**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**

**Oklahoma**



**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**

Seventeen accountability indicators are reported to the Office of Special Education Programming (OSEP) on an annual basis, including the State Systemic Improvement Plan (SSIP) measure and report. Indicator data are drawn from the district end-of-year reports, October child counts, and various other sources (including annual assessment reports and parent and student surveys). LEAs are responsible to the Oklahoma State Department of Education, Office of Special Education Services (OSDE-SES) for meeting a target for each indicator, just as the State is responsible to OSEP. OSDE-SES uses a District Data Profile tool to share results with the LEAs annually.

FFY 2021 Highlights
A. Assessment results (indicator 3) improved in several areas in spring 2022. Participation rates increased substantially in all three grades by five percentage points or more. Proficiency rates of students with disabilities also increased on the general assessment and all targets were met but one, while proficiency decreased in both 4th and 11th grades on the alternate assessment. Unfortunately, the gap in proficiency between all students and students with disabilities increased in every grade and subject area, and no targets were met.
B. Early childhood outcomes improved across the state in five of the six categories, and all targets but one were met (indicator 7).
C. Districts maintained or improved compliance with IDEA rules for a) timeliness of completion of evaluations and IEPs (indicators 11 and 12), b) completeness of secondary transition components (indicator 13), and c) equitable identification and discipline (indicators 4, 9, 10).
D. The impact of the pandemic continued to have a highly negative effect on graduation and dropout rates in SY 20-21 (indicators 1 & 2), the most recent federal data available. SY 21-22 data show marked improvement, but these are not yet published.
E. Outcomes after high school generally improved in SY 21-22, with more former special education students working or otherwise engaged (outside of higher education) than the prior year (indicator 14).

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

Oklahoma’s data collection period for the FFY 2021 APR occurred between July 1, 2021 and June 2022 for most indicators (excepting 1, 2 and 4). The state collects and maintains all Part B special education services, eligibility and IEP records in a real-time, web-based data system called EDPlan. All data related to the student and his or her IEP services are entered directly into the electronic record by staff at each LEA. The state pulls much of the data that populate the APR directly from student records in aggregate, which LEA personnel review before certifying as accurate and complete.

EDPlan is also the source of data utilized for reporting the annual exiting, discipline, related service and paraprofessional personnel reports, and the annual Child Count. The EDPlan database is maintained by a private vendor. Systems are in place through a contractual agreement for periodic upgrades and revisions to data collection functionality and content.
Other data sources include annual assessment data, parent and post-secondary outcome surveys, and dispute resolution accounts. These data sources are maintained or managed by outside offices or organizations with oversight by OSDE-SES.

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

544

**General Supervision System:**

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

Oklahoma’s general supervision system is designed to ensure the implementation of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004. The main purpose of the State system is to support and build capacity for effective implementation of the IDEA by the State and local education agencies (LEAs), in order to improve outcomes for students with disabilities in Oklahoma. This system is designed to: a) ensure compliance with federal and state regulations and b) improve services and results for students with disabilities.

Policies, Procedures, and Effective Implementation
Oklahoma’s special education policies and procedures support state and local implementation of the IDEA. Agencies responsible for special education and related services must abide by Oklahoma State law, policies, procedures, and the federal regulations for the IDEA Part B and C. Agencies having these responsibilities are: local educational agencies (LEA), public charter schools not otherwise included as LEAs, other public agencies (e.g., State schools for students with deafness and blindness and State and local juvenile and adult correctional facilities), and accredited private schools and facilities as described in the applicable federal regulations and established by Oklahoma State laws. The OSDE-SES has outlined specific strategies for implementation of the IDEA in the Oklahoma Special Education Services Policies and Procedures. Additional information about Oklahoma’s policies and procedures is included in the Evaluation and Eligibility Handbook and Oklahoma’s Secondary Transition Handbook. LEAs are responsible for developing policies and procedures that align with state guidance and IDEA and ensuring effective implementation. LEAs are required annually to complete the Local Education Agency Agreement for Special Education in Oklahoma which ensures all eligible students in the LEA will have access to a free and appropriate public education (FAPE) (34 CFR § 300.17). In addition, LEAs are required to submit Local Education Agency Assurances which demonstrate that the LEA understands its responsibilities under the IDEA. All handbooks and guides are available on the OSDE-SES website at https://sde.ok.gov/special-education and https://sde.ok.gov/documents-forms.

IDEA B State Advisory Panel
The OSDE-SES develops policies and procedures with the support of the IDEA B State Advisory Panel. The IDEA B State Advisory Panel for Special Education serves as an advisory group to the OSDE-SES on issues related to special education and related services for students with disabilities (34 CFR §300.167). The Panel includes the following stakeholders: parents of students with disabilities; individuals with disabilities; state and local education officials; state and local agency representatives; general and special education school administrators and teachers; advocacy groups; representatives of institutions of higher education that prepare special education and related services personnel; representatives of private schools and charter schools; representatives of vocational, community, and business organizations concerned with the provision of transition services to youth with disabilities; and representatives of state juvenile and corrections agencies (34 CFR §300.168). The Panel participates in the annual review and revision of the SPP/APR, including the development of state targets, the review of data of improvement activities, and making suggestions for updates to the activities and targets. More information, including the IDEA B State Advisory Panel Operating Guidelines, can be found here: http://ok.gov/sde/idea-b-advisory-panel.

Integrated Monitoring
Refer to https://sde.ok.gov/differentiated-monitoring-results for the general supervision system manual that governs differentiated monitoring and compliance monitoring.

Federal Fiscal Management
Oklahoma’s system of general supervision includes a process to provide oversight in the distribution and use of IDEA funds at the State and local level. Information on these processes can be found in the Special Education Funding Manual for IDEA Part B found at http://sde.ok.gov/finance. Each LEA must complete Assurances and Agreements annually at the beginning of each fiscal year. This activity must take place before the IDEA Consolidated Application is available for LEAs to budget IDEA Part B funds.

Data on Processes and Results
As part of Oklahoma’s general supervision responsibilities, data are used for decision making about program management and improvement. This process includes: (1) data collection and verification, (2) data examination and analysis, (3) public reporting of data, (4) status determination, and (5) improvement activities. The OSDE-SES posts information on its website to support LEAs as they work to improve their data collection and reporting capacity. Such information includes data collection and reporting guidance, definitions, timelines, and templates. (http://sde.ok.gov/sde/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21)

Effective Dispute Resolution
Several mechanisms are available through the OSDE to assist in resolving disputes (see http://sde.ok.gov/sde/special-education-dispute-resolution). These processes include IEP facilitation, mediation, formal complaints, due process hearings, facilitated resolution sessions and expedited due process hearings. The Special Education Resolution Center (SERC) manages the special education due process hearing system for the State of Oklahoma. SERC’s duties have been expanded to implement innovative programs to assist parents and LEAs to settle disputes at the earliest stage possible. At no cost to either party, SERC provides highly trained mediators to assist with disputes which may develop at any time during the relationship of the parties over special education issues and highly trained facilitators during required resolution sessions of due process. SERC also provides stakeholder training that supports mutual collaboration. More information on SERC can be located at https://ok.gov/abletech/Special\_Education\_Resolution\_Center/.

**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.**

Technical Assistance (TA) is designed to link directly to indicators in the SPP/APR and to improve the level of compliance in LEAs. The comprehensive approach to technical assistance enables the OSDE-SES to differentiate the scope of services provided for LEAs based on local needs. For example, the OSDE-SES makes TA available for all LEAs, such as meetings with local LEAs, webinars to support compliant implementation of the IDEA, updates via email, webinars, and in-person training on a variety of topics:
• the Oklahoma Special Education Services Policies and Procedures,
• best practices for the use and implementation of accommodations,
• the special education online IEP system,
• high quality IDEA documents,
• high quality data collection and reporting,
• the differentiated monitoring process, and
• high quality financial accountability and budgeting, among others.

Basic TA includes providing documentation of evidence-based practices and disseminating examples of success to assist others in planning, implementation and use of tools to achieve positive outcomes. TA ranges from general levels, such as providing a review of best practices, to providing targeted technical assistance (TTA), which includes more focused levels of support such as the state directing root cause analysis and monitoring of CAP development and subsequent correction described at https://sde.ok.gov/differentiated-monitoring-results-indicators.

TTA includes a purposeful and planned series of activities that result in changes to policy, program, or operations that support increased capacity at the state/system/school levels. LEAs can access resources for technical assistance on the OSDE-SES webpage and request technical assistance via a help desk form on the OSDE-SES webpage or by contacting via phone or email. The OSDE-SES has created multiple self-assessments based on OSEP indicators and other special education areas for use by LEAs in determining their level of compliance and/or best practice. The self-assessments can be used at the classroom, school, or district level. For more information please see http://sde.ok.gov/sde/ses-tech-assistance. LEAs may also conduct the School Level Technical Assistance Survey to help determine areas in need of assistance. The OSDE-SES’s role in this process is to: a) provide data and information as requested; b) provide technical assistance and professional development; c) provide guidance on the development and implementation of improvement plans; and d) ensure compliance with the IDEA and State regulations regarding the provision of special education services.

**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.**

Professional Development ranges from a basic level of providing general information to targeted and intensive PD, which is focused on data driven school improvement in LEAs, schools and classrooms. The OSDE-SES offers PD or suggests PD resources based on various concerns in collaboration with other divisions in the agency. PD is provided in three ways: 1) as requested by LEAs, school sites, teachers, or other interested stakeholders; 2) providing professional development resources for use by LEAs, school sites, teachers, or other interested stakeholders; and 3) as part of regional or statewide conferences hosted by the OSDE, other state agencies, or technical assistance centers. The OSDE-SES has also implemented an online professional development platform (PEPPER) accessible through the online IEP system and webpage and provides courses to teachers and the general public through OSDE's online training site. Special Education teachers and staff have access to additional modules and may be directed by district leadership or the OSDE-SES, through compliance monitoring, to complete selected modules.

The OSDE-SES also offers PD resources through the agency’s online learning management system (CANVAS) and its online IEP site’s training system (PCG Pepper). The OSDE-SES has created Professional Development modules for use by LEAs, schools, and other interested stakeholders that are shared through CANVAS (more information is provided at http://sde.ok.gov/sde/professional-development-directory). These modules are intended for use in a workshop or other professional development settings. When LEAs or schools identify a particular PD need for special education, they can easily access PD modules and provide local PD in a timely fashion. Importantly, these modules are intended to build coherence around best practices for the provision of special education services. Each module includes relevant background information, activities/materials, content quizzes, and a scripted PowerPoint presentation for a particular topic area. Requests for technical assistance and professional development form the OSDE-SES can be made through an online help desk. Requests are tracked to determine areas of LEA need.

