal fiscal year, the State must provide an explanation.   
  
The State did not provide targets the sub indicators HS Reading and HS Math, as required by the measurement table. The State must provide the required targets for FFY 2020 through FFY 2025 in the FFY 2021 SPP/APR.

**Response to actions required in FFY 2020 SPP/APR**

In March, 2020, the Colorado State Board of Education approved the cut-scores (proficiency band) for the PSAT/SATs. Spring 2021 SAT scores was the first time Colorado will report this data to the U.S. Department of Education with the new proficiency bands. Therefore, Colorado must set FFY 2020 as the baseline year.   
  
Targets for sub indicators for high school reading and high school math in FFY 2020 were developed with stakeholder input and show improvement over baseline. No changes were made to the targets.

## 3D - OSEP Response

The State has revised the baseline for HS Reading and HS Math, using data from FFY 2020, and OSEP accepts those revisions.  
  
The State revised its targets for sub-indicators Reading Group C - HS and Math Group C - HS, and OSEP accepts those targets.

## 3D - Required Actions

# Indicator 4A: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

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

**Data Source**

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

**Measurement**

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

Include State’s definition of “significant discrepancy.”

**Instructions**

If the State has established a minimum n and/or cell size requirement, the State may only include, in both the numerator and the denominator, LEAs that met that State-established n and/or cell size. If the State used a minimum n and/or cell size requirement, report the number of LEAs 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 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State’s examination must include one of the following comparisons:

--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.

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with (OSEP) Memorandum 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 2021 SPP/APR, the data for FFY 2020), 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** |
| --- | --- |
| 2016 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target <= | 3.50% | 0.00% | 0.00% | 0.00% | 0.00% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target <= | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets: Description of Stakeholder Input**

For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 SPP/APR Data**

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

NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy** | **Number of LEAs in the State** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 0 | 65 | 0.00% | 0.00% | 0.00% | 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**

Colorado identifies an AU as having a “significant discrepancy” if an AU's out-of-school greater-than-10 day suspension/expulsion rate is more than 4 times of the State's out-of-school greater-than-10-day suspension/expulsion rate for 3 consecutive school years.

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

Three AUs (2 correctional facilities and 1 mental-health facility) were excluded from the calculation of this indicator; they do not participate in the discipline data collection because they cannot suspend/expel the students in their facilities.

**Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 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.**

Colorado did not conduct the review of policies, procedures, and practices, because there were no AUs identified as significantly discrepant.

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 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 4A - Prior FFY Required Actions

None

## 4A - OSEP Response

The State’s chosen methodology results in a threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions of children with IEPs that falls above the median of thresholds used by all States.

## 4A - Required Actions

In the FFY 2022 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State’s threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

# Indicator 4B: Suspension/Expulsion

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Percent of local educational agencies (LEA) that have a significant discrepancy, as defined by the State, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and

B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

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

**Data Source**

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

**Measurement**

Percent = [(# of LEAs that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of suspensions and expulsions of more than 10 days during the school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of LEAs in the State that meet the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State’s definition of “significant discrepancy.”

**Instructions**

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

Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State’s examination must include one of the following comparisons:

--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.

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2020-2021 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

Indicator 4B: Provide the following: (a) the number of LEAs that met the State-established n and/or cell size (if applicable) for one or more racial/ethnic groups that have a significant discrepancy, as defined by the State, by race or ethnicity, in the rates of long-term suspensions and expulsions (more than 10 days during the school year) for children with IEPs; and (b) the number of those LEAs in which policies, procedures or practices contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with (OSEP) Memorandum 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

## 4B - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% | 0% | 0% |

**FFY 2021 SPP/APR Data**

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

YES

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

60

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy, by race or ethnicity** | **Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements** | **Number of LEAs that met the State's minimum n/cell size** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 0 | 0 | 5 | 0.00% | 0% | 0.00% | Met target | No Slippage |

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

YES

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

Colorado identifies an AU as having a “significant discrepancy” if: (a) five or more students of a particular racial category received greater-than-10-day out-of-school suspension/expulsion, and that race’s suspension/expulsion rate was more than four times of the state’s rate for three consecutive school years; (b) the policies, practices, and procedures contributed to the significant discrepancy. The seven federal racial categories (i.e., White, Hispanic, Black, Native Americans, Pacific Islanders, Asians, and Two or more Races) are examined. The student group that comprises the state rate is all students with disabilities in the state with greater than 10 day out of school suspension/expulsion divided by the total number of students with disabilities in the state

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

Three AUs (2 correctional facilities and 1 mental-health facility) were excluded from the calculation of this indicator; they do not participate in the discipline data collection because they cannot suspend/expel the students in their facilities.  
  
Due to COVID impact on schools, many were still holding classes virtually or in a hybrid setting, so there were 10 fewer AUs who met the minimum n/cell size in FFY 2021 than there were in FFY 2020.

**Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 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.**

Colorado did not conduct the review of policies, procedures, and practices, because there were no AUs identified as significantly discrepant.

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 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 4B - Prior FFY Required Actions

None

## 4B - OSEP Response

In the FFY 2021 SPP/APR the State included a very low percentage of the State’s LEAs in its analysis of rates of suspension and expulsion of greater than 10 days in a school year for children with IEPs. OSEP recognizes the State reported, "Due to COVID impact on schools, many were still holding classes virtually or in a hybrid setting, so there were 10 fewer AUs who met the minimum n/cell size in FFY 2021 than there were in FFY 2020." OSEP reminds the State that if the examination for significant discrepancies, by race and ethnicity, in the rates of suspensions and expulsions greater than 10 days in a school year for children with IEPs is not occurring in any meaningful way at the LEA level, OSEP may determine that a State’s chosen methodology is not reasonably designed to determine if significant discrepancies, by race and ethnicity, are occurring in the rate of long-term suspensions and expulsions of children with IEPs.  
  
The State’s chosen methodology results in a threshold for measuring significant discrepancy, by race and ethnicity, in the rate of long-term suspensions and expulsions of children with IEPs that falls above the median of thresholds used by all States.

## 4B- Required Actions

In the FFY 2022 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies, by race and ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State’s LEAs are being examined for significant discrepancy, by race and ethnicity, under the State’s chosen methodology; and how the State’s threshold for measuring significant discrepancy, by race and ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

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

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Inside the regular class 80% or more of the day;

B. Inside the regular class less than 40% of the day; and

C. In separate schools, residential facilities, or homebound/hospital placements.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)]times 100.

**Instructions**

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

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.Describe the results of the calculations and compare the results to the target.

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

## 5 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2020 | Target >= | 71.50% | 71.70% | 71.70% | 71.70% | 78.98% |
| A | 78.98% | Data | 73.56% | 74.69% | 75.46% | 76.82% | 78.98% |
| B | 2020 | Target <= | 7.30% | 7.30% | 7.20% | 7.20% | 5.03% |
| B | 5.03% | Data | 6.39% | 6.07% | 5.67% | 5.33% | 5.03% |
| C | 2020 | Target <= | 3.50% | 3.50% | 3.40% | 3.40% | 2.20% |
| C | 2.20% | Data | 2.35% | 2.32% | 2.42% | 2.30% | 2.20% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 77.69% | 78.02% | 78.34% | 78.67% | 78.99% |
| Target B <= | 5.28% | 5.21% | 5.15% | 5.09% | 5.02% |
| Target C <= | 2.22% | 2.22% | 2.21% | 2.20% | 2.19% |

**Targets: Description of Stakeholder Input**

For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | Total number of children with IEPs aged 5 (kindergarten) through 21 | 100,745 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 79,959 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 4,799 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools | 1,713 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities | 66 |
| SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74) | 07/06/2022 | c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements | 231 |

**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 2021 SPP/APR Data**

| **Education Environments** | **Number of children with IEPs aged 5 (kindergarten) through 21 served** | **Total number of children with IEPs aged 5 (kindergarten) through 21** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day | 79,959 | 100,745 | 78.98% | 77.69% | 79.37% | Met target | No Slippage |
| B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day | 4,799 | 100,745 | 5.03% | 5.28% | 4.76% | Met target | No Slippage |
| C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 2,010 | 100,745 | 2.20% | 2.22% | 2.00% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

## 5 - Required Actions

# Indicator 6: Preschool Environments

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and

B. Separate special education class, separate school or residential facility.

C. Receiving special education and related services in the home.

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

**Data Source**

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

**Measurement**

A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

**Instructions**

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

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

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

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

For Indicator 6C: States may express their targets in a range (*e.g.*, 75-85%).Describe the results of the calculations and compare the results to the target.

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

## 6 - Indicator Data

**Not Applicable**

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

NO

**Historical Data – 6A, 6B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| **A** | Target >= | 85.75% | 86.00% | 86.25% | 86.80% | 91.92% |
| **A** | Data | 86.50% | 87.36% | 86.79% | 87.41% | 91.92% |
| **B** | Target <= | 6.30% | 6.20% | 6.10% | 3.80% | 3.37% |
| **B** | Data | 3.45% | 3.91% | 3.77% | 3.19% | 3.37% |

**Targets: Description of Stakeholder Input**

For FFY 2021, over the course of the 2021-22 school year, CDE held Early Childhood Special Education Advisory Committee meetings with a diverse group representing parents, community members, and other agency representatives to present, review, discuss and solicit feedback on targets for Indicators 6 and 7.  
  
For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Targets**

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

Inclusive Targets

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

Target Range not used

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

| **Part** | **Baseline Year** | **Baseline Data** |
| --- | --- | --- |
| **A** | 2020 | 91.92% |
| **B** | 2020 | 3.37% |
| **C** | 2020 | 0.23% |

**Inclusive Targets – 6A, 6B**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 91.92% | 91.92% | 91.92% | 91.92% | 92.00% |
| Target B <= | 3.37% | 3.37% | 3.37% | 3.37% | 3.30% |

**Inclusive Targets – 6C**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target C <= | 0.23% | 0.23% | 0.23% | 0.23% | 0.22% |

**Prepopulated Data**

**Data Source:**

SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

**Date:**

07/06/2022

| **Description** | **3** | **4** | **5** | **3 through 5 - Total** |
| --- | --- | --- | --- | --- |
| Total number of children with IEPs | 2,893 | 4,209 | 1,161 | 8,263 |
| 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 | 2,682 | 3,881 | 1,039 | 7,602 |
| b1. Number of children attending separate special education class | 47 | 69 | 13 | 129 |
| b2. Number of children attending separate school | 41 | 46 | 12 | 99 |
| b3. Number of children attending residential facility | 0 | 0 | 1 | 1 |
| c1**.** Numberof children receiving special education and related services in the home | 4 | 10 | 1 | 15 |

**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 2021 SPP/APR Data - Aged 3 through 5**

| **Preschool Environments** | **Number of children with IEPs aged 3 through 5 served** | **Total number of children with IEPs aged 3 through 5** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 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 | 7,602 | 8,263 | 91.92% | 91.92% | 92.00% | Met target | No Slippage |
| B. Separate special education class, separate school or residential facility | 229 | 8,263 | 3.37% | 3.37% | 2.77% | Met target | No Slippage |
| C. Home | 15 | 8,263 | 0.23% | 0.23% | 0.18% | Met target | No Slippage |

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

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

## 6 - Required Actions

# Indicator 7: Preschool Outcomes

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

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

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

C. Use of appropriate behaviors to meet their needs.

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

**Data Source**

State selected data source.