Additionally, the OSDE-SES contracts with other agencies and providers to ensure that service providers have the skills to effectively provide services that improve results for children with disabilities. A few examples are agreements with Oklahoma ABLE Tech, the Oklahoma Autism Center, and the Oklahoma Department of Rehabilitation Services. Oklahoma ABLE Tech (https://www.ok.gov/abletech/) provides training on developing AT teams and acquiring AT devices, and collaborates with the OSDE-SES on updates to technical assistance documents for AT and AEM. The Oklahoma Autism Center, through the University of Oklahoma Health Sciences Center, provides comprehensive professional development services to build the state’s capacity for educating children and youth with autism spectrum disorder and related disabilities. This includes providing services statewide to local education agencies, SoonerStart (Part C services), and pre-service educators in teacher and related service preparatory programs. Professional development is provided by maintaining an inclusive model demonstration and training site for observation and hands-on experience and by providing training and technical assistance, including demonstration, coaching and mentoring in the classroom, at LEA sites. Training and support to families is also incorporated into professional development activities. The OSDE-SES also collaborates with the Oklahoma Department of Rehabilitation Services to provide training and professional development regarding secondary transition services, to collaborate on updates to the technical assistance document on secondary transition, and to provide an annual conference on secondary transition.

**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).**

All indicator targets were set in the final FFY 2020 report and none was revised in FFY 2021. One indicator’s targets were reviewed by stakeholders after OSEP required a revision to baseline in FFY 2020 (indicator 5). Details about that specific engagement are provided in the indicator report.

First, stakeholders were engaged through public meetings and presentations of the SPP/APR and district data profiles at various times during the fiscal year. The majority of stakeholders present at these meetings represented LEAs, but the state parent training and information center (the Oklahoma Parents Center) also participated in meetings and presentations about the APR. Second, stakeholders were engaged via the Part B state advisory panel (SAP). The SAP consists of 31 members who represent a wide range of perspectives on special education, including 17 parents and individuals with disabilities, teachers, LEAs, advocacy groups, service providers, and related public agencies. Indicator information was shared with the SAP members at every meeting in a variety of formats. Reports were also published on a public website for general access (link is provided below).

The State Leadership Team for the SSIP has described its efforts to solicit stakeholder input in its indicator 17 report.

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

NO

**Number of Parent Members:**

14

**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.**

In FFY 2021, the primary mechanisms used were a public website, public meetings and the IDEA-B SAP. The SAP provides the state the opportunity to engage with more parents than through other venues. It includes 17 parents and individuals with disabilities as members, some of whom also represent a variety of advocacy and agency entities in Oklahoma. Improvement strategies and agency initiatives and programs, progress reviews and data analyses are regularly discussed with the SAP members with the goal of improving outcomes for students with disabilities.

More specifically, the Oklahoma Parents Center (OPC) co-hosted a meeting with the state in winter 2022 to report the FFY 2021 SPP/APR results. They helped publicize the meeting on social media, published an info-graphic of introductory information, and specifically invited parents to participate. Two parents other than OPC staff participated.

**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.**

OSDE-SES has conducted activities to increase the ability of parents to be engaged in the development of implementation activities. First, the state used several outreach mechanisms to ensure that parents from all backgrounds would have the opportunity to participate in stakeholder feedback sessions, including updated website resources for the SPP/APR and the SSIP, notifications and invitations sent through social media and email, and information shared through parent and advocacy organizations across the state. The state worked with the Oklahoma Parent Center in particular to increase outreach to parents and hosted one stakeholder meeting together. Fewer activities were conducted in FFY 2021 because no new target-setting was completed.

To support parents’ and other participants’ understanding of the SPP/APR data reflecting FFY 2021, the state revised its approach to presenting the data to stakeholders and the IDEA-B SAP. The data were presented in a visually easy to read format, with comparisons to national averages and state targets. Additionally, instead of proceeding sequentially through the indicators, the presenter used a chronological model to reflect how the indicators align with the life cycle of a child with disabilities. Thus, indicators reflecting early childhood data were discussed first and post-secondary outcomes were last. Feedback about the presentation was very positive and participants cited that this was the clearest and easiest to understand presentation of the APR that they had received.

**Soliciting Public Input:**

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

Oklahoma used several mechanisms to solicit and collect stakeholder input to inform program development related to the SPP/APR (including the SSIP): online and in-person discussions, surveys, and meeting polling. Meetings and discussions were held with a broad variety of stakeholders, including members of the state’s IDEA B Advisory Panel, parents, district personnel (teachers and administrators), and parent and community advocates. Stakeholders were invited to participate through the Oklahoma Parent Center, social media, and email notices. Information about the SPP/APR has been posted on a public website for all to review (see link below).

**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.**

Oklahoma has created a website for SPP/APR target setting and associated activities: https://sde.ok.gov/apr-target-setting. This website houses a wide variety of documents to support stakeholder engagement and increase capacity to participate. The final target results are also posted on this site, as are annual updates.

A similar page has been created to post information about the SSIP: https://sde.ok.gov/state-systemic-improvement-plan.

**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.**

The State's performance plan is available on the OSDE-SES Part B data webpage located at http://sde.ok.gov/sde/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21, and is also distributed through public agencies. Each year, special education reporting dates are posted to build capacity for LEAs to report timely and accurate data. Additional information about the special education reports and due dates are included in the Oklahoma Special Education Data Manual, in the General Supervision System guidance on Differentiated Monitoring and Results-based Accountability, and in all training materials.

Oklahoma reports annually on the targets in the SPP/APR in writing to each LEA located in the State. Additionally, the State reports annually to the public on the performance of each LEA located in the State by posting current redacted DDPs and District Determinations on the OSDE webpage (see above). The FFY 2020 district performance reports ("FY 2021 Public Reporting") are located on the Part B data webpage listed above (and directly at the link provided).

## Intro - Prior FFY Required Actions

None

## Intro - OSEP Response

## Intro - Required Actions

# Indicator 1: Graduation

**Instructions and Measurement**

**Monitoring Priority:** FAPE in the LRE

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

**Data Source**

Same data as used for reporting to the Department under section 618 of the Individuals with Disabilities Education Act (IDEA), using the definitions in 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 | 84.63% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 87.00% | 87.00% | 87.00% | 87.00% | 84.00% |
| Data | 74.44% | 76.97% | 58.34% | 79.1%[[2]](#footnote-3) | 84.63% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 85.00% | 86.00% | 87.00% | 88.00% | 89.00% |

**Targets: Description of Stakeholder Input**

**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) | 6,185 |
| 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) |  |
| 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) | 1 |
| 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) | 2,387 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 6,185 | 8,573 | 84.63% | 85.00% | 72.15% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The dramatic drop in the percentage of 14-21 year olds who exited with a regular high school diploma in SY 2020-2021 is due to the effects of the pandemic. Schools and students struggled with remote learning, quarantines, mental health, and other known challenges. Many more students dropped out across the state than in prior years in the general population as well, lowering the overall state graduation rate.

**Graduation Conditions**

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

In order to graduate from a public high school accredited by the State Board of Education with a standard diploma, students shall either complete the requirements for the college preparatory/work ready curriculum or the core curriculum. Please see the following link for the graduation requirements checklists for both curriculum paths (https://sde.ok.gov/achieving-classroom-excellence-resources). Students with disabilities do not have different graduation requirements. No alternative diploma yet exists.

**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)**

Exiting data for SY 21-22 are already known, and the graduation rate has increased substantially but is not yet at target. It is possible that Oklahoma will reconsider baseline and targets again next year, depending on the graduation results for SY 22-23. We expect rates to continue to improve, but also know that the pandemic has created many long-term challenges for students and schools.

## 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 | 20.70% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target <= | 17.00% | 16.00% | 15.00% | 15.00% | 15.90% |
| Data | 16.60% | 14.25% | 14.45% | 13.92% | 15.26% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target <= | 14.90% | 13.90% | 12.90% | 11.90% | 10.90% |

**Targets: Description of Stakeholder Input**

**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) | 6,185 |
| 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) |  |
| 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) | 1 |
| 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) | 2,387 |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 2,387 | 8,573 | 15.26% | 14.90% | 27.84% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The dramatic increase in the percentage of 14-21 year olds who exited as drop-outs in SY 2020-2021 is due to the effects of the pandemic. Schools and students struggled with remote learning, quarantines, mental health, and other known challenges. Many more students dropped out across the state than in prior years in the general student population as well.

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

A student who leaves an accredited public local education agency prior to graduation, without re-enrolling in another public LEA, is considered a drop-out for that academic year. Students who move to private institutions and homeschool are generally considered "return to regular education," and may or may not continue to be eligible for special education (depending on the nature of the exit). Students whose next educational agency is not known are also considered drop-outs, the equivalent of “Moved, not known to be continuing in a diploma-issuing agency.”

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

NO

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

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

Exiting data for SY 21-22 are already known, and the drop-out rate has decreased substantially but is not yet at target. It is possible that Oklahoma will reconsider baseline and targets next year, depending on the exiting results for SY 22-23. We expect rates to continue to improve, but also know that the pandemic has created many long-term challenges for students and schools.

## 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 | 2020 | 92.18% |
| Reading | B | Grade 8 | 2020 | 88.50% |
| Reading | C | Grade HS | 2020 | 82.04% |
| Math | A | Grade 4 | 2020 | 92.39% |
| Math | B | Grade 8 | 2020 | 87.79% |
| Math | C | Grade HS | 2020 | 87.24% |

**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**

**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\* | 9,913 | 9,206 | 7,111 |
| b. Children with IEPs in regular assessment with no accommodations | 2,863 | 1,890 | 3,180 |
| c. Children with IEPs in regular assessment with accommodations | 6,196 | 6,278 | 2,829 |
| d. Children with IEPs in alternate assessment against alternate standards | 741 | 741 | 659 |

**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\* | 9,910 | 9,208 | 7,111 |
| b. Children with IEPs in regular assessment with no accommodations | 2,752 | 1,758 | 3,184 |
| c. Children with IEPs in regular assessment with accommodations | 6,298 | 6,379 | 2,836 |
| d. Children with IEPs in alternate assessment against alternate standards | 741 | 742 | 657 |

\*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 | 9,800 | 9,913 | 92.18% | 95.00% | 98.86% | Met target | No Slippage |
| **B** | Grade 8 | 8,909 | 9,206 | 88.50% | 95.00% | 96.77% | Met target | No Slippage |
| **C** | Grade HS | 6,668 | 7,111 | 82.04% | 95.00% | 93.77% | 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 | 9,791 | 9,910 | 92.39% | 95.00% | 98.80% | Met target | No Slippage |
| **B** | Grade 8 | 8,879 | 9,208 | 87.79% | 95.00% | 96.43% | Met target | No Slippage |
| **C** | Grade HS | 6,677 | 7,111 | 87.24% | 95.00% | 93.90% | 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.**

https://sde.ok.gov/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21

**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 | 2020 | 7.00% |
| Reading | B | Grade 8 | 2020 | 4.46% |
| Reading | C | Grade HS | 2020 | 5.93% |
| Math | A | Grade 4 | 2020 | 11.45% |
| Math | B | Grade 8 | 2020 | 2.39% |
| Math | C | Grade HS | 2020 | 2.96% |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 7.49% | 8.01% | 8.58% | 9.18% | 9.82% |
| Reading | B >= | Grade 8 | 4.77% | 5.11% | 5.45% | 5.85% | 6.26% |
| Reading | C >= | Grade HS | 6.35% | 6.79% | 7.26% | 7.77% | 8.32% |
| Math | A >= | Grade 4 | 12.25% | 13.11% | 14.03% | 15.03% | 16.06% |
| Math | B >= | Grade 8 | 2.56% | 2.74% | 2.93% | 3.13% | 3.35% |
| Math | C >= | Grade HS | 3.17% | 3.39% | 3.63% | 3.88% | 4.15% |