**Measurement**

Outcomes:

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

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

C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

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

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

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

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

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

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

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

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

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

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

**Instructions**

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

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

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

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

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

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

## 7 - Indicator Data

**Not Applicable**

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

NO

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Part** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A1 | 2017 | Target >= | 82.60% | 84.00% | 81.30% | 81.30% | 75.32% |
| A1 | 75.32% | Data | 80.44% | 75.32% | 76.16% | 71.83% | 75.00% |
| A2 | 2017 | Target >= | 69.50% | 71.20% | 67.76% | 67.77% | 63.25% |
| A2 | 63.25% | Data | 66.30% | 63.25% | 64.79% | 56.42% | 60.37% |
| B1 | 2017 | Target >= | 83.50% | 84.90% | 82.11% | 82.12% | 78.87% |
| B1 | 78.87% | Data | 80.62% | 78.87% | 79.16% | 73.37% | 77.60% |
| B2 | 2017 | Target >= | 71.10% | 72.80% | 69.34% | 69.35% | 66.95% |
| B2 | 66.95% | Data | 67.90% | 66.95% | 68.23% | 59.33% | 65.13% |
| C1 | 2017 | Target >= | 83.50% | 84.90% | 82.08% | 82.09% | 67.56% |
| C1 | 67.56% | Data | 78.19% | 67.56% | 75.87% | 71.90% | 73.92% |
| C2 | 2017 | Target >= | 73.80% | 75.40% | 72.12% | 72.13% | 58.51% |
| C2 | 58.51% | Data | 84.30% | 58.51% | 60.73% | 50.55% | 53.69% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 75.32% | 75.32% | 75.32% | 75.32% | 76.81% |
| Target A2 >= | 63.25% | 63.25% | 63.25% | 63.25% | 64.92% |
| Target B1 >= | 78.87% | 78.87% | 78.87% | 78.87% | 80.28% |
| Target B2 >= | 66.95% | 66.95% | 66.95% | 66.95% | 68.58% |
| Target C1 >= | 67.56% | 67.56% | 69.18% | 70.80% | 72.42% |
| Target C2 >= | 58.51% | 58.51% | 58.51% | 58.51% | 60.22% |

**Targets: Description of Stakeholder Input**

For FFY 2021, over the course of the 2021-22 school year, CDE held Early Childhood Special Education Advisory Committee meetings with a diverse group representing parents, community members, and other agency representatives to present, review, discuss and solicit feedback on targets for Indicators 6 and 7.  
  
For FFY 2021, CDE presented, discussed, and solicited feedback on the SPP/APR Indicators with our Colorado Special Education Advisory Committee (CSEAC).  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 SPP/APR Data**

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

3,952

**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 | 24 | 0.61% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 719 | 18.19% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 633 | 16.02% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,291 | 32.67% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,285 | 32.52% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)* | 1,924 | 2,667 | 75.00% | 75.32% | 72.14% | Did not meet target | Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 2,576 | 3,952 | 60.37% | 63.25% | 65.18% | Met 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 | 4 | 0.10% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 734 | 18.57% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 757 | 19.15% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,327 | 33.58% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,130 | 28.59% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)* | 2,084 | 2,822 | 77.60% | 78.87% | 73.85% | Did not meet target | Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 2,457 | 3,952 | 65.13% | 66.95% | 62.17% | Did not meet target | Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 43 | 1.09% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 737 | 18.65% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 508 | 12.85% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,424 | 36.03% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 1,240 | 31.38% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program.  *Calculation:(c+d)/(a+b+c+d)* | 1,932 | 2,712 | 73.92% | 67.56% | 71.24% | Met target | No Slippage |
| C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program.  *Calculation: (d+e)/(a+b+c+d+e)* | 2,664 | 3,952 | 53.69% | 58.51% | 67.41% | Met target | No Slippage |

| **Part** | **Reasons for slippage, if applicable** |
| --- | --- |
| **A1** | We set targets based on pre-pandemic performance and did not see the recovery in performance that was anticipated. We believe these things may have impacted our state performance:  1. Programs are reporting entry scores by the end of the first checkpoint period in the fall rather than closer to the time of true program entry, this may contribute to the percent of children who begin preschool special education at or above age expectations at entry in all 3 outcomes  2. We experienced a decrease in number of children in preschool special education (most likely due to the pandemic, including more families who chose not to enroll) 3. We experienced an increase in percent of overall 619 children included in outcomes reporting for two years in a row (46% of all children in 619 compared to 30% in the past)  We theorize: 1. Possibly more children were enrolled in two reporting periods who only received one year of programming, versus two (perhaps due to the pandemic) 2. If children indeed received only one year of programming, and the baseline for data collection was not close to their actual entry into preschool special education, then the Summary Statement 1 would be impacted because data was finalized an average of 2 months after the IEP was implemented and children had been enrolled. |
| **B1** | We set targets based on pre-pandemic performance and did not see the recovery in performance that was anticipated. We believe these things may have impacted our state performance:  1. Programs are reporting entry scores by the end of the first checkpoint period in the fall rather than closer to the time of true program entry, this may contribute to the percent of children who begin preschool special education at or above age expectations at entry in all 3 outcomes  2. We experienced a decrease in number of children in preschool special education (most likely due to the pandemic, including more families who chose not to enroll) 3. We experienced an increase in percent of overall 619 children included in outcomes reporting for two years in a row (46% of all children in 619 compared to 30% in the past)  We theorize: 1. Possibly more children were enrolled in two reporting periods who only received one year of programming, versus two (perhaps due to the pandemic) 2. If children indeed received only one year of programming, and the baseline for data collection was not close to their actual entry into preschool special education, then the Summary Statement 1 would be impacted because data was finalized an average of 2 months after the IEP was implemented and children had been enrolled. |
| **B2** | We set targets based on pre-pandemic performance and did not see the recovery in performance that was anticipated. We believe these things may have impacted our state performance:  1. Programs are reporting entry scores by the end of the first checkpoint period in the fall rather than closer to the time of true program entry, this may contribute to the percent of children who begin preschool special education at or above age expectations at entry in all 3 outcomes  2. We experienced a decrease in number of children in preschool special education (most likely due to the pandemic, including more families who chose not to enroll) 3. We experienced an increase in percent of overall 619 children included in outcomes reporting for two years in a row (46% of all children in 619 compared to 30% in the past)  We theorize: 1. Possibly more children were enrolled in two reporting periods who only received one year of programming, versus two (perhaps due to the pandemic) 2. If children indeed received only one year of programming, and the baseline for data collection was not close to their actual entry into preschool special education, then the Summary Statement 1 would be impacted because data was finalized an average of 2 months after the IEP was implemented and children had been enrolled. |

**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.”**

Colorado is one of a few states/territories who use their assessment publishers’ online systems to automatically produce OSEP progress categories and summary statements. Ratings are made on the tools’ standard objectives which have been cross walked with the Global Child Outcomes 1-3 (please refer to the ECTA Center’s Instrument Crosswalk for more detail at http://ectacenter.org/eco/pages/crosswalks.asp).

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

The approved assessment vendors pull outcomes data from the assessment checkpoints corresponding to the preschool IEP entry and exit dates to produce each progress category for each approved assessment tool. The Center for IDEA Data Systems (DaSy), in collaboration with assessment publishers, researchers and CDE, have established cut points that are carefully calibrated to reflect children in each progress category.

**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 and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

**Beginning with the FFY 2021 SPP/APR, due February 1, 2023,** include in the State’s analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State’s analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

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

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

## 8 - Indicator Data

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

**Targets: Description of Stakeholder Input**

FFY 2021  
CDE presented, discussed, and solicited input from parent and community stakeholders during the 2021-22 school year during a presentation to the Colorado Special Education Advisory Committee (CSEAC). CDE participated in and discussed the parent survey process at family outreach meetings in 2 of our largest AUs. CDE also hosted two community advocate sessions, three parent sessions, one Spanish-speaking parent session at BIPOC meetings.   
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 82.19% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 56.00% | 58.00% | 60.00% | 60.00% | 82.19% |
| Data | 66.06% | 71.37% | 77.79% | 87.36% | 82.19% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 82.19% | 82.19% | 82.19% | 82.19% | 82.20% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1,024 | | 1,303 | 82.19% | 82.19% | 78.59% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

For FFY 2021, Colorado disaggregated the student sample provided to AUs by race/ethnicity in an effort to improve representativeness. CDE analyzed the data and found that this change corrected the imbalance observed in FFY 2020. Responses from parents of White students, who were overrepresented last year by +9.82%, are now underrepresented at -2.68% . This change in sampling also resulted in an increase in responses from parents of Black/African American students and Hispanic/Latino students, which were both underrepresented last year by -3.27% and -5.12% respectively. All three race/ethnicity groups are representative of the overall population than in previous years. In fact, parents of Black/African American students show a +0.91% difference and parents of Hispanic/Latino students show a +2.28% difference between total population and survey respondents. In working with our parent stakeholders in 2020-2021 to set our targets and identify improvement strategies for this Indicator, parent and community members shared that with more representation from parents of color, we should not be surprised to see a decrease in the Indicator 8 percentage of parents reporting schools facilitated parent involvement as a means of improving services and results for children with disabilities. Parents of students of color may not feel as though schools facilitated parent involvement in their child's special education programming, resulting in slippage in the number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities.

**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.**

Colorado uses one type of survey for parents of all grade levels including parents of preschool children. Before the start of the survey, Colorado randomly samples parents of students whom we ask to participate in the survey. The pool of students includes both preschool and school-age children. Thus, parents of preschool children and parents of school-age children have an equal chance of being selected in the survey sample. In fact, FFY 2021 survey respondents included 139 parents of preschool children, which corresponded to 10.67% of survey respondents. Since preschool students accounted for 7.69% of students with disabilities in Colorado, preschool parents’ voice was well-represented in the survey results.

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

4,960

**Percentage of respondent parents**

26.27%

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Response Rate | 22.24% | 26.27% |

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

To increase the response rate, particularly for those groups that are underrepresented, CDE staff will:  
1. Follow up individually with the Administrative Units (AUs) that need to increase their parent survey return rates.   
2. Contact parents who started but did not complete the survey.  
3. Work with our parent information center to encourage parents from underrepresented groups to complete the survey.   
  
CDE will utilize its Special Education Director Mentors to ensure that all new Directors of Special Education understand the importance of increasing the parent survey response and utilizing the data to improve outcomes for students.   
  
CDE will engage the Colorado Special Education Advisory Committee (CSEAC) members to work with local Special Education Advisory Committees (SEACs) to communicate the importance of completing the parent survey. CSEAC will help us to create a “Communication Blitz” through our Parent Training and Information Center (PTI), state conferences, and by working with other Parent Centers in Colorado to distribute flyers on the importance of completing the Parent Surveys.   
  
CDE will utilize Directors of Special Education from AUs that have outstanding parent survey return rates to share with other directors across the state: (1) strategies to obtain a better response rate from parents, (2) the importance of the parent data, and (3) how to utilize the data to improve outcomes for students with disabilities.  
  
CDE specialists and directors will encourage local directors of special education to regularly check the State’s Data Management System (DMS) Special Education Dashboard, which allows each local director the ability to monitor the parent survey collection throughout the survey period. If directors utilize this tool, it will create opportunities for them to review milestones and to then encourage district staff to implement targeted strategies to improve the response rate.   
  
CDE will collaborate intradepartmentally as well as with Colorado’s Parent Training and Information Center and AUs to identify specific, actionable measures that can be implemented in response to individual survey questions to improve parent involvement and encourage improved response rates from AUs, specifically addressing those under-represented groups.   
  
CDE will analyze the current survey questions to determine if changes need to be made that could increase participation rates and improve the usefulness of the responses for AUs.

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

To investigate nonresponse bias, we first examined the actual response rates compared to the number of students in the sample for the following demographic categories: gender, race/ethnicity, region, and disability category. Most of the demographic categories showed that an acceptable percentage of parents of students within each category completed the parent survey with the range of difference between 0.02% and 2.92%. Colorado uses +/-3% discrepancy in the proportion of responders compared to sampled group to determine non response bias. Parents of white students accounted for 41.23% of the sampled group and 45.59% of that group completed the survey for a difference of +4.36%. Parents of students with developmental delay responded at a higher rate than expected (+3.92%). Parents of students with specific learning disability responded at a lower rate than expected (-4.63%). Parents of students in the Pikes Peak Region responded at a higher than expected rate (+4.16%).   
  
Next, CDE examined the rate of agreement for those under and overrepresented categories to see if the responses were meaningfully different from the overall rate of agreement reported by the State which was 78.59%.   
  
White: 77.65%  
Developmental Delay: 85.00%  
Pikes Peak Region: 81.05%  
SLD: 78.10%  
  
Based on this analysis, and considering our low response rate of 26.27%, Colorado will focus on increasing our overall response rate to reduce any identified bias and promote response from a broad section of parents of children with disabilities.   
  
The Colorado Department of Education will collaborate intradepartmentally as well as with the parent training and information center and AUs to identify specific, actionable measures that can be implemented in response to individual survey questions to improve parent involvement and encourage improved response rates from AUs.   
  
In addition, CDE will:  
1. Follow up individually with the AUs that need to increase their parent survey return rates.   
2. Contact parents who started but did not complete the survey.  
3. Work with our Parent Information Center (PTI) to encourage parents from underrepresented groups to complete the survey.   
4. Utilize the Special Education Director Mentors to ensure that all new directors of special education understand the importance of increasing the parent survey response and utilizing the data to improve outcomes for students (2022-23).  
5. Engage CSEAC members to work with local SEACs to communicate the importance of completing the parent survey. CSEAC will help us to create a “Communication Blitz” through our PTI, various state conferences, and by working with other parent centers in Colorado to distribute flyers on the importance of completing the Parent Surveys (2022-23).  
6. Utilize directors of specialeEducation from AUs that have outstanding parent survey return rates to share with other directors across the state strategies to obtain a better response rate from parents, the importance of the parent data, and how to utilize the data to improve outcomes for students with disabilities.  
7. Engage CDE specialists and directors to encourage local directors of special education to check the special education dashboard which allows each director to monitor the parent survey collection throughout the survey period. If directors utilize this tool, it will create opportunities for them to review milestones and to then encourage district staff to implement targeted strategies to improve the response rate.

**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.** **States must include race/ethnicity in their analysis. In addition, the State’s analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

In addition to race/ethnicity, Colorado's stakeholders agreed with the examination of the AUs’ geographic region within the state for representativeness in the parent survey. In analyzing our data, we found that the demographics of the parents responding to the survey are representative for each of the race/ethnicity categories. Colorado uses +/- 3% discrepancy in the proportion of responders compared to target group to determine representativeness:   
  
\* White: 48.27% of our population; 45.59% of survey respondents (-2.68%)  
\* Hispanic or Latino: 38.78% of our population; 41.06% of survey respondents (+2.28%)  
\* Black or African American: 5.46% of our population; 6.37% of survey respondents (+0.91%)  
\* Two or More Races: 4.53% of our population; 4.45% of survey respondents (-0.08%)  
\* Asian: 1.81% of our population; 1.53% of survey respondents (-0.28%)  
\* American Indian or Alaska Native: 0.94% of our population; 0.61% of survey respondents (-0.33%)  
\* Native Hawaiian or Other Pacific Islander: 0.21% of our population; 0.38% of survey respondents (+0.17%)  
  
In analyzing the data by geographic regions, CDE found that responses from four out of nine regions were not representative of the population. The Denver Metro region was underrepresented by 18.28%. However, this is an improvement over last year when this region was underrepresented by 23.21%. Three regions were overrepresented: North Central, Northwest, and Pikes Peak. Colorado uses +/- 3% discrepancy in the proportion of responders compared to target group to determine representativeness:  
  
\* Denver Metro: 52.74% of Colorado’s population; 34.46% of survey respondents (-18.28%)  
\* Pikes Peak: 17.12% of Colorado’s population; 26.32% of survey respondents (+9.21%)  
\* North Central: 13.74% of Colorado’s population; 17.19% of survey respondents (+3.46%)  
\* Northwest: 4.04% of Colorado’s population; 11.90% of survey respondents (+7.85%)  
\* West Central: 5.00% of Colorado’s population; 3.38% of survey respondents (-1.62%)  
\* Southwest: 2.23% of Colorado’s population; 2.15% of survey respondents (-0.08%)  
\* Northeast: 2.13% of Colorado’s population; 1.30% of survey respondents (-0.82%)  
\* Southeast: 1.58% of Colorado’s population; 0.38% of survey respondents (-1.20%)  
\* Other (online, multi-site charter, state programs); 1.43% of Colorado’s population; 2.92% of survey respondents (+1.49%)

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

NO

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

To ensure the future response data are representative of those demographics, CDE will continue to disaggregate the student sample by race/ethnicity for each AU.   
  
To increase the response rate, particularly for those groups that are underrepresented, CDE staff will:  
1. Follow up individually with the Administrative Units (AUs) that need to increase their parent survey return rates.   
2. Contact parents who started but did not complete the survey.  
3. Work with our parent information center to encourage parents from underrepresented groups to complete the survey.   
  
CDE will utilize its Special Education Director Mentors to ensure that all new Directors of Special Education understand the importance of increasing the parent survey response and utilizing the data to improve outcomes for students.   
  
CDE will engage the Colorado Special Education Advisory Committee (CSEAC) members to work with local Special Education Advisory Committees (SEACs) to communicate the importance of completing the parent survey. CSEAC will help us to create a “Communication Blitz” through our Parent Training and Information Center (PTI), state conferences, and by working with other Parent Centers in Colorado to distribute flyers on the importance of completing the Parent Surveys.   
  
CDE will utilize Directors of Special Education from AUs that have outstanding parent survey return rates to share with other directors across the state: (1) strategies to obtain a better response rate from parents, (2) the importance of the parent data, and (3) how to utilize the data to improve outcomes for students with disabilities.  
  
CDE specialists and directors will encourage local directors of special education to regularly check the State’s DMS Special Education Dashboard, which allows each local director the ability to monitor the parent survey collection throughout the survey period. If directors utilize this tool, it will create opportunities for them to review milestones and to then encourage district staff to implement targeted strategies to improve the response rate.   
  
CDE will collaborate interdepartmentally as well as with Colorado’s Parent Training and Information Center and AUs to identify specific, actionable measures that can be implemented in response to individual survey questions to improve parent involvement and encourage improved response rates from AUs, specifically addressing those under-represented groups.   
  
CDE will analyze the current survey questions to determine if changes need to be made that could increase participation rates and improve the usefulness of the responses for AUs.

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

+/- 3% discrepancy in the proportion of responders compared to target group

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | YES |
| If yes, has your previously approved sampling plan changed? | YES |
| If yes, provide sampling plan. | Colorado Sampling Plan Ind 8\_final |

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

All Administrative Units (AUs)\* conduct parent surveys every year. The population data from which we sample is our annual child count data, December Count. Colorado uses a stratified multi-stage sample design where strata are defined by AU size. Colorado uses a combination of census and sampling for Indicator 8 data collection. All AUs are selected annually. CO does not use a separate methodology for preschool children. School age and preschool students are collected in the same way. AUs are classified into four strata: small, medium, large, and extra-large AUs. The sample for each AU is determined by the count of students with disabilities reported by the AU in December Count. The student sample is disaggregated by race/ethnicity for each AU. The sample size is proportionate to those disaggregated numbers. In the Data Management System (DMS), we enter the number of students required to be sampled in each AU and each racial group. The DMS randomly selects the students from the population of that AU.  
• AUs with 1 - 100 students with disabilities sample size is a census  
• AUs with 101-1,000 students with disabilities sample size is 50  
• AUs with 1,001-5,000 students with disabilities sample size is 100  
• AUs with more than 5,000 students with disabilities sample size is 200  
When AUs have fewer than 100 students with disabilities reported in December Count, the parent survey is sent to all parents (i.e., census). To ensure personally identifiable information about individual children, or where the available data are insufficient to yield statistically reliable information, Colorado suppresses data with student counts of less than 16 for all public reporting. When AUs have 100 – 1,000 students with disabilities reported in December Count, the AU is provided a list of 100 parents of randomly selected students. For AUs with 1,001 – 5,000 students with disabilities reported in December Count, the AU is provided with a list of 200 parents of randomly selected students. AUs reporting more than 5,000 students with disabilities in their December Count receive a list of 400 parents of randomly selected students.   
AUs are expected to send out the first half of the surveys in their sample list. The oversampling provides additional students to replace any student who is no longer in the AUs jurisdiction due to moving, exiting special education, etc. This sampling methodology yields 5,034 number of parents of students with disabilities (as of SY2021-22) expected to participate in the parent survey process out of 100,560 students with disabilities reported in December Count (as of SY2021-22). This means that CO expects to see parent participation of 0.5% of the total students with disabilities on December Count in the sample. Colorado's sampling methodology makes it possible to reduce the sample size required to achieve randomness and makes the proportionate representation in the sample more likely. In fact, in the SY2021-22 data, the demographic characteristics of the sampled students were proportionate to the population of total students reported in December Count. Data are collected through an online parent survey protocol in the Colorado Data Management System (DMS), PDF uploads, and mail in surveys. A system of checks and balances is incorporated into the DMS to ensure parents can efficiently and accurately complete the survey. Answering certain questions will unlock follow-up questions (skip patterns) to drive parents to questions that need a response. If a question is missed, the system sends the survey taker to the question in the protocol that needs to be answered. As parents enter surveys, parents will receive a prompt to answer at least 12 of the 15 questions for their survey to be recorded as a valid survey. Once a survey has started, and if it is not finished, the responses are saved, and the survey taker can return to complete it later. Only completed surveys are “submitted” in the DMS and used for calculating Indicator 8 results. Data from incomplete surveys is captured in the DMS but not used for calculating Indicator 8 results.   
The functionality of the DMS provides the ability to check the validity of the data. Data cleaning will include verifying that the DMS is functioning as expected regarding the number of questions answered, answers to questions, number of surveys returned, number of AUs with returned surveys, and incomplete surveys.  
Colorado takes data quality seriously. To ensure high response rates, CO checks the data collection monthly throughout the collection period and on a weekly basis in the last month of the collection period. Colorado will pull the data and calculate the Indicator 8 responses half-way through the collection period. As IDEA Data Center recommends, we investigate nonresponse bias by examining the responses that came in from parents at the end of the data collection period, as a proxy for nonresponders, compared to responses that came in during the beginning and middle of the data collection period. The IDEA data center notes that this method does not add additional costs to the data collection and provides insight into whether results may be biased. We divide the responses before/after Feb 1st to create the “beginning and middle” response group and the “towards the end” response group includes responses collected between Feb 1st and June 30th. Colorado uses multiple communication strategies including newsletters notifications to all AUs, and emails and phone calls to AUs who have low response rates. To address missing data, the Indicator 8 Lead Consultant contacts AUs who are missing data and makes sure that AUs attempt to reach all parents of students in their sample. Selection bias is taken care of through the random sample within the stratified sampling process.

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

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

Colorado was unable to locate an approved sampling plan to submit with the FFY 2020 SPP/APR. In order to submit a sampling plan for OSEP's approval with the FFY 2021 SPP/APR, CDE staff indicated "Yes" that it had changed.

## 8 - Prior FFY Required Actions

With the FFY 2021 APR, the State must submit its sampling plan and provide data consistent with the approved sampling plan.  
  
In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

**Response to actions required in FFY 2020 SPP/APR**

Colorado submitted its sampling plan and provided data consistent with the sampling plan in the FFY 2021 APR.  
  
Colorado provided the required information on representativeness and actions taken to address representativeness and included the analysis in the FFY 2021 SPP/APR sections above.

## 8 - OSEP Response

OSEP’s response to the State’s FFY 2020 SPP/APR required the State to submit a revised sampling plan for this indicator. The State submitted its revised sampling plan, and OSEP’s evaluation of the sampling plan indicated that it is approvable.

## 8 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

# Indicator 9: Disproportionate Representation

**Instructions and Measurement**

**Monitoring Priority:** Disproportionality

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

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

**Data Source**

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

**Measurement**

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, 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 2021 reporting period (i.e., after June 30, 2022).