**Targets: Description of Stakeholder Input**

**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 | 9,059 | 8,168 | 6,009 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 545 | 186 | 246 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 173 | 216 | 307 |

**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 | 9,050 | 8,137 | 6,020 |
| b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 819 | 105 | 96 |
| c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 533 | 127 | 89 |

**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 | 718 | 9,059 | 7.00% | 7.49% | 7.93% | Met target | No Slippage |
| **B** | Grade 8 | 402 | 8,168 | 4.46% | 4.77% | 4.92% | Met target | No Slippage |
| **C** | Grade HS | 553 | 6,009 | 5.93% | 6.35% | 9.20% | Met 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 | 1,352 | 9,050 | 11.45% | 12.25% | 14.94% | Met target | No Slippage |
| **B** | Grade 8 | 232 | 8,137 | 2.39% | 2.56% | 2.85% | Met target | No Slippage |
| **C** | Grade HS | 185 | 6,020 | 2.96% | 3.17% | 3.07% | 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.**

https://sde.ok.gov/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21

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

## 3B - Prior FFY Required Actions

None

## 3B - OSEP Response

The State provided FFY 2021 through FFY 2025 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 | 2020 | 27.04% |
| Reading | B | Grade 8 | 2020 | 30.40% |
| Reading | C | Grade HS | 2020 | 38.70% |
| Math | A | Grade 4 | 2020 | 53.62% |
| Math | B | Grade 8 | 2020 | 14.51% |
| Math | C | Grade HS | 2020 | 45.70% |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A >= | Grade 4 | 28.93% | 30.96% | 33.13% | 35.44% | 37.92% |
| Reading | B >= | Grade 8 | 32.53% | 34.80% | 37.24% | 39.85% | 42.64% |
| Reading | C >= | Grade HS | 41.41% | 44.31% | 47.41% | 50.73% | 54.28% |
| Math | A >= | Grade 4 | 57.37% | 61.39% | 65.69% | 70.28% | 75.20% |
| Math | B >= | Grade 8 | 15.53% | 16.61% | 17.78% | 19.02% | 20.35% |
| Math | C >= | Grade HS | 48.90% | 52.32% | 55.98% | 59.90% | 64.10% |

**Targets: Description of Stakeholder Input**

**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 | 741 | 741 | 659 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 166 | 242 | 255 |

**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 | 741 | 742 | 657 |
| b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient | 352 | 147 | 240 |

**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 | 166 | 741 | 27.04% | 28.93% | 22.40% | Did not meet target | Slippage |
| **B** | Grade 8 | 242 | 741 | 30.40% | 32.53% | 32.66% | Met target | No Slippage |
| **C** | Grade HS | 255 | 659 | 38.70% | 41.41% | 38.69% | Did not meet target | No Slippage |

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

The state does not have a verified explanation for slippage in the proficiency rate of 4th grade students with disabilities taking the reading alternate assessment. We suspect one major factor is affecting proficiency: in response to improved guidance and regulation regarding which students are eligible for the alternate assessment in Oklahoma (the OAAP), LEAs have reduced the number of students taking the OAAP to align with the 1% requirement. This may have decreased the proficiency rate because fewer students are inappropriately participating each year.

**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 | 352 | 741 | 53.62% | 57.37% | 47.50% | Did not meet target | Slippage |
| **B** | Grade 8 | 147 | 742 | 14.51% | 15.53% | 19.81% | Met target | No Slippage |
| **C** | Grade HS | 240 | 657 | 45.70% | 48.90% | 36.53% | Did not meet target | Slippage |

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

The state does not have a verified explanation for slippage in the proficiency rate of 4th grade students with disabilities taking the math alternate assessment. We suspect one major factor is affecting proficiency: in response to improved guidance and regulation regarding which students are eligible for the alternate assessment in Oklahoma (the OAAP), LEAs have reduced the number of students taking the OAAP to align with the 1% requirement. This may have decreased the proficiency rate because fewer students are inappropriately participating each year.

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

The state does not have a verified explanation for slippage in the proficiency rate of 11th grade students with disabilities taking the math alternate assessment. We suspect one major factor is affecting proficiency: in response to improved guidance and regulation regarding which students are eligible for the alternate assessment in Oklahoma (the OAAP), LEAs have reduced the number of students taking the OAAP to align with the 1% requirement. This may have decreased the proficiency rate because fewer students are inappropriately participating each year.

**Regulatory Information**

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

**Public Reporting Information**

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

https://sde.ok.gov/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21

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

Because the APR now highlights the proficiency of students taking the alternate assessment separately from the general assessment, the state is hearing from districts that they are paying more attention to how they prepare these students for the annual assessment process. They are looking more closely at the supports and curriculum they provide as well as the physical preparation students may need (time in front of the computer to prepare for the assessment, for example). We suspect that improvement efforts across struggling districts will result in higher achievement in future years.

## 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 | 2020 | 15.27 |
| Reading | B | Grade 8 | 2020 | 19.45 |
| Reading | C | Grade HS | 2020 | 24.48 |
| Math | A | Grade 4 | 2020 | 16.55 |
| Math | B | Grade 8 | 2020 | 11.10 |
| Math | C | Grade HS | 2020 | 16.66 |

**Targets**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject** | **Group** | **Group Name** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Reading | A <= | Grade 4 | 14.27 | 13.27  | 12.27 | 11.27 | 10.27 |
| Reading | B <= | Grade 8 | 18.45 | 17.45 | 16.45 | 15.45 | 14.45 |
| Reading | C <= | Grade HS | 23.48 | 22.48 | 21.48 | 20.48 | 19.48 |
| Math | A <= | Grade 4 | 15.55 | 14.55 | 13.55 | 12.55 | 11.55 |
| Math | B <= | Grade 8 | 10.10 | 9.10 | 8.10 | 7.10 | 6.10 |
| Math | C <= | Grade HS | 15.66 | 14.66 | 13.66 | 12.66 | 11.66 |

**Targets: Description of Stakeholder Input**

**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 | 48,553 | 51,346 | 45,095 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 9,059 | 8,168 | 6,009 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 11,247 | 12,582 | 16,643 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 173 | 216 | 667 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 545 | 186 | 246 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 173 | 216 | 307 |

**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 | 48,540 | 51,189 | 45,124 |
| b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment | 9,050 | 8,137 | 6,020 |
| c. All students in regular assessment with no accommodations scored at or above proficient against grade level | 15,471 | 7,933 | 8,411 |
| d. All students in regular assessment with accommodations scored at or above proficient against grade level | 533 | 127 | 267 |
| e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level | 819 | 105 | 96 |
| f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level | 533 | 127 | 89 |

**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 | 7.93% | 23.52% | 15.26 | 14.27 | 15.59 | Did not meet target | No Slippage |
| **B** | Grade 8 | 4.92% | 24.93% | 19.45 | 18.45 | 20.00 | Did not meet target | No Slippage |
| **C** | Grade HS | 9.20% | 38.39% | 24.48 | 23.48 | 29.18 | Did not meet target | Slippage |

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

The state does not have a verified explanation for slippage in the proficiency gap between students with disabilities and all students. The state needs more time to analyze the data to understand why the gap increased in FFY 2021. The rates are closer to pre-pandemic historical trends, suggesting that the baseline year for this indicator was anomalous, potentially forcing targets and baseline to be reset in the next year or two if the gap does not improve.

**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 | 14.94% | 32.97% | 16.55 | 15.55 | 18.03 | Did not meet target | Slippage |
| **B** | Grade 8 | 2.85% | 15.75% | 11.10 | 10.10 | 12.89 | Did not meet target | Slippage |
| **C** | Grade HS | 3.07% | 19.23% | 16.65 | 15.66 | 16.16 | Did not meet target | No Slippage |

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

The state does not have a verified explanation for slippage in the proficiency gap between students with disabilities and all students. The state needs more time to analyze the data to understand why the gap increased in FFY 2021. The rates are closer to pre-pandemic historical trends, suggesting that the baseline year for this indicator was anomalous, potentially forcing targets and baseline to be reset in the next year or two if the gap does not improve.

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

The state does not have a verified explanation for slippage in the proficiency gap between students with disabilities and all students. The state needs more time to analyze the data to understand why the gap increased in FFY 2021. The rates are closer to pre-pandemic historical trends, suggesting that the baseline year for this indicator was anomalous, potentially forcing targets and baseline to be reset in the next year or two if the gap does not improve.

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

## 3D - Prior FFY Required Actions

None

## 3D - OSEP Response

The State provided FFY 2021 through FFY 2025 targets for this indicator, 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 | 14.71% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target <= | 6.60% | 6.30% | 6.00% | 6.00% | 40.00% |
| Data | 14.71% | 14.71% | 3.98% | 36.36% | 39.13% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target <= | 45.00% | 37.00% | 29.00% | 21.00% | 13.00% |

**Targets: Description of Stakeholder Input**

**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.**

534

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of LEAs that have a significant discrepancy** | **Number of LEAs that met the State's minimum n/cell size** | **FFY 2020 Data** | **FFY 2021 Target** | **FFY 2021 Data** | **Status** | **Slippage** |
| 4 | 9 | 39.13% | 45.00% | 44.44% | Met target | No Slippage |

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

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

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

The OSDE-SES, with stakeholder input from its IDEA Part B Advisory Panel, has defined “significant discrepancy” as a risk ratio of suspension or expulsion of 2.5 or greater for students with disabilities in a LEA compared to students with disabilities among all LEAs in the State. Oklahoma used only students with IEPs (ages 3 to 21) to calculate significant discrepancy. The state rate for suspensions or expulsions for students with disabilities is used as the comparison group.

To be included in the analysis, an LEA must have at least 10 students with disabilities who were suspended or expelled more than 10 days and at least 10 students with disabilities enrolled. 534 districts were excluded from the analysis because they did not meet the minimum n-size of students with disabilities who were suspended or expelled more than 10 days.

Any findings of significant discrepancy generate an analysis of policies, procedures, and practices by SEA personnel. LEAs are also required to conduct this review (consistent with CFR § 300.170(b)). If appropriate, the LEAs will revise policies, practices, and procedures relating to any of the following topics: development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to comply with the requirements of the IDEA. Corrections will be reviewed for consistency with OSEP Memorandum 09-02 dated October 17, 2008.

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

The data for indicator 4 reflect school year 20-21, and were substantially affected by the pandemic. LEAs used suspensions significantly less frequently than in prior years, and the number of suspensions dropped substantially. As a result, fewer LEAs met the minimum cell and n-count than in prior years. Thus, while the number of LEAs that were discrepant also decreased, the overall percentage of discrepant LEAs increased because the denominator was smaller.

The number of districts using suspensions with students with disabilities increased dramatically in SY 21-22, with many more meeting the minimum reporting requirements.

**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.**

Annually, districts are required to upload their policies, practices and procedures related to special education identification in their LEA Assurances and Agreement. Districts are notified of any discrepancies when they receive their annual District Data Profile. Those identified as being discrepant in discipline in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of IEPs, the use of PBIS practices, and procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel. A review of policies, procedures, and practices occurs during all general supervision and monitoring activities, also.