**Instructions**

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and 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 2021 SPP/APR, the data for FFY 2020), 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** |
| --- | --- |
| 2020 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% | 0% | 0% |

**FFY 2021 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.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial/ethnic groups in special education and related services** | **Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification** | **Number of districts that met the State's minimum n and/or cell size** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 0 | 0 | 66 | 0.00% | 0% | 0.00% | Met target | No Slippage |

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

YES

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

1) the calculation method(s) being used: risk ratio and alternate risk ratio methods  
2) the threshold at which disproportionate representation is identified: 4.0 and above  
3) The number of years of data used in the calculation: 1 year  
4) minimum cell and/or n-sizes:  
minimum cell (risk numerator) size = 10  
minimum n (risk denominator) size = 10

**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.**

None of the AUs exceeded the risk ratio threshold while meeting the minimum cell/n-sizes, thus, none were investigated for inappropriate identification for Indicator 9 purposes.

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

Two AUs (1 correctional facility and 1 mental-health facility) were excluded from the calculation of this indicator because they did not meet the minimum cell/n size.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

## 9 - Required Actions

# Indicator 10: Disproportionate Representation in Specific Disability Categories

**Instructions and Measurement**

**Monitoring Priority:** Disproportionality

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

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

**Data Source**

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

**Measurement**

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, 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 specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

**Instructions**

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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** |
| --- | --- |
| 2020 | 0.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 0% | 0% | 0% | 0% | 0% |
| Data | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 0% | 0% | 0% | 0% | 0% |

**FFY 2021 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.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories** | **Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification** | **Number of districts that met the State's minimum n and/or cell size** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 1 | 0 | 66 | 0.00% | 0% | 0.00% | Met target | No Slippage |

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

YES

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

1) the calculation method(s) being used: risk ratio and alternate risk ratio methods  
2) the threshold at which disproportionate representation is identified: 4.0 and above  
3) the number of years of data used in the calculation: 1 year  
4) minimum cell and/or n-sizes  
minimum cell (risk numerator) size = 10  
minimum n (risk denominator) size = 30

**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 order to determine whether the disproportionate overrepresentation of White students identified with a serious emotional disability (SED) was the result of inappropriate identification, CDE reviewed the AU’s policy, procedures, and practices relevant to identification, evaluation, and eligibility for compliance with IDEA and ECEA, as well as other data available through special education data collections and monitoring. CDE also interviewed the AU’s special education director to further explore practices in the areas of child find, referral, evaluation, and identification to ensure students who speak a language other than English are assessed in their native language, assessments are selected and administered so as not to be discriminatory or racially biased, students are not found eligible based on limited English proficiency, and students are not found eligible under SED as a primary result of cultural factors, environmental or economic disadvantage, or limited English proficiency. CDE concluded that the disproportionate representation of white students identified with SED was not the result of inappropriate identification.

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

Two AUs (1 correctional facility and 1 mental-health facility were excluded from the calculation of this indicator because they did not meet the minimum cell/n sizes.

**Correction of Findings of Noncompliance Identified in FFY 2020**

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

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

## 10 - Required Actions

# Indicator 11: Child Find

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

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

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

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

**Instructions**

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

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

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

Targets must be 100%.

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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 | 84.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.00% | 98.03% | 98.39% | 95.70% | 97.10% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 21,868 | 21,653 | 97.10% | 100% | 99.02% | Did not meet target | No Slippage |

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

215

**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.**

Out of the 215 children whose evaluations were not completed within the timeline, the shortest number of days beyond the timeline was 1 day and the longest was 198 days. The median number of days beyond the timeline was 13 days. 215 children’s evaluations were delayed due to: (a) additional evaluations or special valuations were needed, (b) staff missed the timeline, and (c) COVID-related school closures.

**Indicate the evaluation timeline used:**

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

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

State database that includes data for the entire reporting year

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

Data for Indicator 11 are reported by every AU through the online Special Education End-of-Year data collection. The data elements and definitions with the relevant information for Indicator 11 are defined as: Date of Parental Consent to Evaluate, Date Evaluation Completed, and Reason for Delay in Completing the Evaluation. AUs report data for all children for whom Parental Consent to Evaluate have been received. When the evaluation is not completed within 60 calendar days, a reason for delay must be provided.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 21 | 21 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The previously noncompliant AUs submitted 12 months-worth of initial evaluation records that took place since the noncompliance was identified. CDE then reviewed the newly submitted data via desk audit and verified that all children reported during the timeframe were evaluated within the timeline. AUs who were not 100% compliant with this data review, then submitted an additional 2-months of initial evaluation records that took place after the 12-months of data. By reviewing and verifying these updated data, CDE ensured that all AUs were correctly implementing the regulatory requirements related to Indicator 11.

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

CDE verified that each individual case of noncompliance was corrected by having AUs, which failed to meet compliance with Indicator 11 follow the process outlined below:  
1. AUs received a pre-populated Indicator 11 Demonstration of Correction tracking form which lists each case of delayed initial evaluation record.  
2. AUs verified/reported the reason for the delay and the root-cause of the delay.  
3. If the IEP was finalized more than 90 days following the parental consent, AUs reported how they addressed the delay of services to ensure FAPE. If the AU did not address the delay, and the student was still within the AU, then the AU reported how it planned to address the delay of services to ensure that the child received a FAPE.  
4. CDE conducted a desk audit of the Indicator 11 Correction Trackers submitted by every noncompliant AU. CDE reviewed and verified that each individual case of noncompliance was corrected and informed the AUs of the results.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

1. Colorado described the specific actions taken, reported on the status of correction of noncompliance, and verified that each LEA with noncompliance identified in FFY 2020 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.   
  
2. N/A

## 11 - OSEP Response

## 11 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# 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.

Targets must be 100%.

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

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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** |
| --- | --- |
| 2006 | 96.10% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 96.89% | 98.25% | 98.19% | 91.70% | 97.17% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination. | 2,652 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday. | 367 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays. | 1,266 |
| 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. | 936 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays. | 75 |
| f. Number of children whose parents chose to continue early intervention services beyond the child’s third birthday through a State’s policy under 34 CFR §303.211 or a similar State option. | 0 |

| **Measure** | **Numerator (c)** | **Denominator (a-b-d-e-f)** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. | 1,266 | 1,274 | 97.17% | 100% | 99.37% | Did not meet target | No Slippage |

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

8

**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.**

Out of the eight children whose IEPs were not developed or implemented by their 3rd birthday, 1 child was found ineligible for services and there were no children whose eligibility was not determined during SY2021-22. Among the remaining 7 children, the shortest number of days beyond the 3rd birthday to implementation of IEPs was 3 days and the longest was 214 days. The median number of days beyond the 3rd birthday was 47 days. Part C to Part B transitions were delayed due to: (a) additional evaluations or special evaluations were needed, (b) staff missed the timeline, (c) COVID-related school closures, and (d) the referral received 65 days before the third birthday.

**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.**

Data for Indicator 12 are reported by every AU through the online Special Education End-of-Year data collection. The data elements and definitions with the relevant information for Indicator 12 are defined as: Child’s Date of Birth, Date of Parental Consent to Evaluate, Date of Initial Eligibility Meeting, Date IEP was Implemented, and Reason for delay in implementing IEP. AUs report data for all children who were served in a Part C program and evaluated for Part B services. When the IEP was not developed or implemented by the child’s third birthday, a reason for delay must be provided.

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 12 | 12 | 0 | 0 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

The previously noncompliant Administrative Units (AUs) submitted 12 months-worth of C to B transition records that took place since the noncompliance was found. CDE then reviewed the newly submitted data via desk audit and verified that all children reported during the timeframe were evaluated and had IEPs implemented before their third birthdays within the timeline. AUs who were not 100% compliant with this data review, then submitted an additional 2-months of C to B transition records that took place after the 12-months of data. By reviewing and verifying these updated data, CDE ensured that the AUs were correctly implementing the regulatory requirements related to Indicator 12.

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

CDE verified that each individual case of noncompliance was corrected by having AUs that failed to meet compliance with Indicator 12 follow the below process:  
  
1. AUs received a pre-populated Indicator 12 Demonstration of Correction tracking form which listed each case of delayed C-to-B transition records.  
2. AUs verified/reported the reason for the delay.  
3. AUs provided an explanation for how they ensured the delay did not result in denial of FAPE.  
 a. If the AU did not address the delay of services and the student was still within the AU, then the AU reported how it planned to address the delay.  
4. CDE conducted a desk audit of the Indicator 12 Correction Trackers submitted by every noncompliant AU. CDE reviewed and verified that each individual case of noncompliance was corrected and informed the AUs of the results.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

1. Colorado described the specific actions taken, reported on the status of correction of noncompliance identified in FFY 2020 for this indicator, and verified that each LEA with noncompliance identified in FFY 2020 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.   
  
2. N/A

## 12 - OSEP Response

## 12 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 13: Secondary Transition

**Instructions and Measurement**

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

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

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

**Data Source**

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

**Measurement**

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

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

**Instructions**

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

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

Targets must be 100%.

Provide detailed information about the timely correction of 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 2021 SPP/APR, the data for FFY 2020), 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** |
| --- | --- |
| 2017 | 93.18% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 93.18% | 89.39% | 99.77% | 94.85% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 437 | 445 | 94.85% | 100% | 98.20% | Did not meet target | No Slippage |

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

State monitoring

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

Annually, CDE conducts review of transition IEPs by tasking all AUs to self-audit their transition IEPs independently and by conducting collaborative face-to-face or virtual transition IEP reviews in partnership with AUs. Prior to the school year, CDE randomly selects students of transition age for AUs to review. AUs are assigned a number of IEPs to review which range between 5 and 10, depending on the student population size in the AU . AUs are required to self-review the selected IEPs by a due date within the DMS. The DMS prompts teams to review the transition IEPs using a state record review protocol designed from NTACT’s Indicator 13 review checklist. AUs are required to conduct the transition IEP reviews in partnership with CDE rather than self-reviewing when AUs are in the following circumstances:  
1. New AUs are required to participate in side-by-side Indicator 13 IEP reviews in the first year they are established.  
2. AUs who self-report less than 100% compliance for Indicator 13 in a given year are required to participate in side-by-side reviews the following year.  
3. AUs who are selected to participate in the general supervision/monitoring visits are required to participate in side-by-side reviews.  
All transition IEP review results are compiled on the due date to determine the level of state and each AU compliance with Indicator 13.

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

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

**Correction of Findings of Noncompliance Identified in FFY 2020**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 6 | 1 | 0 | 5 |

**FFY 2020 Findings of Noncompliance Verified as Corrected**

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

To verify that the AUs who reported noncompliance for Indicator 13 were correctly implementing regulatory requirements related to Indicator 13, CDE’s Secondary Transition team in partnership with the AU special education team, conducted side-by-side compliance reviews of the required number of Transition IEPs during the 2021-2022 school year. The IEPs selected for this side-by-side compliance review were a different set of IEPs than the ones found noncompliant, in accordance with OSEP memo 09-02. These collaborative reviews were done virtually or in-person with the AU and involved reviewing and discussing each of the compliance elements of the IEP to build capacity and inter-rater reliability within the AU staff until the IEP met the compliance target of 100%. CDE verified that the IEPs reviewed were 100% compliant with the one AU where findings of noncompliance were verified as corrected within one year and recorded this data in the DMS. Five AUs had findings of noncompliance not yet verified as corrected and the actions taken are described below.

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

CDE ensured that each AU corrected all individual cases of noncompliance related to Indicator 13, unless the child was no longer within the jurisdiction of the AU, through the following process for each individual case of noncompliance:  
  
1. AUs were provided a pre-populated indicator 13 Demonstration of Correction tracking form including the student name, IEP date, and reason for noncompliance.  
2. AUs determined the root cause of the noncompliance.   
3. AUs determined if each of the students was still in their jurisdiction:   
 a. If NO – no further correction was needed.   
 b. If YES – AUs uploaded the student’s current IEP into the DMS.  
4. AUs completed the IEP compliance record review of the student’s current IEP.   
5. AUs completed the tracking form by recording the date the current IEP was reviewed and the reviewer’s name.   
  
CDE verified correction of each individual case of noncompliance via a desk audit process and confirmed the results to all six of the AUs where noncompliance was identified.

**FFY 2020 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

To verify that the five AUs who had findings not yet verified as corrected were correctly implementing regulatory requirements related to Indicator 13, each AU participated in mandatory customized professional development provided by CDE in the areas of secondary transition IEP development based on information obtained during the collaborative reviews during the 2021-2022 school year, as well as any other areas of need identified by CDE and the AU. Following the required professional development, CDE will conduct a review of updated data to ensure that the district is correctly implementing the specific regulatory requirements related to Indicator 13. For this review, CDE, in partnership with the AU team, will conduct collaborative side-by-side reviews of newly selected transition IEPs during SY 2022-2023. The State will report results of these actions in the FFY 2022 SPP/APR.

**Correction of Findings of Noncompliance Identified Prior to FFY 2020**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

**Response to actions required in FFY 2020 SPP/APR**

1. Colorado described the specific actions taken, reported on the status of correction of noncompliance identified in FFY 2020 for this indicator, and verified that each LEA with noncompliance identified in FFY 2020 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.   
  
2. N/A

## 13 - OSEP Response

## 13 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining five (5) uncorrected findings of noncompliance identified in FFY 2020 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2021 and each LEA with remaining noncompliance identified in FFY 2020: (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 2022 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 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

# Indicator 14: Post-School Outcomes

**Instructions and Measurement**

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

**Results indicator:** Percent of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were:

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

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

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

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

**Data Source**

State selected data source.

**Measurement**

A. Percent enrolled in higher education = [(# 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 2022 on students who left school during 2020-2021, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2020-2021 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

**I. *Definitions***

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

*Competitive employment* as used in measures B and C: States have two options to report data under “competitive employment”:

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

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a “part-time basis” under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

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

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

**II. *Data Reporting***

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

Provide the total number of targeted youth in the sample or census.

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

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

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

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

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

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

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

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

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

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

## 14 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline** | **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| A | 2014 | Target >= | 32.75% | 32.75% | 33.00% | 27.70% | 24.20% |
| A | 24.62% | Data | 26.10% | 27.10% | 26.49% | 24.05% | 22.07% |
| B | 2014 | Target >= | 61.25% | 61.25% | 61.50% | 56.50% | 68.71% |
| B | 56.43% | Data | 61.85% | 68.70% | 67.64% | 68.74% | 68.69% |
| C | 2014 | Target >= | 69.25% | 69.25% | 69.50% | 81.40% | 79.00% |
| C | 73.60% | Data | 74.80% | 79.60% | 80.01% | 79.04% | 77.85% |

**FFY 2020 Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 24.30% | 24.40% | 24.50% | 24.60% | 24.70% |
| Target B >= | 70.46% | 70.46% | 72.15% | 72.15% | 73.76% |
| Target C >= | 81.02% | 81.02% | 82.96% | 82.96% | 84.81% |

**Targets: Description of Stakeholder Input**

For FFY 2021, to engage parents around secondary transition topics that influence Indicators 1, 2, 13, and 14, CDE conducted parent focus groups to determine parent training needs, develop trainings to address needs for families and school district personnel.   
  
Four parent focus groups were held to determine parent training needs: one specifically for Spanish-speaking families.  
  
A series of six training modules were developed and made available to parents.   
Topics included:   
1. What is transition planning?   
2. Who helps students reach their goals?   
3. What are 18-21 services?   
4. Education   
5. Employment   
6. Success Stories   
  
Additional modules are being developed to address needs identified through a recent parent feedback session.  
  
For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| Total number of targeted youth in the sample or census | 4,079 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 2,566 |
| Response Rate | 62.91% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school | 556 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school | 1,227 |
| 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) | 93 |
| 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). | 204 |

| **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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A. Enrolled in higher education (1) | 556 | 2,566 | 22.07% | 24.30% | 21.67% | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 1,783 | 2,566 | 68.69% | 70.46% | 69.49% | Did not meet 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) | 2,080 | 2,566 | 77.85% | 81.02% | 81.06% | Met target | No Slippage |

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

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

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Response Rate | 67.19% | 62.91% |

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

White students are slightly over-representative of the state demographics for this category which seems to be driven by the slight underrepresentation of Black, African American former students, and Hispanic former students. CDE will continue to provide training and accessible resources to all districts regarding strategies to increase student and family participation for all demographic groups, with an intentional focus on Black and Hispanic students in the Denver metro region.   
  
In addition, all AUs will receive the list of students to interview in advance of the start of the data collection period to enable them to review the list and update contact information. CDE will host post-secondary outcomes (PSO) data discussions, root cause analysis and follow-up coaching sessions for all AUs.   
  
Also, CDE will convene AU special education administrators in the targeted AUs in the Denver metro region to discuss strategies to improve response rates from Hispanic and African American former students. AUs in the Denver Metro region that have been successful in obtaining responses from these groups of students will be invited to discuss barriers and share the strategies they employ. AU special education administrators will leave the convening with a plan for how to increase response rates (i.e., how to educate students and parents about the post-school outcome interview process, identify multiple means to contact families, and a plan to train staff). Additionally, CDE will provide targeted TA to AUs with low response rates.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.**

To investigate nonresponse bias, CDE first examined the actual response rates compared to the number of students in the sample for the following demographic categories: gender, race/ethnicity, exit type, and disability category. All demographic categories except one showed that an acceptable percentage of students within each category completed the interview with the range of difference between 0.01% and 2.61%. Students who exited school by dropping out accounted for 14.29% of the students in the sample. However, only 10.13% of this population completed the interview.   
  
Second, CDE examined the responses for Measures A, B, and C for the underrpresented group of former students who had dropped out and found that the responses were meaningfully different from the overall rates reported by the State for each of the measures.  
A. Enrolled in higher education  
 State: 21.67%; students who dropped out 1.62%  
B. Enrolled in higher education or competitively employed  
 State: 69.49%; students who dropped out 55.87%  
C. Enrolled in higher education or in some other postsecondary education or training program, or competitively employed, or in some other employment  
 State: 81.06%; students who dropped out 68.42%  
  
AUs may have a more difficult time tracking down students who have dropped out. Therefore, those students may be less likely to participate in an interview.  
  
Third, because Colorad’s participation rate decreased from 67.2% in FFY 2020 to 62.9% in FFY 2021, CDE analyzed the individual AU response rates to identify those AUs who had a decrease in their participation rate in the surveys. 26 AUs showed an increase in participation, while 37 AUs showed a decrease in participation this year ranging from -1% to -32%. Based on this analysis, Colorado will focus on increasing our overall response rate to reduce any identified bias and promote response from a broad section of former students.  
   
CDE will continue to provide training and accessible resources to all districts regarding strategies to increase student and family participation for all demographic groups, with an intentional focus on Black and Hispanic students in the Denver metro region.   
  
In addition, all AUs will receive the list of students to interview in advance of the start of the data collection period to enable them to review the list and update contact information. CDE will host PSO data discussions, root cause analysis, and follow-up coaching sessions for all AUs.   
  
Also, CDE will convene AU special education administrators in the targeted AUs to discuss strategies to improve response rates from former students. AUs that have been successful in obtaining responses from various groups of students will be invited to discuss barriers and share the strategies they employ. AU special education administrators will leave the convening with a plan for how to increase response rates (i.e., how to educate students and parents about the post-school outcome interview process, identify multiple means to contact families, and a plan to train staff.   
  
Finally, CDE will provide targeted TA to AUs with significantly decreasing or historically low response rates.

**Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.**

The following demographic categories were examined for their representativeness in the PSO interviews: former students’ race/ethnicity and disability category, as approved through the stakeholder input process. When the demographic group’s representation in the special education population and representation among the interview respondents were greater than ±3%, the representativeness was considered inadequate. In examining the data for race/ethnicity, the representativeness of all groups are considered adequate except for White students who were over-represented in the response data:   
\* White 47.01% of our population; 50.47% of interview respondents (+3.46%)  
\* Hispanic/Latino 39.61% of our population; 38.43% of interview respondents (-1.18)  
\* Black/African American 6.93% of our population; 5.14% of interview respondents (-1.79%)  
\* Two or More Races 3.67% of our population; 3.59% of interview respondents (-0.08%)  
\* Asian 1.63% of our population; 1.29% of interview respondents (-0.34%)  
\* American Indian/Alaska Native 0.98% of our population; 0.90% of interview respondents (-0.08%)  
\* Native Hawaiian/Other Pacific Islander 0.17% of our population; 0.19% of interview respondents (+0.02%)  
  
In examining the data for disability category, the representativeness of all categories are considered adequate:  
\* Specific Learning Disability 52.44% of our population; 51.99% of interview respondents (-0.46%)  
\* Other Health Impairment 15.21% of our population; 16.41% of interview respondents (+1.19%)  
\* Intellectual Disability/Multiple Disability 11.22% of our population; 9.74% of interview respondents (-1.48%)  
\* Autism Spectrum Disorder 8.78% of our population; 9.43% of interview respondents (+0.65%)  
\* Serious Emotional Disability 8.15% of our population; 7.87% of interview respondents (-0.28%)  
\* Other 4.19% of our population; 4.56% of interview respondents (+0.37%)

**The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)**

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.**

White students are slightly over-representative of the state demographics for this category which seemed to be driven by the slight underrepresentation of Black, African American former students and Hispanic former students. CDE will continue to provide training and accessible resources to all districts regarding strategies to increase student and family participation for all demographic groups, with an intentional focus on Black and Hispanic students in the Denver metro region. In addition, all AUs will receive the list of students to interview in advance of the start of the data collection period to enable them to review the list and update contact information. CDE will host PSO data discussions, root cause analysis, and follow-up coaching sessions for all AUs. In addition, CDE will convene AU special education administrators in the targeted AUs in the Denver metro region to discuss strategies to improve response rates from Hispanic and African American former students. AUs in the Denver Metro region that have been successful in obtaining responses from these groups of students will be invited to discuss barriers and share the strategies they employ. AU special education administrators will leave the convening with a plan for how to increase response rates (i.e., how to educate students and parents about the post-school outcome interview process, identify multiple means to contact families, and a plan to train staff). Additionally, CDE will provide targeted TA to AUs with low response rates.