In 2020-2021, four LEAs were found to have significant discrepancy in discipline rates by race and/or ethnicity. The LEAs were notified of their discrepancy in October 2021 on their District Data Profiles. At that time, SEA personnel conducted detailed reviews of the policies, practices and procedures of these LEAs and determined that none demonstrated noncompliance.

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

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

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, "The data for indicator 4 reflect school year 20-21, and were substantially affected by the pandemic. LEAs used suspensions significantly less frequently than in prior years, and the number of suspensions dropped substantially. As a result, fewer LEAs met the minimum cell and n-count than in prior years." OSEP reminds the State that if the examination for significant discrepancies 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 are occurring in the rate of long-term suspensions and expulsions of children with IEPs.

## 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 LEAs are being examined for significant discrepancy under the State’s chosen methodology.

# 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.**

542

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| 1 | 0 | 1 | 0.00% | 0% | NVR | Met target | No Slippage |

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

YES

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

The OSDE-SES, with stakeholder input from its IDEA Part B Advisory Panel, has defined “significant discrepancy” as a risk ratio of suspension or expulsion of 2.5 or greater for students with disabilities in each racial/ethnic category in a LEA compared to students with disabilities among LEAs in the State in the same category. The state uses the same threshold for all racial ethnic groups to determine significant discrepancy. The OSDE has chosen the following comparison method (one of the methods recommended by the OSEP): The rates of expulsions and suspensions out-of-school that total more than 10 days in a school year for children with IEPs among LEAs in the State in each racial/ethnic category (34 CFR §300.170(a)). Oklahoma used only students with IEPs to calculate significant discrepancy.

To be included in the analysis, a racial/ethnic group must have at least 10 students with disabilities who were suspended or expelled for more than 10 days by the LEA and at least 10 students with disabilities enrolled in that racial/ethnic category. If the district had at least 10 students with disabilities who were suspended or expelled for more than 10 days in all other racial/ethnic categories, this was used as the comparison group. 542 LEAs were excluded from the analysis because of their n-size at the subcategory level. This is an increase when Oklahoma 532 LEAs in the previous year.

Any findings of significant discrepancy will generate an analysis of policies, procedures, and practices by SEA personnel. LEAs are also required to conduct this review (consistent with CFR § 300.170(b)). If appropriate, the LEAs will revise policies, practices, and procedures relating to each of the following topics: development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to comply with the requirements of the IDEA.

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

The data for indicator 4 reflect school year 20-21, and were substantially affected by the pandemic. LEAs used suspensions significantly less frequently than in prior years, and the number of suspensions dropped substantially. As a result, fewer LEAs met the minimum cell and n-count than in prior years. Thus, while the number of LEAs that were discrepant also decreased, the overall percentage of discrepant LEAs increased because the denominator was smaller.

The number of districts using suspensions with students with disabilities increased dramatically in SY 21-22, with many more meeting the minimum reporting requirements.

**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.**

Annually, districts are required to upload their policies, practices and procedures related to special education identification in their LEA Assurances and Agreement. Districts are notified of any discrepancies when they receive their annual District Data Profile. Those identified as being discrepant in discipline in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of IEPs, the use of PBIS practices, and procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel. A review of policies, procedures, and practices occurs during all general supervision and monitoring activities, also.

In 2020-2021, one LEA was found to have significant discrepancy in discipline rates by race and/or ethnicity. The LEA was notified of its discrepancy in October 2021 on its District Data Profile. At that time, SEA personnel conducted a detailed review of the policies, practices and procedures of the LEA and determined that it did not demonstrate noncompliance.

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

The State did not provide valid and reliable data for this indicator for FFY 2021. The State reported, "The OSDE-SES, with stakeholder input from its IDEA Part B Advisory Panel, has defined “significant discrepancy” as a risk ratio of suspension or expulsion of 2.5 or greater for students with disabilities in each racial/ethnic category in a LEA compared to students with disabilities among LEAs in the State in the same category." OSEP reminds the State that its chosen methodology cannot result in different thresholds for different racial and ethnic groups to demonstrate whether an LEA has a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. Therefore, OSEP could not determine whether the State met its target.

## 4B- Required Actions

The State did not provide valid and reliable data for FFY 2021. The State must provide valid and reliable data for FFY 2022 in the FFY 2022 SPP/APR using a methodology that does not result in different thresholds for different racial and ethnic groups.

# 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 >= | 65.50% | 66.00% | 66.00% | 66.00% | 71.00% |
| A | 75.73% | Data | 70.87% | 67.98% | 68.96% | 71.18% | 75.73% |
| B | 2020 | Target <= | 9.50% | 9.25% | 9.25% | 9.25% | 8.00% |
| B | 6.68% | Data | 8.26% | 9.19% | 8.32% | 7.94% | 6.68% |
| C | 2020 | Target <= | 1.85% | 1.85% | 1.83% | 1.83% | 0.75% |
| C | 0.61% | Data | 0.79% | 0.64% | 0.70% | 0.76% | 0.61% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 71.50% | 72.00% | 72.50% | 73.00% | 75.75% |
| Target B <= | 8.00% | 8.00% | 7.50% | 7.50% | 6.65% |
| Target C <= | 0.75% | 0.73% | 0.73% | 0.71% | 0.60% |

**Targets: Description of Stakeholder Input**

In FFY2020, OSEP rejected the baseline set by the state in consultation with stakeholders, requiring Oklahoma to set baseline to FFY2020 and revise the FFY2025 targets to align with baseline improvement. These changes were made without stakeholder involvement at the time.

Since then, the state has engaged stakeholders about the revisions, and stakeholders shared no concerns with the mandated changes. The state held a stakeholder meeting to share SPP/APR updates, and more than 70 individuals representing LEAs, advocacy groups and agencies, and parents participated in the discussion. No one voiced concerns or challenged the baseline and target revisions for indicator 5. The original decision to align baseline values to FFY 2019 was made because the state and stakeholders worried that FFY 2020 posted anomalous data reflecting temporary pandemic placements that would return to pre-pandemic trends. Instead, the pandemic placements have held, and LRE rates have not shifted back to the lower rates of general education placement as shown prior to the pandemic.

**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 | 112,486 |
| 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 | 85,099 |
| 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 | 7,549 |
| 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 | 53 |
| 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 | 206 |
| 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 | 344 |

**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 | 85,099 | 112,486 | 75.73% | 71.50% | 75.65% | 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 | 7,549 | 112,486 | 6.68% | 8.00% | 6.71% | 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] | 603 | 112,486 | 0.61% | 0.75% | 0.54% | Met target | No Slippage |

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

## 5 - Prior FFY Required Actions

In its FFY 2021 SPP/APR, the State must describe its stakeholder input process in setting the FFY 2020-2025 targets.

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

The state has described its stakeholder input process in the "Targets" box in the prior section.

## 5 - OSEP Response

The State provided FFY 2021 through FFY 2025 targets for this indicator, and OSEP accepts those targets.

## 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 >= | 42.50% | 43.00% | 43.75% | 43.75% | 35.50% |
| **A** | Data | 34.07% | 32.54% | 32.76% | 34.76% | 35.65% |
| **B** | Target <= | 17.00% | 16.50% | 16.00% | 16.00% | 19.50% |
| **B** | Data | 15.03% | 16.75% | 16.79% | 16.15% | 19.22% |

**Targets: Description of Stakeholder Input**

**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 | 35.65% |
| **B** | 2020 | 19.22% |
| **C** | 2020 | 1.02% |

**Inclusive Targets – 6A, 6B**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 35.00% | 36.00% | 37.00% | 38.00% | 39.00% |
| Target B <= | 19.50% | 19.00% | 18.50% | 18.00% | 17.50% |

**Inclusive Targets – 6C**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target C <= | 1.01% | 1.00% | 0.99% | 0.98% | 0.97% |

**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 | 1,362 | 2,783 | 837 | 4,982 |
| 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 | 463 | 1,012 | 334 | 1,809 |
| b1. Number of children attending separate special education class | 367 | 484 | 105 | 956 |
| b2. Number of children attending separate school | 2 | 9 | 0 | 11 |
| b3. Number of children attending residential facility | 6 | 3 | 1 | 10 |
| c1**.** Numberof children receiving special education and related services in the home | 6 | 18 | 4 | 28 |

**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 | 1,809 | 4,982 | 35.65% | 35.00% | 36.31% | Met target | No Slippage |
| B. Separate special education class, separate school or residential facility | 977 | 4,982 | 19.22% | 19.50% | 19.61% | Did not meet target | No Slippage |
| C. Home | 28 | 4,982 | 1.02% | 1.01% | 0.56% | 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 | 2008 | Target >= | 90.00% | 90.50% | 93.40% | 93.40% | 93.50% |
| A1 | 93.30% | Data | 92.95% | 93.43% | 93.53% | 94.50% | 94.80% |
| A2 | 2008 | Target >= | 58.50% | 58.75% | 59.00% | 59.00% | 60.00% |
| A2 | 54.50% | Data | 59.91% | 63.73% | 60.66% | 61.81% | 60.96% |
| B1 | 2008 | Target >= | 89.50% | 89.75% | 92.90% | 92.90% | 93.50% |
| B1 | 92.80% | Data | 92.57% | 91.65% | 92.66% | 93.96% | 94.30% |
| B2 | 2008 | Target >= | 57.30% | 57.30% | 58.30% | 58.30% | 59.00% |
| B2 | 55.00% | Data | 58.22% | 60.11% | 58.97% | 60.04% | 59.60% |
| C1 | 2008 | Target >= | 91.50% | 91.75% | 93.00% | 93.00% | 93.50% |
| C1 | 92.90% | Data | 92.78% | 93.86% | 93.78% | 94.81% | 94.87% |
| C2 | 2008 | Target >= | 72.00% | 72.00% | 73.00% | 73.00% | 70.50% |
| C2 | 67.70% | Data | 73.49% | 76.27% | 73.62% | 73.77% | 70.80% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1 >= | 93.50% | 94.00% | 94.00% | 94.50% | 94.50% |
| Target A2 >= | 60.50% | 61.00% | 61.50% | 62.00% | 62.50% |
| Target B1 >= | 93.50% | 94.00% | 94.00% | 94.50% | 94.50% |
| Target B2 >= | 59.50% | 60.00% | 60.50% | 61.00% | 61.50% |
| Target C1 >= | 93.50% | 94.00% | 94.00% | 94.50% | 94.50% |
| Target C2 >= | 71.00% | 71.50% | 72.00% | 72.50% | 73.00% |

**Targets: Description of Stakeholder Input**

**FFY 2021 SPP/APR Data**

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

3,053

**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 | 4 | 0.13% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 98 | 3.21% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,061 | 34.75% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,548 | 50.70% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 342 | 11.20% |

| **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)* | 2,609 | 2,711 | 94.80% | 93.50% | 96.24% | Met target | No Slippage |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 1,890 | 3,053 | 60.96% | 60.50% | 61.91% | 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 | 3 | 0.10% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 113 | 3.70% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 1,092 | 35.77% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,518 | 49.72% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 327 | 10.71% |

| **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)* | 2,610 | 2,726 | 94.30% | 93.50% | 95.74% | Met target | No Slippage |
| B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)* | 1,845 | 3,053 | 59.60% | 59.50% | 60.43% | Met target | No Slippage |

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

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Children** |
| --- | --- | --- |
| a. Preschool children who did not improve functioning | 3 | 0.10% |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 118 | 3.87% |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it | 778 | 25.48% |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers | 1,647 | 53.95% |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers | 507 | 16.61% |

| **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)*  | 2,425 | 2,546 | 94.87% | 93.50% | 95.25% | 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)* | 2,154 | 3,053 | 70.80% | 71.00% | 70.55% | Did not meet target | No Slippage |

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

YES

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

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

YES

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

Program data for this indicator are collected through Oklahoma's online IEP record system, called EDPlan. LEAs use the system to create electronic records for all students with IEPs, including those in early childhood programs. The Child Outcome Summary Form is completed electronically for each child between the ages of three and five years of age if he or she has had at least six months of service. It is SEA practice that personnel first enter the COSF ratings and evaluation information when the student enters their district and again when the child completes his or her preschool program (end of year prior to kindergarten, completion of IEP, or age six, whichever comes first). If a student moves districts between the ages of 3 and 5 (after receiving entry ratings), the district in which the child is enrolled will report the exit ratings. The online IEP system reminds personnel (via warning notices) to enter the data if they neglect to do so in a timely manner.