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

+/- 3% discrepancy in the proportion of responders compared to target group

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used? | YES |
| If yes, has your previously approved sampling plan changed? | YES |
| If yes, provide sampling plan. | Colorado Sampling Plan Ind 14\_final |

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

All Administrative Units (AUs)\* conduct post-school interviews every year. The number of interviews is based on the total number of exiters as reported in the Special Education End of Year Collection and includes (01) Reach max age, (40) discontinued school or dropout, (90) graduated with regular diploma, (92) completed non-diploma certificate, (93) high school equivalency diploma from reporting district, and (94) student transferred to non-district run High School Equivalency Diploma (HSED) program and received HSED certificate (GED).   
Colorado uses a stratified multi-stage sample design where strata are defined by AU size. Depending on the number of high school exiters in the AU, Colorado uses a combination of census and sampling for Indicator 14 data collection. All AUs are selected annually. AUs are classified into three strata: small, medium, and large AUs. The exiter sample for each AU is determined by the size of the AU.   
• AUs with 0 – 100 exiters conduct a census, contacting all students.  
• AUs with 101 – 200 exiters conduct 100 interviews.  
• AUs with 201 or more exiters conduct 200 interviews  
When AUs have 100 or fewer students who are no longer in secondary school and had IEPs in effect at the time they left school, the AUs interview all exiters (i.e., census). To ensure personally identifiable information about individual children, or where the available data are insufficient to yield statistically reliable information, Colorado suppresses data with student counts of less than 16 for all public reporting. When AUs have 101-200 exiters, they receive a list of 100 randomly selected former students to interview. AUs with more than 200 exiters receive a list of 200 randomly selected former students to interview. AUs with more than 200 exiters receive a list of 200 randomly selected former students to interview. This sampling methodology yields 4,181 number of former students (as of SY2021-22) to participate in the post-school outcome interview process out of 6,014 total exiters (as of SY2021-22). This means that CO selected 69.52% of the total exiters for the interview. If an AU wishes to interview all former students, rather than a sample, the state accommodates for that. Colorado's sampling methodology makes it possible to reduce the sample size required to achieve randomness and makes the proportionate representation in the sample more likely. In fact, in the SY2021-22 data, the demographic characteristics of the sampled former students were proportionate to the population of the former students who exited high schools.The interview responses are collected in an online post-school outcomes interview protocol in the Colorado Data Management System (DMS). A system of checks and balances is incorporated into the DMS to ensure students can efficiently and accurately complete the interview. Answering certain questions will unlock follow-up questions (skip patterns) to drive students to questions that need a response. If a question is missed, the system sends the interviewer to the question in the interview protocol that needs to be answered. Once an interview has started, and if it is not finished, the responses are saved, and the interviewer can return to complete it later. Only completed interviews can be “submitted” in the DMS and used for calculating Indicator 14 results. Data from incomplete interviews is captured in the DMS but not used for calculating Indicator 14 results. If an interview is not completed, the interviewer must provide a reason.  
The functionality of the DMS provides the ability to check the validity of the data. The DMS collects data that identifies students who interviewed, interviewed but have no interview data, marked not eligible but have interview responses (e.g., deceased or returned to school), and students marked refused but “yes” for starting the survey and have survey data.  
Colorado takes data quality seriously. To ensure high response rates, CO checks the data collection monthly throughout the collection period and on a weekly basis in the last month of the collection period. CDE uses multiple communication strategies including newsletters notifications to all AUs, and emails and phone calls to AUs who have low response rates. To address missing data, the Indicator 14 Lead Consultant contacts AUs who are missing data and makes sure that AUs attempt to reach all former students in their sample. CO also includes Indicator 14 participation and outcomes data in AU Determinations. Selection bias is taken cared of random sample during the stratified sampling.  
Based on our stakeholder input process, in addition to former students’ race/ethnicity, we examine disability category for representativeness of the Indicator 14 results. When the demographic group’s representation in the special education population and representation among the interview respondents are greater than ±3%, the representativeness is considered inadequate.

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

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

Colorado could not locate an approved sampling plan to submit with FFY 2020. Our sampling plan has not changed but in order to upload our sampling plan for OSEP approval, CDE staff had to select "Yes" for the question "If yes, has your previously approved sampling plan changed" in order to trigger the opening of the available box to upload the sampling plan.

## 14 - Prior FFY Required Actions

With the FFY 2021 APR, the State must submit its sampling plan and provide data consistent with the approved sampling plan.  
  
In the FFY 2021 SPP/APR, the State must report whether the FFY 2021 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 2020 SPP/APR**

Colorado submitted its sampling plan with the FFY 2021 APR and provided data consistent with the approved sampling plan.   
  
Colorado reported on representativeness and an analysis of the response data.

## 14 - OSEP Response

OSEP’s response to the State’s FFY 2020 SPP/APR required the State to submit a revised sampling plan for this indicator. The State submitted its revised sampling plan, and OSEP’s evaluation of the sampling plan indicated that it is approvable.

## 14 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 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.

# 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 and targets and report on them in the corresponding SPP/APR.

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

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

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

## 15 - Indicator Data

Select yes to use target ranges

Target Range not used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1 Number of resolution sessions | 8 |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/02/2022 | 3.1(a) Number resolution sessions resolved through settlement agreements | 1 |

**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**

For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 51.00% | 52.00% | 53.00% | 53.00% |  |
| Data | 62.50% | 54.55% | 54.55% | 55.56% | 33.33% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= |  |  |  |  |  |

**FFY 2021 SPP/APR Data**

| **3.1(a) Number resolutions sessions resolved through settlement agreements** | **3.1 Number of resolutions sessions** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 8 | 33.33% |  | 12.50% | N/A | N/A |

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

Because States are not required to establish baseline or targets if the number of resolution sessions held is less than 10, Colorado will set these elements with stakeholder input when the number of resolution sessions held reaches 10 or greater.

## 15 - Prior FFY Required Actions

None

## 15 - OSEP Response

The State reported fewer than ten resolution sessions held in FFY 2021. The State is not required to provide targets until any fiscal year in which ten or more resolution sessions were held.

## 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 mediations is less than 10. In a reporting period when the number of resolution mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

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

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

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

## 16 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1 Mediations held | 65 |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.a.i Mediations agreements related to due process complaints | 12 |
| SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/02/2022 | 2.1.b.i Mediations agreements not related to due process complaints | 29 |

**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**

For FFY 2020, the following mechanisms were used to gather broad stakeholder input:  
  
Identified CDE internal stakeholders and content experts for each indicator:  
1. Scheduled meetings for each CDE internal stakeholder indicator team.  
2. Met with each CDE stakeholder team, explain rules and parameters, Colorado history of indicator, past and current improvement strategies, facilitate discussion, and solicit feedback and develop options for each of the SPP/APR targets.  
3. Met with each CDE stakeholder team to facilitate discussion and come to consensus on targets and improvement strategies to present to the external stakeholder groups.  
4. Requested and collected improvement strategies for each indicator from each CDE internal stakeholder team.   
  
Built a survey to collect evidence and information from external stakeholder groups and the public to gain feedback on current SPP/APR indicators to collect the following data:  
1. Are targets too high, too low, just right?  
2. If the proposed improvement strategies are reasonably calculated to help Colorado reach the proposed targets?  
3. Is the proposed choice of demographic category to be analyzed for representation an appropriate selection?  
  
Built a web page to include:  
1. basic information regarding the SPP/APR and the 6-year target resetting process.  
2. asyncronys access to a series of webinars explaining each of the SPP/APR indicators, proposed targets, and improvement strategies.  
3. a link to an indicator survey to gather information from the public during the comment period. This survey was designed to solicit the following information: (a) Are the proposed targets too high, too low, or appropriate? (b) Are the proposed improvement strategies reasonably calculated to help Colorado reach the proposed targets? (c) Is the proposed demographic group to be analyzed for representation an appropriate selection?  
  
Presented and requested input on agreed on targets and improvement strategies to the following indicator specific advisory councils: Preschool School Special Education Advisory Committee (PSSEAC), and the Secondary Transition Task Force Advisory Committee. Review and incorporate feedback into the final draft of the new targets and share proposed version with ESSU Executive Director for approval.  
Presented proposed targets and gathered additional feedback to the following State advisory groups and advocacy groups: Colorado Special Education Advisory Committee (CSEAC) and Parent Partnerships for Equity Advisory Committee, The Arc of Colorado, PEAK Parent Center, and Disability Law Colorado.  
Presented proposed targets for all indicators to Colorado LEA Special Education Directors.  
Held a 2-month public comment period to solicit public comments through a broad CDE-wide communication plan made up of a dedicated webpage with short videos and surveys for each indicator, CDE Facebook page, CDE Twitter Account, a CDE webpage news story, CDE’s Weekly Newsletter, and notifications to our parent advocacy agencies.  
   
Reviewed and considered public comments received through the indicator survey mechanism, finalize all targets with ESSU Executive Director, and published targets on CDE webpage.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2018 | 54.35% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 62.00% | 63.00% | 64.00% | 64.00% | 54.35% |
| Data | 65.52% | 62.96% | 54.35% | 56.82% | 48.89% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 54.35% | 54.35% | 54.35% | 54.35% | 54.35% |

**FFY 2021 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 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 12 | 29 | 65 | 48.89% | 54.35% | 63.08% | Met target | No Slippage |

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

The increase in mediation requests may be the result of the CDE’s efforts to improve awareness and access to this dispute resolution option. Specific improvement efforts have included: 1) providing more detailed and comprehensive information about mediation on the Department’s website, including a question-and-answer section to describe what mediation looks like and how to prepare, 2) providing information about mediation when responding to calls from parents who have concerns about special education, and 3) providing information about mediation in correspondence and phone calls with those who have filed a due process or state complaint.  
http://www.cde.state.co.us/spedlaw

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

# Indicator 17: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

**Instructions**

**Baseline Data*:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Children with Disabilities.

**Targets*:*** In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2021 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

**Updated Data:** In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Children with Disabilities. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis:*

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Children with Disabilities;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which, is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which, is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., Feb 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023)) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 17 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

Colorado students in grades K-3\* who are identified at the beginning of the school year as Well Below Benchmark according to the DIBELS Next Assessment, will significantly improve their reading proficiency as indicated by a decrease in the percentage of students who are identified at the end of the school year as Well Below Benchmark.  
  
\*Who attend one of the SSIP project schools  
\*Based upon the Structured Literacy Project

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

YES

**Provide a description of the subset of the population from the indicator.**

The subset includes students in first grade who attend one of the SSIP project schools. First grade data was selected as the most appropriate subset because first grade student performance is the most critical and pivotal year in early literacy development. Data are collected, analyzed, and reviewed across all grades but only first grade is reported in this summary.

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

YES

**Please provide a description of the changes and updates to the theory of action.**

The Theory Action was updated for greater clarification based upon stakeholder feedback and alignment with CDE State Initiatives. It will be shared with new SSIP sites and at the annual Stakeholder meeting to be held Summer 2023.  
The updated Theory of Action is:  
  
 If we provide a Science of Reading scope and sequence framework to K-3 grade special educators, general educators, interventionists, and leaders …  
AND provide ongoing professional learning and customized coaching related to the evidence-based practices aligned to the Science of Reading, and the use of data to drive instructional decisions to meet the needs of all students within grades K-3…  
  
THEN, our educators in SSIP schools will have increased knowledge and skills to teach language and literacy to K-3 students …   
  
So that, all students, especially students struggling in reading, in K-3 will improve their reading proficiency by the end of the third grade.  
THEN the targeted schools and districts will have built capacity to sustain effective literacy instruction.

**Please provide a link to the current theory of action.**

http://www.cde.state.co.us/cdesped/ssip\_toa

**Progress toward the SiMR**

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2015 | 26.34% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 34.00% | 32.00% | 30.00% | 28.00% | 26.00% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of Numerator: First grade students at end of year of were in the well below range as measured by Acadience.** | **Description of Denominator: Total number of first grade students enrolled who were participating in Structured Literacy Project.** | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | **Status** | **Slippage** |
| 267 | 857 | 35.01% | 34.00% | 31.16% | Met target | No Slippage |

**Provide the data source for the FFY 2021 data.**

Acadience (DiBELS Next)

**Please describe how data are collected and analyzed for the SiMR**.

We collected benchmark data from the Acadience Assessments using the Amplify data collection system that are collected by each school site. The analysis included review of first-grade students who fell into the well-below benchmark range on the Beginning-of-the Year (BOY) and End-of-the Year (EOY) Benchmarks. CDE provides training to school sites on the administration of Acadience Assessments.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

1) Data Completeness: The Project collected data during the FFY2021 at the prescribed data points. However, the data completeness was impacted by high levels of absenteeism tied to school closures, suspension of in-person learning, and challenges with remote learning. Unfortunately, the impact of the pandemic was not equal among all student groups, and those most vulnerable to academic risk continued to experience the greatest impact. This impact was the most observable in the at-risk schools, which had larger student populations for poverty, second language learners, and trauma-based factors  
  
2) Mitigation Plan: Staff at each of the Project schools worked with Project coaches and reached out to families to increase in-person attendance at schools during data collection intervals as well as for all in-person learning intervals. In-person and virtual attendance was monitored closely and families requiring support were contacted throughout the year. Project coaches continued to create and support the use of effective virtual learning tools, provided assistance with intensifying Structured Literacy routines for use during all in-person learning, and closely monitored the timely administration of the DIBELS Next Progress Monitoring.

**Section B: Implementation, Analysis and Evaluation**

**Please provide a link to the State’s current evaluation plan.**

http://www.cde.state.co.us/cdesped/ssip\_colorado\_phase2

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

NO

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period:**

As we began the 21-22 SY, Colorado continued to deal with the impact of the pandemic. As a result, the infrastructure improvement strategies from our findings during the 19-20 SY were interrupted by the pandemic. We had planned to better align instruction across all tiers of support and address the following infrastructure improvements: 1) the need to provide special education providers and interventionists additional professional development; 2) collaborate with school leadership in creating weekly/daily master schedules that better met the need of students requiring additional and intensified literacy instruction; 3) support special education teachers and interventionists in grouping students for small group interventions more effectively; and 4) assist teachers and interventionists in establishing meaningful student IEP goals and instructional expectations. As the impact of the pandemic continued into the 21-22 SY, the Structured Literacy team, in collaboration with our partnering schools and districts, shifted their focus to supporting teachers in delivering daily Structured Literacy lessons either in-person or, as needed, virtually for all students. Due to occasional health and safety restrictions, the Structured Literacy coaches were prohibited from conducting in-person coaching and pivoted to working with teachers in the planning and delivery of Structured Literacy virtually. The Structured Literacy Coaches made a concerted effort to revisit past professional learning and the use of specific evidence-based daily routines that had been abandoned or compromised with the high variability of in person learning in the prior school year. Teacher attrition, lack of highly qualified substitute teachers, and fatigue were real-life factors that impacted fidelity of implementation. Infrastructure improvement strategies identified above are continuing and currently being implemented during 22-23 school year.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

As a result of the significant interruption to normal school and instructional operations, we cannot report on outcomes related to our plans to add specific infrastructure improvements to enhance student outcomes and better align instruction across all tiers of support. Significant efforts were made and accomplished to maintain evidence based instructional practices in both virtual and in-person learning environments to return fidelity of daily instructional routines. Virtual coaching continued through the 21-22 school year whenever in person coaching was prohibited due to health and safety restrictions. Due to the deleterious effect of COVID on the State’s ability to implement the Structure Literacy Project we were unable to address the full scope of the project including achievement of the SiMR, the sustainability of the systems improvement efforts, and scale up. Please see next steps below for Colorado’s plans to address the full scope of the Project during the 22-23 school year.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Observations and experiences during the pre-COVID reporting cycle within the participating schools produced five common trends. The plan was to address these trends during the 20-21 and 21-22 school years. As a result of the significant impact the pandemic created in addressing these trends, these trends continue to be our next steps for the upcoming reporting cycle. The trends and next steps include:  
  
Trend 1: School based Intervention staff continue to not be well-prepared in their understanding of the ‘science of reading’ and the structure of the English language. Due to the challenges of teacher attrition and general pandemic-related fatigue, the classroom teachers and interventionists had multiple additional duties that prevented routine professional development from the project. Next Steps: Work with administration to secure time for professional development for special education teachers covering a range of instructional strategies (i.e., phoneme -grapheme mapping, sound walls, word summing, building word matrixes, etc.) and alternate lesson planning and routines. Intensifying and individualizing strategies to enhance the outcomes of IEP students with specific reading disabilities.  
  
Trend 2: Intervention and small group schedules did not consistently allow for adequate time to deliver effective Structured Literacy lessons and practice to the degree that is essential to support growth in struggling readers. In some instances, intervention was frequently canceled as staff completed other assigned responsibilities, impacting the consistency and continuity of instruction for students who require daily and consistent instruction to assure reading growth. Next Steps: Design and implement additional daily Structured Literacy routines with double-dosing whole group classroom instruction. Continue to work with Principals in adjusting schedules and prioritizing the time necessary to address basic literacy instruction.  
  
Trend 3: While reading was the most commonly demonstrated need among students identified with mild-moderate disabilities, specially designed instruction (special education) typically did not include the time and intensity required to further these students’ literacy skills. Instructional time was frequently split between multiple IEP Goals in multiple academic areas, leaving little time for intensive literacy instruction and practice. Next Steps: Identification of specially designed instructional strategies to intensify Structured Literacy intervention for students with IEPs identified with specific reading disabilities.  
  
Trend 4: Instructional leaders lacked the understanding of the conditions that must be met to support literacy growth among the most at-risk students, including students with disabilities. Next Steps: Continue work with district and building leadership to address conditions in schools that create barriers for at-risk students to improve reading.  
  
Trend 5: The minimizing effect of low expectations, most specifically for students with disabilities and those with other significant risk factors that might interfere with the acquisition of early foundational reading skills (i.e., poverty, limited early language experiences, etc.) permeated the learning environments in which these students participate. Next Steps: Continue work with leadership and instructional staff to encourage higher expectations of all learners regardless of circumstances.

**List the selected evidence-based practices implement in the reporting period:**

(1) explicit, systematic instruction with cumulative practice, (2) data-based decision making, (3) cognitive strategy instruction and routines, (4) letter and sound principles, (5) phonemic decoding and syllable structure with embedded fluency, spelling/orthography, and syntax and grammar instruction, (6) coaching and professional development

**Provide a summary of each evidence-based practices.**

1. The Project continues to emphasize direct and explicit structured literacy instruction to enhance students’ understanding of the structure of the English language and build essential foundational reading/spelling skills aligned to the Science of Reading. Daily routines are established for whole group and small group instruction that includes letter and sound principles (see 4 above), phonemic decoding and syllable structure with a focus on morphology that leads to an increase reading fluency (see 5 above). The Project trains all participating teacher in the use of the Project’s specifically designed Scope and Sequence of instruction to assure developmentally appropriate instruction, alignment to State standards and grade-appropriate instruction, and consistency with current reading research.  
2. Project effectiveness and student growth are predicated on the use of data to inform instructional practices and program adjustments. The Project consistently administers Acadience Benchmark Assessment and Progress Monitoring. Data are collected and data meetings are routinely scheduled to discuss student outcomes and determine if instructional adjustments are necessary.  
3. The daily use of Structured Literacy routines, common instructional language, and consistent scope and sequence of instruction is emphasized across all-tier of instruction to accelerate student participation and growth and minimize student confusion as they participate in an increasingly intensified continuum of service.  
4. The Project, since its inception, has been designed to support instructional staff with effective professional learning opportunities that are both consistent in content and expectations, but are also customized to meet each individual teacher’s professional learning needs. Teachers are coached by experienced literacy coaches to enhance their use and understanding of a Structured Literacy approach and to promote fidelity to the Project’s design and instructional goals.

**Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child /outcomes.**

The evidence-based practices noted below continue to be our best leverage points for changing program / district policies, procedures, and teacher-specific practices. There currently continues to be implementation challenges due to personnel shortages, lack of highly qualified substitutes, and high frequency student absenteeism.   
  
The use of listed evidence-based practices is supported by current reading research and have been carefully implemented to affect change in teacher’s instructional behavior and increase student outcomes. In some instances, Project success as measured by improved student outcomes, has resulted in significant changes to district-wide literacy instruction and the adoption of instructional practices and resources that are aligned with the Project and the ‘science of reading.’   
  
The emphasis on direct and explicit instruction has resulted in observable changes in the way teachers design and deliver their daily instruction. It has allowed teachers to effectively provide instruction in whole group and small group setting in ways that students can demonstrate understanding and daily formative assessment can inform future instruction and intervention.  
  
The alignment of direct and explicit instruction and the consistent use of common instructional language across all tiers of instruction, when possible, has increased student participation in activities that they readily understand and has provided the necessary frequent and distributed practice that is essential to young readers who require additional instructional supports.   
  
Instructional staff have been provided with a scope and sequence of instruction that allows K-3 students to master the simple and consistent elements of the English language before they are introduced to the more variant and complex concepts. The Scope and Sequence is used as a framework upon which other resources are aligned, assuring adequate content coverage, practice, and alignment. Existing SSIP site teachers reported gratitude for the scope and sequence as an infrastructure for their daily lessons.  
  
Teachers participating in the Project are supported in their own learning and in their implementation of Structured Literacy in their classroom through personalized instructional coaching that is provided by the Project’s literacy coaches. Coaches can model and demonstrate effective instructional routines, strategies, and practices in teachers’ classroom. They can observe whole group and small group implementation, help guide teachers’ instructional choices, interpret data, and suggest instructional adjustments, and monitor fidelity.   
  
Even the most effective instruction requires adjustment based on student need. The continuous use of progress monitoring and formative assessment are essential components of the Structured Literacy Project and when paired with professional learning in interpreting assessment results and using data to inform instruction, students benefit. This evidence-based practice has resulted in Project schools formalizing processes for data collection and review.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

The impact of the pandemic has been most noticeable in our ability to effectively collect data monitor project fidelity. Our project schools have been impacted by staff shortages, fluctuating instructional formats, higher student absenteeism, controlled and inflexible student grouping related to absenteeism and health-safety protocols, and varied accessibility to virtual learning related to economic and social factors that are present in at-risk schools.  
  
District and school leaders continued to ask for our collaboration and cooperation in limiting the number of tasks in which teachers were asked to participate. As a result, we did not ask school leaders or instructional staff to complete coaching surveys or comprehensive school literacy rating evaluations, as it was already known that issues of inconsistent staffing, inadequately trained long-term substitute teachers, high absenteeism, and COVID mandated student cohorts impacted Project fidelity. Project literacy coaches consistently observed whole group and small group instruction, flexing from in-person to occasional virtual observation due to health safety protocols. They supported teachers implementing Structured Literacy practices with fidelity amidst the ever-changing personnel, environmental, and health conditions.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

Reliable and valid data collected prior to the onset of the pandemic supported the decision to continue the ongoing use of each evidence-based practice. Schools had experienced increases in overall literacy performance and the Project documented positive growth among students initially within the Below Benchmark and Benchmark ranges. These positive growth trends showed greater numbers of students moving into the Well-Above Benchmark range.   
  
At the beginning of the 2019-20 SY, Project staff addressed the need to accelerate the upward growth of students in the Well-Below Benchmark by initiating several Project adjustments. These included more direct and purposeful professional development for Special Education and Intervention teachers, with the goal of enhancing their practice and delivery of direct and explicit instruction. This increase in teacher learning was accompanied by a restructuring of the Project’s literacy coaches and an increased emphasis on embedded coaching during small group instruction and intervention. Project staff observed positive changes, albeit small, as they implemented increased coaching and professional learning supports for those charged with the instruction of the most at-risk young readers. Unfortunately, the onset of the pandemic during the 2019-20 SY and subsequent personnel shortages significantly interfered with our work in realigning intervention schedules, implementing effective student grouping for small group instruction, providing intensified professional development, and establishing higher expectations for student with disabilities and those with at-risk factors.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

The use of direct, explicit, and evidence-based instruction that is supported by effective data collection and interpretation will be essential to our goals of realigning all instruction across all tiers of instruction. We will continue to align instructional activities, strategies, and resources to our Project instructional sequence and support implementation with fidelity through the continued use of embedded coaching. A return to our enhanced focus on small group instruction, and those professionals who provide this instruction, will support increased reading growth among the most challenged young readers. We anticipate that consistent use of our evidenced-based practices, a recommitment to implementation fidelity, and focus on effective scheduling, grouping, and instruction for the most struggling early readers will return the Structured Literacy Project and student outcomes to the positive trajectory established before the pandemic.  
  
In the Spring of 2022, the Structured Literacy staff began planning a return to ‘more normal’ learning conditions and a reset of the changes briefly initiated during 2019-20 SY to enhance small group instructional practices and increase professional development for special educators and interventionists. Based on pre-pandemic data we believe these strategies will be effective when fully implemented. In addition, the Structured Literacy team has developed intensified instructional routines and adjustments to daily instruction to boost and accelerate student growth as schools embark on recovering.