The data for this indicator are then pulled through reporting functions in the online system and cleaned to ensure that all relevant records are included.

**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**

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 93.71% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 90.50% | 91.75% | 93.00% | 93.00% | 93.70% |
| Data | 97.24% | 98.38% | 98.66% | 98.02% | 93.71% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 94.00% | 94.00% | 94.00% | 94.00% | 94.00% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 9,941 | 10,597 | 93.71% | 94.00% | 93.81% | Did not meet target | No Slippage |

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

The Parent Survey used to calculate this indicator does not differentiate between preschool children and school age children. All families answer the same survey. Because preschool children are served in public schools, we believe that it is appropriate for parents of preschool children to answer the same survey as school-age children.

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

117,469

**Percentage of respondent parents**

9.02%

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Response Rate  | 7.97% | 9.02% |

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

All parents are supposed to have an opportunity to voluntarily respond to the survey; a weighted sample is not used. As a result, a perfect representation of child count is unlikely to occur. The State continues to work with local LEAs to increase response rates, particularly those that are larger and have had low rates in the past. We have encouraged them to plan more deliberately when surveys are provided to families and to ensure that all families have the opportunity to respond. Because larger LEAs are more likely to have lower response rates while also serving a more diverse student population, by increasing response rates in these LEAs , representation should improve. In particular, we expect that working with larger LEAs to increase local response rates will result in a response pool that more adequately represents families of students in high school and/or who identify as Black and African-American or Hispanic/Latino.

**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.**

Non-response bias may occur when a sub-section of parents are unwilling or unable to respond to a survey. The error comes from the absence of participants and not from collecting erroneous data. Each parent is supposed to be offered an opportunity to complete the parent survey annually, typically at the IEP meeting. To reflect this expectation, our total count of surveys distributed is the annual child count. The method chosen by Oklahoma is to distribute the survey to parents via the LEAs.

As described in the next section, some groups of parents consistently (every year) respond differently to the survey than other subgroups in recognizable ways. Parents of students with disabilities tend to respond less favorably as their children age (parental approval of LEA support is higher for the youngest groups and lower among older groups, on average). This may create some non-response bias in the dataset because parents of older students respond less favorably. If they responded at a rate equivalent to parents of younger students, it is possible that the overall approval rate would decrease. Also, parents of Black/African American, Asian and Native Hawaiian/Pacific Islander students with disabilities tend to respond slightly less favorably than parents of SWD of other races. The state encourages LEAs to increase their responses from all families to improve the age distribution of the response pool.

Age Group Approval Average
All 94%
3 to 5 95%
6 to 10 94%
11 to 13 94%
14 to 18 92%
19+ 87%
Prefer No Answer 86%

Race Approval Average
All 94%
American Indian/Alaskan Native 95%
Asian 91%
Black/African American 90%
Hispanic or Latino 94%
Native Hawaiian/Pacific Islander 90%
Two or More Races 94%
White/Caucasian 94%
Prefer Not to Answer 85%

**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.**

As described briefly in the previous section, the age distribution does not align with child count (Table 1), but does match the historical voluntary response patterns for the state's survey: parents of young children are much more likely to respond than parents of older children, especially parents of high school students. Using a z-score test for differences in proportions, the proportion of respondents' children’s ages differs significantly from the proportion of those ages in the annual child count (October 1, 2021) for every age group. As a result, the perspectives of parents with younger children outweigh those of parents with older children in the survey results, who tended to have less favorable opinions of their school's support than did the former. It is possible that with a more representative response pool, the overall approval rate may be lower.

Table 1:
Age Group; Survey Resp#; Resp Rate; Child Count; CC Rate; Diff in Rates; P-Value
All 10597 117469
3 to 5 1542 14.6% 6651 5.7% 8.9% 0.00001
6 to 10 4260 40.2% 40170 34.2% 6.0% 0.00001
11 to 13 2151 20.3% 27527 23.4% -3.1% 0.00001
14 to 18 2291 21.6% 40695 34.6% -13.0% 0.00001
19+ 64 0.6% 2426 2.1% -1.5% 0.00001
Prefer No Answer 289 2.7%

Regarding race and ethnicity (Table 2): Hispanics are under-represented in the survey response pool compared to child count, as are African-Americans, both by approx. 5 percent. White respondents are over-represented by about the same percentage, while Native Americans are over-represented by about 3 percent. The differences in proportions between respondents and child count are significantly different for all race groups except Pacific Islanders. A substantial 2.9% of respondents chose not to reveal racial or ethnic identities. Asian, Pacific Islander, and African-American respondents had lower average approval ratings than did parents of other race and ethnic identities (4 percentage point difference), while those who chose not to respond to the question about race/ethnicity had substantially lower average approval ratings, with a gap of 9 percentage points. This suggests that respondents who had more negative experiences with their LEAs were less likely to share personal demographic information.

Table 2:
Race/Ethnicity; Survey Resp#; Resp Rate; Child Count; CC Rate; Diff in Rates; P-Value
All 10597 117469
Native American 1843 17.4% 16749 14.3% 3.1% 0.00001
Asian 48 0.5% 1145 1.0% -0.5% 0.00001
Black/African Am. 418 3.9% 10239 8.7% -4.8% 0.00001
Hispanic or Latino 1122 10.6% 18716 15.9% -5.3% 0.00001
Pacific Islander 17 0.2% 226 0.2% 0.0% 0.47152
Two/More Races 1243 11.7% 14821 12.6% -0.9% 0.0083
White/Caucasian 5599 52.8% 55573 47.3% 5.5% 0.00001
Prefer No Answer 307 2.9%

The regional response patterns continue along historical trends (Table 3). The central region (which includes several of the largest LEAs in the state) is substantially under-represented in the survey response pool, while every other region (areas of very small LEAs that emphasize survey participation) are substantially over-represented. This is true except for the Northeast, which also contains a large urban area and numerous larger LEAs. It's fairly evenly represented in the response pool compared to child count (and the only region that does not have a significant difference between the survey response rate and the population rate).

Table 3:
Region; Survey Resp#; Resp Rate; Child Count; CC Rate; Diff in Rates; P-Value
ALL 10597 117469
Northeast 3476 32.8% 37543 32.0% 0.8% 0.07508
Northwest 714 6.7% 4720 4.0% 2.7% 0.00001
Panhandle 154 1.5% 673 0.6% 0.9% 0.00001
Southeast 1412 13.3% 10211 8.7% 4.6% 0.00001
Southwest 1379 13.0% 11713 10.0% 3.0% 0.00001
S. Central 889 8.4% 6966 5.9% 2.5% 0.00001
Central 2513 23.7% 45643 38.9% -15.1% 0.00001
Unknown 60 0.6%

There are several meaningful differences in survey response frequencies across certain races (Table 2) and regions (Table 3). We believe the variation in these two demographic areas is based in the differential response rates of small and large LEAs. Large LEAs—those with a special education child count of 500 or more (86 was the median 2021 child count in Oklahoma)—have an average response rate of 4.95% while the average across all other LEAs was 17.32%. Most large LEAs are located in the Central or Northeast regions in our large urban areas. Small LEAs are much more common in the outlying regions of the state and are more likely to have higher enrollments of white and Native American students, raising the overall participation rate for those groups and those regions. As mentioned earlier, increasing response rates in larger LEAs to be even with smaller LEAs should balance representation across the state and among the various race and ethnic groups.

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**

The State continues to work with districts to increase response rates by encouraging them to plan more deliberately when surveys are provided to families and to ensure that all families have the opportunity to respond. Districts have begun providing parents the opportunity to complete the survey prior to them leaving the IEP meeting. Additionally, the state has partnered with the Oklahoma Parent Center, a parent training and information center, and Sooner success, a regional parent training group, to promote the importance of completing parent surveys. The state also awards a bonus point on the district’s annual Determination for those districts with a 5% increase in response rate. The state also distributes a monthly newsletter to districts which includes ideas on how to monitor and improve response rates, as well as adding additional information on parent surveys on the state’s website. See link below.

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

The State uses a statistical formula (Z-test for two population proportions) to determine if two proportions (i.e., % of surveys received versus % of families in the target population) should be considered statistically different. A p-value less than 0.05 indicates a statistically significant difference between the proportions (non-representativeness).

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

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

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

See the published report on the OSDE-SES Data webpage at https://sde.ok.gov/documents/2012-10-01/special-education-data-and-reporting-part-b-children-ages-3-through-21.

See Parent survey on the OSDE-SES Family Resources page at https://sde.ok.gov/part-b-parent-survey.

## 8 - Prior FFY Required Actions

In its FFY 2021 the State must 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 as required by the Measurement Table.

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**

The state does not collect parent demographics, and therefore cannot say definitively whether the demographics of responding parents are representative of the demographics of children receiving services.

The required analysis on child demographics is provided in a previous section.

## 8 - OSEP Response

The State analyzed the response rate to identify potential nonresponse bias; however, the State did not identify steps to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities, as required by the Measurement Table.

## 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.

In the FFY 2022 SPP/APR, the State must analyze the response rate to identify potential nonresponse bias and report on steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

# 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 | 0.20% | 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** |
| 3 | 0 | 518 | 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).**

The OSDE-SES has defined “disproportionate representation” as a risk ratio of 2.6 or greater (overrepresentation) in any given year (every one year). When disproportionate representation is determined for a district, the OSDE-SES will determine if the disproportionality is the result of inappropriate identification by reviewing policies, practices and procedures as submitted by the LEA. Data for each district and charter school were analyzed for all racial and ethnic groups.

Calculating Disproportionate Representation
OSDE-SES calculated a risk ratio for each of the seven racial/ethnic category in each LEA: overall risk of identification is determined by comparing the risk of any racial/ethnic group to the risk of all other racial/ethnic groups.

To be included in the analysis, a group must have at least 10 students with disabilities of a particular racial/ethnic category and at least 10 students in the same racial/ethnic category in overall enrollment. That group risk is then compared to either the LEA or the state risk for all other students. For the LEA comparison group to be used, the LEA must have at least 10 students with disabilities in 'all other' racial/ethnic categories and at least 10 students in 'all other' racial/ethnic categories in overall enrollment; otherwise the statewide comparison group risk was used. OSDE-SES identified districts with a risk ratio of 2.6 or greater as disproportionate in the relevant racial/ethnic category or categories. The data source for Oklahoma’s analysis was Table 1 (Child Count) of Information Collection 1820-0043 (Report of Children with Disabilities Receiving Special Education under Part B of the IDEA) for all children with disabilities aged 5 in KG through 21 served under the IDEA.

**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.**

Annually, districts are required to upload their policies, practices and procedures related to special education identification in the LEA Assurances and Agreement. Districts are notified of any disproportionality when they receive their annual District Data Profile. Those identified as being disproportionate in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of a comprehensive referral and evaluation process, including procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel who flag problematic policies, practices and procedures for discussion and additional review. If any indicate inappropriate identification is a concern, OSDE-SES will work with the LEA for revision and improvement. A review of policies, procedures, and practices occurs during all general supervision and monitoring activities, also.

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

The data for indicator 9 reflect the child count collected on October 1, 2021.

**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** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 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** |
| 63 | 0 | 418 | 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).**

The OSDE-SES has defined “disproportionate representation” as a risk ratio of 2.6 or greater (overrepresentation) in any given year (every one year). When disproportionate representation is determined for a district, the OSDE-SES will determine if the disproportionality is the result of inappropriate identification by reviewing policies, practices and procedures as submitted by the LEA. Data for each district and charter school were analyzed for all racial and ethnic groups and the six most common disability categories.

Calculating Disproportionate Representation
OSDE-SES calculated a risk ratio for each of the seven racial/ethnic categories in each LEA: overall risk of identification is determined by comparing the risk of any racial/ethnic group to the risk of all other racial/ethnic groups in each of six disability categories.

To be included in the analysis, a group must have at least 10 students in a specific primary disability category (or suspected, if developmental delay) of a particular racial/ethnic category and at least 10 students in the same racial/ethnic category in overall enrollment. That group risk is then compared to either the LEA or the state risk for all other students. For the LEA comparison group to be used, the LEA must have at least 10 students in the particular disability category in 'all other' racial/ethnic categories and at least 10 students in 'all other' racial/ethnic categories in overall enrollment; otherwise the statewide comparison group risk was used. OSDE-SES identified districts with a risk ratio of 2.6 or greater as disproportionate in a particular disability category for a specific racial/ethnic category. The data source for Oklahoma’s analysis was Table 1 (Child Count) of Information Collection 1820-0043 (Report of Children with Disabilities Receiving Special Education under Part B of the IDEA) for all children with disabilities aged 5 in KG through 21 served under the IDEA.

**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.**

Annually, districts are required to upload their policies, practices and procedures related to special education identification in the LEA Assurances and Agreement. Districts are notified of any disproportionality when they receive their annual District Data Profile. Those identified as being disproportionate in one or more racial and ethnic groups are subject to an in-depth review of their policies, procedures, and practices with attention to the development and implementation of a comprehensive referral and evaluation process, including procedural safeguards. These reviews are conducted by experienced and knowledgeable SEA personnel who flag problematic policies, practices and procedures for discussion and additional review. If any indicate inappropriate identification is a concern, OSDE-SES will work with the LEA for revision and improvement. A review of policies, procedures, and practices occurs during all general supervision and monitoring activities, also.

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

The data for indicator 9 reflect the child count collected on October 1, 2021.

**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 | 90.89% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.09% | 97.65% | 98.77% | 95.66% | 96.52% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 20,565 | 20,292 | 96.52% | 100% | 98.67% | Did not meet target | No Slippage |

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

273

**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.**

Maximum range of days past 45 days to complete an evaluation: 153

Reasons for delay reported to the state (a single delay may have multiple reasons):
LEA failure to follow appropriate procedures: 166
MEEGS team needed additional data: 22
Lack of appropriate resources: 44
Breaks in school calendar and/or staff not on contract: 12
Late referral from SoonerStart: 2
Parents did not show for scheduled meeting or delayed meeting: 62
Extreme weather or other atypical events such as pandemics: 29

**Indicate the evaluation timeline used:**

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

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

45 school days. Exceptions are not allowed.

**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.**

Each LEA is required to report aggregated counts of "Total Referrals," "Evaluations completed within 45 school days from parent consent," "Evaluations not completed within 45 school days from parent consent" broken down by reason, "The maximum amount of days after 45 school days to complete the tardy evaluation", and "Reasons why evaluations were not completed with the 45 day timeline" through the online IEP system. The LEA must validate the End-of-Year report and certify the data being submitted is accurate and true. The SEA then monitors LEAs through additional data reports, District Data Profiles and on-site comprehensive monitoring. Technical assistance is provided by the compliance and program specialists. After LEAS report their counts, the state reviews all records to determine whether all delayed evaluations were reported. Unreported delays are reviewed with the district and final numbers are adjusted to reflect additional findings.

**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** |
| --- | --- | --- | --- |
| 153 | 109 | 38 | 6 |

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

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

In July 2022 the OSDE-SES conducted Verification of Continuous Compliance (Prong II) procedures for FFY 2020 findings to ensure systemic compliance across each LEA for Indicator 11 data. Continuous compliance reviews are completed by a two part process: (a) reviewing FFY 2021 data for compliance and (b) using a random sampling process in which student records are randomly selected for a compliance check. If (a) all FFY 2021 records are compliant or (b) a subsequent sample of records are compliant, the LEA is resolved and removed from the compliance watch-list for the fiscal year. If resolved via (a), the LEA's findings of noncompliance are verified as corrected within one year. If resolved via (b), the LEA's findings of noncompliance are verified as subsequently corrected. If the LEA does not demonstrate 100 percent compliance via the sampling process, additional sanctions are applied and records continue to be monitored.

To check for continuous compliance via (a) in FFY 2021, OSDE-SES used the data reported by the 153 LEAs identified for indicator 11 (SY 21-22 data). If an LEA that was noncompliant in FFY 2020 also reported noncompliance in FFY 2021, the LEA did not demonstrate that noncompliance had been corrected. If an LEA was fully compliant for indicator 11 in FFY 2021, OSDE-SES resolved that the LEA achieved 100 percent compliance within one year. 109 LEAs demonstrated full compliance in this process. 44 LEAs were noncompliant again in FFY 2021. The 44 LEAs that had additional findings of noncompliance have been required to examine their student records to determine the reason(s) for continued noncompliance. They identified SMART goals to improve problem areas and clarified internal monitoring processes and procedures and are currently receiving intensive technical assistance that included corrective action planning and root cause analysis.

A second check for continuous compliance was conducted in winter 2022 (process (b)). An indicator-specific report was pulled from the online IEP system (in the same manner other data reviews are made) for each of the 44 LEAs identified with additional findings of non-compliance in FFY 2021. Each report included a representative, randomly-selected sample of records of students who were involved in an initial evaluation for eligibility under IDEA in the fall of 2022. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2023. 38 LEAs were verified as continuously compliant (100 percent compliant), and were removed from the compliance watch-list. Six LEAs have not yet achieved 100 percent compliance. These six continue to be under review, and are receiving intensive technical assistance that includes corrective action planning and root cause analysis. A third compliance review will be conducted in July 2023.

Note: The random samples of student records selected for the prong II reviews are pulled from the LEA’s population of student records relevant to the indicator. Only records of students with consent for initial evaluations in the fall semester of 2022 were sampled for indicator 11. OSDE-SES checked all records in LEAs with a total of 11 or fewer records that met this criterion. Otherwise, sample sizes ranged from 11 to 34, depending on the size of the LEA. The sample sizes are statistically representative, within the following assumptions:
• Margin of error of 10 percent: this is the chance of missing (not finding) noncompliance in the sample when it exists.
• Confidence level of 95 percent: this is the level of confidence that results found are true and representative.
• Expected response distribution of minimum 90 percent compliance.

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

The OSDE-SES annually conducts monitoring activities for 100% of the State’s LEAs to determine if all LEAs are in compliance for Indicator 11. Non-compliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits.

After analyzing data collected for Indicator 11 in June 2021, non-compliance was identified in 153 LEAs. The 153 LEAs identified as non-compliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. All LEAs were notified by November 15, 2021. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed Parent Consent forms and Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) forms submitted by all LEAs through the statewide online IEP system (OK EdPlan) in order to determine that evaluations were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

All individual cases of noncompliance across all 153 LEAs were corrected and the records are now compliant.

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

**Actions taken if noncompliance not corrected**

If noncompliance is not corrected--meaning LEAs continue to not demonstrate systemic compliance--LEAs are monitored through the differentiated monitoring process for a second consecutive year and are marked as having "longstanding noncompliance" in indicator 11 on their annual determinations. LEAs identified with continuing noncompliance must revisit their improvement plans from the prior year and review and revise to ensure compliance can be achieved. A subsequent analysis of IEPs is conducted at the end of the school year as described in the prior section ("Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements").

If an LEA has been noncompliant (below 95%) for three consecutive years for indicator 11, the LEA is required to complete the following additional activities:
o Review the past two years root cause analyses to assist in developing an improvement plan.
o Use professional development special education grant funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
o Invite parents of affected students to the school board meeting to participate in the discussions for the plan for improvement.

**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** |
| --- | --- | --- | --- |
| FFY 2019 | 8 | 7 | 1 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

In the FFY 2020 SPP/APR submission, eight LEAs continued to be under review for noncompliance from FFY 2019. The LEAs received continuing intensive technical assistance that included required corrective action planning and root cause analysis, and the LEAs had to develop targeted plans focused on improving compliance on Indicator 11. The LEAs were considered non-compliant in FFY 2020 because continuous compliance was not demonstrated during the prong 2 reviews. These LEAs had to resolve child-specific findings of noncompliance for FFY 2020, also.

In subsequent data reviews (random record checks in late winter 2022), seven of the eight LEAs demonstrated 100 percent compliance. Data reviews were conducted as described in the prior section ("Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements").

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

LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed Parent Consent forms and Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) forms submitted by all LEAs through the statewide online IEP system (OK EdPlan) in order to determine that evaluations were conducted in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

**FFY 2019**

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

**Actions taken if noncompliance not corrected**

If noncompliance is not corrected--meaning LEAs continue to not demonstrate systemic compliance--LEAs are monitored through the differentiated monitoring process for a second consecutive year and are marked as having "longstanding noncompliance" in indicator 11 on their annual determinations. LEAs identified with continuing noncompliance must revisit their improvement plans from the prior year and review and revise to ensure compliance can be achieved. A subsequent analysis of IEPs is conducted at the end of the school year as described in the prior section ("Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements").

If an LEA has been noncompliant (below 95%) for three consecutive years for indicator 11, the LEA is required to complete the following additional activities:
o Review the past two years root cause analyses to assist in developing an improvement plan.
o Use professional development special education grant funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
o Invite parents of affected students to the school board meeting to participate in the discussions for the plan for improvement.

The LEA with FFY 2019 "findings not yet verified as corrected" will be flagged for three consecutive years for indicator 11 in the summer of 2023.

## 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. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 8 uncorrected findings of noncompliance identified in FFY 2019 were corrected.