**Does the State intend to continue implementing the SSIP without modifications? (yes/no)**

YES

**If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.**

Data collection, prior to pandemic, showed a positive trajectory in student outcomes with implementation of the evidence-based practices described above.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

CDE has worked with NCSI to address stakeholder needs and next steps. A stakeholder meeting was held on July 14, 2022 to review and assess the project. Stakeholders included in this convening included the project’s literacy coaches, classroom teachers, special education providers, district leadership, and campus leadership. During the course of the convening stakeholders were asked to provide feedback in five areas:   
  
1.) What has worked most effectively with the SSIP’s improvement efforts?   
2.) What did not work?  
3.) What is the current level of support around literacy support for students with disabilities offered by CDE?  
4.) What are the threats to ongoing improvement efforts?  
5.) What do you hope CDE will address in the SSIP moving forward?  
  
Through these five questions stakeholders indicated that the SSIP helped to facilitate collaboration at the school level and between CDE and schools. The project has built capacity among both general education teachers and special educations teachers. One of the areas stakeholders identified as a need was related to the transition from direct support from CDE to implementing the project on their own at the district level. In fact, this was identified as a primary threat to the ongoing improvement efforts. Implementing structured literacy is intense and stakeholder noted that both funding and staff capacity were both significant issues for them in moving the project forward without direct support from CDE. In terms of instructional support for students with disabilities, stakeholders noted that the implementation of structured literacy was effective for students with disabilities, but that direct support within the project for this population could be improved. Finally, stakeholders expressed the desire for CDE to work with higher education to provide future teachers with the support they need to effectively teach reading at the elementary level.   
  
Based upon this stakeholder meeting, the project has begun working more collaboratively with the literacy department within CDE to verify that the SSIP work is aligned with the READ act and professional development. We are in the process of placing this structured literacy project on the approved materials list published via CDE so that school sites are more inclined to participate. We are also planning on creating more internal data collection (e.g., coaching logs, fidelity forms) to decrease the amount of work on teachers, while still measuring the effectiveness of the project. Stakeholders also shared that the alignment across tiers has led to a decrease in students needing tiered support and as a group we brainstormed how to collect this data, along with the number of students identified or evaluated for special education. We will continue this conversation with stakeholder at the summer 2023 meeting. Overall, all participants rated the coaching and professional development as helpful and reported that their instruction is more aligned to student needs.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

As noted above, CDE worked with NCSI to provide facilitation for a stakeholder meeting. Individuals selected for the focus group were purposefully selected to ensure multiple perspectives from sites that had been part of previous implementation or had direct involvement in the project. Included in the focus groups were classroom general education teachers, special education teachers, campus principals, and special education directors. CDE worked with NCSI to develop a set of uniform questions that would be presented to both the entire group and to smaller, subset of the group. Information collected from the focus group is currently being utilized as CDE considers potential modification to the project.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Of primary concern to stakeholders was the ability to both grow the project and maintain the project once direct support from CDE is discontinued at the end of the project for existing sites. CDE is currently engaged, with the support of NCSI, to make changes to the project which will seek to address the concerns expressed by stakeholders. Currently, CDE is considering how improved use of cohort groups could be used to facilitate capacity building at the local level. An updated logic model was created with a model of cohorts so that by year 4 CDE coaches would decrease time to teachers while building internal capacity of both teachers and coaches. The cohort model will be shared with stakeholders to gather input and determine if this would fit their need.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

There are no new implementation activities. COVID highlighted the challenges in collecting student level data and resulted in an incomplete story of the positive outcomes of implementing Structured Literacy. We also understand that student outcomes are not the only measure of success, building teacher capacity to understand the science of reading, leadership support of collaboration among teachers and support of high-quality core instruction, and decrease students needing tiered reading intervention support and/or special education are also vital to long-term outcomes. The CDE SSIP team has been working closely with NCSI to develop fidelity monitoring forms and working with school stakeholders to collect additional data beyond progress monitoring. These activities will be completed prior to the beginning of the 2023-24 SY.

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

July 2023: Update fidelity form for coaches to use during the 2023-24 SY.  
End of school year 2022-23: Have participating teachers complete a survey to measure satisfaction with provided coaching and professional learning opportunities.  
Summer 2023: Hold annual stakeholder meeting to gather feedback on implementation activities and plan for needed changes for the 2023-2024 school year.  
End of school year 2023-24: Ask supporting schools to report the number of students kinder – 3rd referred to special education for reading SLD.

**Describe any newly identified barriers and include steps to address these barriers.**

N/A

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

## 17 - Prior FFY Required Actions

None

## 17 - OSEP Response

The State did not explain how its infrastructure improvement strategies support system change necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and (c) scale up.

## 17 - Required Actions

The State did not explain how its infrastructure improvement strategies support system change necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale up. In the FFY 2022 SPP/APR, the State must address all components of this Indicator.

# 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:**

Paul Foster

**Title:**

Executive Director of Exceptional Student Services/State Director of Special Education

**Email:**

foster\_p@cde.state.co.us

**Phone:**

720-6604253

**Submitted on:**

04/27/23 11:51:37 AM

# Determination Enclosures

## RDA Matrix

**Colorado**

2023 Part B Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[2]](#footnote-3)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 70.83% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 24 | 10 | 41.67% |
| **Compliance** | 18 | 18 | 100.00% |

**2023 Part B Results Matrix**

**Reading Assessment Elements**

| **Reading Assessment Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 79% | 0 |
| **Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 68% | 0 |
| **Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 28% | 2 |
| **Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 85% | 1 |
| **Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 22% | 0 |
| **Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 89% | 1 |

**Math Assessment Elements**

| **Math Assessment Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 79% | 0 |
| **Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 68% | 0 |
| **Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 42% | 1 |
| **Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 91% | 1 |
| **Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 17% | 0 |
| **Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 90% | 1 |

**Exiting Data Elements**

| **Exiting Data Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of Children with Disabilities who Dropped Out** | 16 | 1 |
| **Percentage of Children with Disabilities who Graduated with a Regular High School Diploma\*\*** | 81 | 2 |

\*\*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, “the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential.”

**2023 Part B Compliance Matrix**

| **Part B Compliance Indicator[[3]](#footnote-4)** | **Performance (%)** | **Full Correction of Findings of Noncompliance Identified in FFY 2020** | **Score** |
| --- | --- | --- | --- |
| **Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.** | 0.00% | N/A | 2 |
| **Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 11: Timely initial evaluation** | 99.02% | YES | 2 |
| **Indicator 12: IEP developed and implemented by third birthday** | 99.37% | YES | 2 |
| **Indicator 13: Secondary transition** | 98.20% | NO | 2 |
| **Timely and Accurate State-Reported Data** | 97.62% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | N/A |  | N/A |
| **Longstanding Noncompliance** |  |  | 2 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | None |  |  |

## Data Rubric

**Colorado**

FFY 2021 APR[[4]](#footnote-5)

|  | **Part B Timely and Accurate Data -- SPP/APR Data** |  |
| --- | --- | --- |
| **APR Indicator** | **Valid and Reliable** | **Total** |
| **1** | 1 | 1 |
| **2** | 1 | 1 |
| **3A** | 1 | 1 |
| **3B** | 1 | 1 |
| **3C** | 1 | 1 |
| **3D** | 1 | 1 |
| **4A** | 1 | 1 |
| **4B** | 1 | 1 |
| **5** | 1 | 1 |
| **6** | 1 | 1 |
| **7** | 1 | 1 |
| **8** | 1 | 1 |
| **9** | 1 | 1 |
| **10** | 1 | 1 |
| **11** | 1 | 1 |
| **12** | 1 | 1 |
| **13** | 1 | 1 |
| **14** | 1 | 1 |
| **15** | 1 | 1 |
| **16** | 1 | 1 |
| **17** | 1 | 1 |
|  | **Subtotal** | 21 |
| **APR Score Calculation** | **Timely Submission Points** - If the FFY 2021 APR was submitted on-time, place the number 5 in the cell on the right. | 5 |
|  | **Grand Total** - (Sum of Subtotal and Timely Submission Points) = | 26 |

|  |  | **618 Data[[5]](#footnote-6)** |  |  |
| --- | --- | --- | --- | --- |
| **Table** | **Timely** | **Complete Data** | **Passed Edit Check** | **Total** |
| **Child Count/**  **Ed Envs**  **Due Date: 4/6/22** | 1 | 1 | 1 | 3 |
| **Personnel Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Exiting Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **Discipline Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **State Assessment Due Date: 12/21/2022** | 1 | 0 | 1 | 2 |
| **Dispute Resolution Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **MOE/CEIS Due Date: 5/4/22** | 1 | 1 | 1 | 3 |
|  |  |  | **Subtotal** | 20 |
| **618 Score Calculation** |  |  | **Grand Total** (Subtotal X 1.23809524) = | 24.76 |

| **Indicator Calculation** |  |
| --- | --- |
| A. APR Grand Total | 26 |
| B. 618 Grand Total | 24.76 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 50.76 |
| Total N/A Points in APR Data Table Subtracted from Denominator | 0 |
| Total N/A Points in 618 Data Table Subtracted from Denominator | 0.00 |
| **Denominator** | 52.00 |
| D. Subtotal (C divided by Denominator\*) = | 0.9762 |
| E. Indicator Score (Subtotal D x 100) = | 97.62 |

**\*Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.23809524.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APR and 618 -Timely and Accurate State Reported Data**

**DATE: February 2023 Submission**

**SPP/APR Data**

**1) Valid and Reliable Data** - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

**Part B 618 Data**

**1) Timely** – A State will receive one point if it submits all EDFacts files or the entire EMAPS survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described the table below).

|  |  |  |
| --- | --- | --- |
| **618 Data Collection** | **EDFacts Files/ EMAPS Survey** | **Due Date** |
| Part B Child Count and Educational Environments | C002 & C089 | 1st Wednesday in April |
| Part B Personnel | C070, C099, C112 | 1st Wednesday in November |
| Part B Exiting | C009 | 1st Wednesday in November |
| Part B Discipline | C005, C006, C007, C088, C143, C144 | 1st Wednesday in November |
| Part B Assessment | C175, C178, C185, C188 | Wednesday in the 3rd week of December (aligned with CSPR data due date) |
| Part B Dispute Resolution | Part B Dispute Resolution Survey in EMAPS | 1st Wednesday in November |
| Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services | Part B MOE Reduction and CEIS Survey in EMAPS | 1st Wednesday in May |

**2) Complete Data** – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data submitted to EDFacts aligns with the metadata survey responses provided by the state in the State Supplemental Survey IDEA (SSS IDEA) and Assessment Metadata survey in EMAPS. State-level data include data from all districts or agencies.

**3) Passed Edit Check –** A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection

## Dispute Resolution



## How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP’s IDEA Website.  How the Department Made Determinations in 2023 will be posted in June 2023. Copy and paste the link below into a browser to view.

[https://sites.ed.gov/idea/how-the-department-made-determinations/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.ed.gov%2Fidea%2Fhow-the-department-made-determinations%2F&data=05%7C01%7Cdan.royal%40aemcorp.com%7C56561a053eed4e4dffea08db4cd0ea7f%7C7a41925ef6974f7cbec30470887ac752%7C0%7C0%7C638188232405320922%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=REJfNg%2BRs0Gk73rS2KzO2SIVRCUhHLglGd6vbm9wEwc%3D&reserved=0)

1. Prior to the FFY 2020 submission, the State used a different data source to report data under this indicator. [↑](#footnote-ref-2)
2. For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part B." [↑](#footnote-ref-3)
3. The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: <https://sites.ed.gov/idea/files/2023_Part-B_SPP-APR_Measurement_Table.pdf> [↑](#footnote-ref-4)
4. In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table. [↑](#footnote-ref-5)
5. In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a ‘0’. An N/A does not negatively affect a State's score; this is because 1.23809524 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table. [↑](#footnote-ref-6)