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 findings of noncompliance identified in FFY 2020 and each LEA with remaining noncompliance identified in FFY 2019: (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**

Reporting completed as required in prior sections.

## 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. In addition, the State must demonstrate, in the FFY 2022 SPP/APR, that the remaining six uncorrected findings of noncompliance identified in FFY 2020 and the one remaining finding from FFY 2019 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 and FFY 2019: (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** |
| --- | --- |
| 2005 | 86.72% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target | 100% | 100% | 100% | 100% | 100% |
| Data | 98.52% | 95.94% | 95.38% | 90.75% | 94.11% |

**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.  | 1,387 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.  | 207 |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.  | 764 |
| 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.  | 335 |
| e. Number of children who were referred to Part C less than 90 days before their third birthdays.  | 62 |
| 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. | 764 | 783 | 94.11% | 100% | 97.57% | 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**

19

**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.**

Maximum range of days past third birthday when eligibility was determined and the IEP developed: 146

Reasons for delay reported to the state (a single delay may have multiple reasons):
LEA failure to follow appropriate procedures: 15
MEEGS team needed additional data: 2
Breaks in school calendar and/or staff not on contract: 4
Delayed referral from Part C: 4
Parents did not show for scheduled meeting or delayed meeting: 4
Extreme weather or other atypical events such as pandemics: 0

**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.**

All LEAs are required to enter specific data (including "Total referred from Part C", "Total determined 'Not Eligible'; Determination complete before 3rd birthday", "Total determined 'Eligible'; IEP completed before 3rd Birthday", "Total parents that declined services", "Total referred less than 90 days prior to 3rd birthday", "IEP not completed prior to 3rd birthday", "Maximum number of days beyond 3rd birthday IEP completed", as well as the reasons for delay) into the End-of-Year District Data Summary Report through the online IEP system.

The district superintendent must login to the End-of-Year Report and certify the data being submitted is accurate and true. LEAs are monitored through District Data Profiles and comprehensive monitoring. Technical assistance is then provided by compliance and program specialists.

**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** |
| --- | --- | --- | --- |
| 23 | 20 | 2 | 1 |

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

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

In July 2022 the OSDE-SES conducted Verification of Continuous Compliance (Prong II) procedures for FFY 2020 findings to ensure systemic compliance across each LEA for Indicator 12 data. Continuous compliance reviews are completed by a two part process: (a) reviewing FFY 2021 data for compliance and (b) using a random sampling process in which student records are randomly selected for a compliance check. If (a) all FFY 2021 records are compliant or (b) a subsequent sample of records are compliant, the LEA is resolved and removed from the compliance watch-list for the fiscal year. If resolved via (a), the LEA's findings of noncompliance are verified as corrected within one year. If resolved via (b), the LEA's findings of noncompliance are verified as subsequently corrected. If the LEA does not demonstrate 100 percent compliance via the sampling process, additional sanctions are applied and records continue to be monitored.

To check for continuous compliance via (a) in FFY 2021, OSDE-SES used the data reported by the 23 LEAs identified for indicator 12 (SY 21-22 data). If an LEA that was noncompliant in FFY 2020 also reported noncompliance in FFY 2021, the LEA did not demonstrate that noncompliance had been corrected. If an LEA was fully compliant for indicator 12 in FFY 2021, OSDE-SES resolved that the LEA achieved 100 percent compliance within one year. 20 LEAs demonstrated full compliance in this process. 3 LEAs were noncompliant again in FFY 2021. The 3 LEAs that had additional findings of noncompliance have been required to examine their student records to determine the reason(s) for continued noncompliance. They identified SMART goals to improve problem areas and clarified internal monitoring processes and procedures and are currently receiving intensive technical assistance that included corrective action planning and root cause analysis.

A second check for continuous compliance was conducted in fall 2022 (process (b)). An indicator-specific report was pulled from the online IEP system (in the same manner other data reviews are made) for each of the 3 LEAs identified with additional findings of non-compliance in FFY 2021. Each report included a representative, randomly-selected sample of records of students who were transitioned from Part C to Part B under IDEA in the fall of 2022. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2023. Two LEAs were verified as continuously compliant (100 percent compliant), and were removed from the compliance watch-list. One LEA has not yet achieved 100 percent compliance. This LEA continues to be under review, and is receiving intensive technical assistance that includes corrective action planning and root cause analysis. A third compliance review will be conducted in July 2023.

Note: The random samples of student records selected for the prong II reviews are pulled from the LEA’s population of student records relevant to the indicator. Only records of students who turned 3 and were in transition from Part C to Part B in fall 2022 were sampled for indicator 12. OSDE-SES checked all records in LEAs with a total of 11 or fewer records that met this criterion. Otherwise, sample sizes ranged from 11 to 34, depending on the size of the LEA. The sample sizes are statistically representative, within the following assumptions:
• Margin of error of 10 percent: this is the chance of missing (not finding) noncompliance in the sample when it exists.
• Confidence level of 95 percent: this is the level of confidence that results found are true and representative.
• Expected response distribution of minimum 90 percent compliance.

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

The OSDE-SES annually conducts monitoring activities for 100% of the State’s LEAs to determine if all LEAs are in compliance for Indicator 12. Noncompliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits.

After analyzing data collected for Indicator 12 in June 2021, non-compliance was identified in 23 LEAs. The 23 LEAs identified as non-compliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. All 23 LEAs were notified by November 15, 2021. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed eligibility and IEP documentation through the statewide online IEP system (EDPlan) in order to determine that both were completed in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

All individual cases of noncompliance across all 23 LEAs were corrected and the records are now compliant.

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

**Actions taken if noncompliance not corrected**

If noncompliance is not corrected--meaning LEAs continue to not demonstrate systemic compliance--LEAs are monitored through the differentiated monitoring process for a second consecutive year and are marked as having "longstanding noncompliance" in indicator 12 on their annual determinations. LEAs identified with continuing noncompliance must revisit their improvement plans from the prior year and review and revise to ensure compliance can be achieved. A subsequent analysis of IEPs is conducted at the end of the school year as described in the prior section ("Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements").

If an LEA has been noncompliant (below 95%) for three consecutive years for indicator 12, the LEA is required to complete the following additional activities:
o Review the past two years root cause analyses to assist in developing an improvement plan.
o Use professional development special education grant funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
o Invite parents of affected students to the school board meeting to participate in the discussions for the plan for improvement.

**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**

Reporting completed as required in prior sections.

## 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** |
| --- | --- |
| 2009 | 95.21% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.57% | 99.86% | 99.96% | 99.32% | 99.72% |

**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** |
| --- | --- | --- | --- | --- | --- | --- |
| 25,243 | 25,494 | 99.72% | 100% | 99.02% | Did not meet target | No Slippage |

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

State database that includes data for the entire reporting year

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

Data on secondary transition are collected through the State's online IEP system through the end of year data collection, collected on July 1 for the prior FY. Secondary transition plans are required to be completed as part of the IEP process in the online system for all students aged 16 or prior to entering 9th grade (possibly as young as 14), whichever comes first. Since an LEA cannot complete an IEP within the system without a comprehensive secondary transition plan, the SEA monitors all LEAs that had IDEA-eligible students that did not have one or more compliant IEPs as of June 30 (or prior, in some cases). These LEAs are in non-compliance with Indicator 13.

In FFY 2022 (SY 22-23), the state has updated its expectations for this indicator and will monitor transition components for students aged 15 and older (instead of aged 16 as it has been).

| **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 | 14 |

**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** |
| --- | --- | --- | --- |
| 28 | 16 | 7 | 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***

In July 2022 the OSDE-SES conducted Verification of Continuous Compliance (Prong II) procedures for FFY 2020 findings to ensure systemic compliance across each LEA for Indicator 13 data. Continuous compliance reviews are completed for LEAs by a two part process: (a) reviewing FFY 2021 data for compliance and (b) using a random sampling process in which student records are randomly selected for a compliance check. If (a) all FFY 2021 records are compliant or (b) a subsequent sample of records are compliant, the LEA is resolved and removed from the compliance watch-list for the fiscal year. If resolved via (a), the LEA's findings of noncompliance are verified as corrected within one year. If resolved via (b), the LEA's findings of noncompliance are verified as subsequently corrected. If the LEA does not demonstrate 100 percent compliance via the sampling process, additional sanctions are applied and records continue to be monitored.

To check for continuous compliance via (a) in FFY 2021, OSDE-SES used the data reported by the 28 LEAs identified for indicator 13 (SY 21-22 data). If an LEA that was noncompliant in FFY 2020 also reported noncompliance in FFY 2021, the LEA did not demonstrate that noncompliance had been corrected. If an LEA was fully compliant for indicator 13 in FFY 2021, OSDE-SES resolved that the LEA achieved 100 percent compliance within one year. 16 LEAs demonstrated full compliance in this process. 12 LEAs were noncompliant again in FFY 2021. The 12 LEAs that had additional findings of noncompliance have been required to examine their student records to determine the reason(s) for continued noncompliance. They identified SMART goals to improve problem areas and clarified internal monitoring processes and procedures and are currently receiving intensive technical assistance that included corrective action planning and root cause analysis.

A second check for continuous compliance was conducted in winter 2022 (process (b)). An indicator-specific report was pulled from the online IEP system (in the same manner other data reviews are made) for each of the 12 LEAs identified with additional findings of non-compliance in FFY 2021. Each report included a representative, randomly-selected sample of records of secondary students with IEPs. These indicator-specific reports were reviewed by OSDE-SES specialists for systemic compliance in January 2023. Seven LEA was verified as continuously compliant (100 percent compliant), and was removed from the compliance watch-list. Five LEAs have not yet achieved 100 percent compliance. These five continue to be under review, and are receiving intensive technical assistance that includes corrective action planning and root cause analysis. A third compliance review will be conducted in July 2023.

Note: The random samples of student records selected for the prong II reviews are pulled from the LEA’s population of student records relevant to the indicator. Only records of active secondary students with IEPs (aged 15 to 21) due in fall 2022 were sampled for indicator 13. OSDE-SES checked all records in LEAs with a total of 11 or fewer records that met this criterion. Otherwise, sample sizes ranged from 11 to 34, depending on the size of the LEA. The sample sizes are statistically representative, within the following assumptions:
• Margin of error of 10 percent: this is the chance of missing (not finding) noncompliance in the sample when it exists.
• Confidence level of 95 percent: this is the level of confidence that results found are true and representative.
• Expected response distribution of minimum 90 percent compliance.

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

The OSDE-SES annually conducts monitoring activities for 100% of the State’s LEAs to determine if all LEAs are in compliance for Indicator 13. Noncompliance is identified through data submitted by LEAs through the annual June end-of-year data collection as well as specific monitoring activities such as desk audits and onsite visits. All active high school student records are reviewed. A sample is not conducted for annual compliance.

After analyzing data collected for Indicator 13 in June 2021, noncompliance was identified in 28 LEAs. The 28 LEAs identified as noncompliant were issued a letter of findings and required to make child-specific corrections within 30 days of receipt of the letter. All 28 LEAs were notified by November 15, 2021. Subsequently, LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (EDPlan) in order to determine that they were completed in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

The 28 LEAs identified as being noncompliant have since demonstrated that they have corrected child specific (Prong I) noncompliance.

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

**Actions taken if noncompliance not corrected**

If noncompliance is not corrected--meaning LEAs continue to not demonstrate systemic compliance--LEAs are monitored through the differentiated monitoring process for a second consecutive year and are marked as having "longstanding noncompliance" in indicator 13 on their annual determinations. LEAs identified with continuing noncompliance must revisit their improvement plans from the prior year and review and revise to ensure compliance can be achieved. A subsequent analysis of IEPs is conducted at the end of the school year--as described in the prior section ("Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements").

If an LEA has been noncompliant (below 95%) for three consecutive years for indicator 13 , the LEA is required to complete the following additional activities:
o Review the past two years root cause analyses to assist in developing an improvement plan.
o Use professional development special education grant funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
o Invite parents of affected students to the school board meeting to participate in the discussions for the plan for improvement.

**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** |
| --- | --- | --- | --- |
| FFY 2019 | 6 | 3 | 3 |
|  |  |  |  |
|  |  |  |  |

**FFY 2019**

**Findings of Noncompliance Verified as Corrected**

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

In the FFY 2020 SPP/APR submission, six LEAs continued to be under review for noncompliance from FFY 2019. The LEAs received continuing intensive technical assistance that included required corrective action planning and root cause analysis, and the LEAs had to develop targeted plans focused on improving compliance on Indicator 3. The LEAs were considered non-compliant in FFY 2020 because continuous compliance was not demonstrated during the prong 2 reviews. These LEAs had to resolve child-specific findings of noncompliance for FFY 2020, also.

In subsequent data reviews using the same sampling procedures described earlier, three of the six LEAs demonstrated 100 percent compliance. Three were found to have noncompliant records and continue to be under review in FFY 2021.

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

LEAs were required to submit data showing evidence of completed documentation for identified students. The OSDE-SES reviewed IEP documentation through the statewide online IEP system (EDPlan) in order to determine that IEPs were completed in accordance with the regulatory requirements. OSDE-SES staff reviewed the documentation to determine if the child-specific corrections had been made. In addition, when necessary, the OSDE-SES conducted follow-up phone calls to ensure that education records were available for review through the online IEP system. If records were not available for review, LEAs were required to submit the documentation in the children's electronic records.

All LEAs identified as non-compliant have since demonstrated that they have corrected all individual cases of noncompliance in FFY 2020.

**FFY 2019**

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

**Actions taken if noncompliance not corrected**

If noncompliance is not corrected--meaning LEAs continue to not demonstrate systemic compliance--LEAs are monitored through the differentiated monitoring process for a second consecutive year and are marked as having "longstanding noncompliance" in indicator 13 on their annual determinations. LEAs identified with continuing noncompliance must revisit their improvement plans from the prior year and review and revise to ensure compliance can be achieved. A subsequent analysis of IEPs is conducted at the end of the school year--as described in the prior section ("Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements").

If an LEA has been noncompliant (below 95%) for three consecutive years for indicator 13 , the LEA is required to complete the following additional activities:
o Review the past two years root cause analyses to assist in developing an improvement plan.
o Use professional development special education grant funds to address the improvement plan implementation. The amount or percentage of funds directed will be determined in consultation with the state.
o Invite parents of affected students to the school board meeting to participate in the discussions for the plan for improvement.

## 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. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the remaining 6 uncorrected findings of noncompliance identified in FFY 2019 were corrected.

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 findings of noncompliance identified in FFY 2020 and each LEA with remaining noncompliance identified in FFY 2019: (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**

Reporting completed as required in prior sections.

## 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 uncorrected findings of noncompliance identified in FFY 2020 and the remaining three findings of noncompliance identified in FFY 2019 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 and FFY 2019: (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 | 2020 | Target >= | 32.00% | 32.00% | 32.75% | 32.75% | 20.00% |
| A | 20.02% | Data | 22.32% | 24.56% | 26.42% | 22.27% | 20.02% |
| B | 2020 | Target >= | 47.50% | 48.00% | 49.00% | 49.00% | 54.00% |
| B | 54.72% | Data | 62.74% | 60.58% | 57.19% | 51.27% | 54.72% |
| C | 2020 | Target >= | 60.50% | 61.00% | 73.60% | 73.60% | 64.00% |
| C | 64.73% | Data | 74.74% | 76.60% | 73.36% | 70.18% | 64.73% |

**FFY 2020 Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A >= | 21.00% | 22.00% | 23.00% | 24.00% | 25.00% |
| Target B >= | 55.00% | 56.00% | 57.00% | 58.00% | 59.00% |
| Target C >= | 66.00% | 68.00% | 70.00% | 72.00% | 74.00% |

**Targets: Description of Stakeholder Input**

**FFY 2021 SPP/APR Data**

|  |  |
| --- | --- |
| Total number of targeted youth in the sample or census | 7,254 |
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school | 1,898 |
| Response Rate | 26.16% |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school  | 371 |
| 2. Number of respondent youth who competitively employed within one year of leaving high school  | 670 |
| 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) | 111 |
| 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). | 177 |

| **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) | 371 | 1,898 | 20.02% | 21.00% | 19.55% | Did not meet target | No Slippage |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2) | 1,041 | 1,898 | 54.72% | 55.00% | 54.85% | 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) | 1,329 | 1,898 | 64.73% | 66.00% | 70.02% | Met target | No Slippage |

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

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

**Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2020** | **2021** |
| Response Rate  | 15.52% | 26.16% |

**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 response rate increased substantially by several percentage points this year. The pool of possible respondents included all secondary school leavers in SY 2020-21 aged 16 and older. 7254 individuals were included in the list and all contact information was shared with the contracted polling organization. Of these, 1898 could be contacted and were willing to respond. OSDE-SES is pleased with this substantial increase in response rate, although it recognizes that this rate may not be sufficient to ensure representation of all special education school leavers for the state or LEAs. In particular, students who exited by dropping out were significantly less likely to respond to the survey (or to have accurate contact information) and are underrepresented in the results.

OSDE-SES has directed its contracted polling organization to conduct surveys equitably, regardless of student demographics. All exiters are contacted in a variety of ways, and weighted sampling is not conducted. The polling organization attempts to contact students multiple times if the contact information is not "unreachable." We expect that if the response rate increases through the efforts described previously, then the respondent pool will continue to become more representative. Unfortunately, if underrepresented students (such as drop-outs) are more likely to have their contact information change after exiting high school, those students will be less likely to respond to the survey, and those groups will continue to be underrepresented.

The state has worked to improve contact information by encouraging LEAs to update contacts at the end of students' senior year. Oklahoma has also encouraged LEAs to collect their own survey responses. The 57 LEAs that conducted their own surveys in the most recent cycle had an average response rate of 62.8 percent, much higher than the state average (and when compared to the 23.2 percent response rate for contracted survey gathering). LEAs who make their own calls have found it easier to find missing contact information or to update that information when it has changed, ensuring that more students are included in the response pool.

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

The state has identified the potential for nonresponse bias in the survey results in two areas. The first is related to Black/African-American respondents, who were slightly but significantly less represented among respondents than in the population of exiters (a difference of 1.57 percent). They are over-represented in the set of non-respondents as a result. Importantly, Black respondents have lower rates of engagement than other groups, with 42 percent in Measure B and 61 percent in Measure C. These rates are significantly lower than other groups’ rates of education and employment engagement, which all hover around the state summary rates. If more Black students participated in the survey, it is possible that the overall state rates for Measures B and C would be lower. (But only if the population of non-respondents is the same as respondents.)

The second area with potential nonresponse bias is related to the reason for exiting. Students who exited by dropping out of school and who answered the survey were substantially less likely to be engaged: a mere one percent reported being enrolled in higher education, while 37 percent fell into Measure B and 47 percent in Measure C. These engagement rates are significantly lower than for graduates, who reported engagement at 20%-60%-71% A-B-C rates. If the population of non-respondents is the same as respondents, then the summary state rates for all three indicator 14 measures could be lower if more dropouts responded to the survey.

However, we are not able to know if non-respondents have the same characteristics as respondents, and do not know whether they are engaged in education or employment at the same rates as respondents. Thus, there is only potential non-response bias and none has been definitively identified.

The state’s solution to resolving potential non-response bias is to continue to increase the response rate to include more respondents of all types.

**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.**

As shown in the demographic comparisons below, the pool of respondents resembles the sampling frame in most categories. Significance tests were conducted to assess whether the differences in proportions between the entire population and the respondents were significant. Three comparisons stand out. First, as shown in Table 1, females' response rate is lower than the rate for the population of exiters, and the difference is statistically significant.

Table 1:
Gender; Population#; Pop Rate; Response#; Resp Rate; Diff in Rates; P-Value
ALL 7254 1898
Female 2663 0.3671 648 0.3414 -2.57% 0.03846
Male 4591 0.6329 1250 0.6586 2.57% 0.03846

Regarding race and ethnicity representation (Table 2): the difference in the response rate for White students compared to their population rate was significant, as it was for African-American students. Students identifying with other racial groups were not significantly less likely to respond. Overall, the response pool closely mirrors the distribution of race identify in the population of exiters.

Table 2:
Race/Ethnicity; Population#; Pop Rate; Response#; Resp Rate; Diff in Rates; P-Value
ALL 7254 1898
Asian 62 0.0085 14 0.0074 -0.12% 0.61708
Black 752 0.1037 167 0.0880 -1.57% 0.04338
Hispanic/Latino 1021 0.1407 253 0.1333 -0.75% 0.40654
Native American 1047 0.1443 282 0.1486 0.42% 0.63836
Pacific Islander 17 0.0023 1 0.0005 -0.18% 0.11184
Two/More Races 779 0.1074 183 0.0964 -1.10% 0.16452
White 3576 0.4930 998 0.5258 3.28% 0.01078

Students who dropped out of school were substantially less likely to respond to the survey than graduates. Although 88.3 percent of the sampling pool were graduates, 96.3 percent of respondents were graduates. Thus, the survey results over-represent the current status of graduates compared to dropouts.

Table 3:
Exit Reason; Population#; Pop Rate; Response#; Resp Rate; Diff in Rates; P-Value
ALL 7254 1898
Dropped Out 847 0.1168 70 0.0369 -7.99% 0.00001
Graduated 6405 0.8830 1828 0.9631 8.02% 0.00001
Other 2 0.0003 0 0.0000 -0.03%

**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.**

Along with strategies previously mentioned, efforts are being made to improve low response rates due to inaccurate contact information and leavers’ unwillingness to respond to the survey request (1,220 of the 7,254 exiters had blocked, business, disconnected, fax/computer tone, unknown, or wrong phone numbers). LEAs have begun to assist the state by updating contact information just prior to graduation and by raising awareness of the importance of the survey among personnel.

The state also continues to promote the opportunity for LEAs to manage their own survey collection. In FFY 2021, 57 LEAs opted to conduct the survey with their own students, resulting in much higher local response rates on average. More LEAs have expressed interest in conducting their own surveys in FFY 2022. OSDE-SES personnel and stakeholders such as the Oklahoma Transition Council also continue to work to develop additional strategies to encourage participation.

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

The State uses a statistical formula (Z-test for two population proportions) to determine if two proportions (i.e., % of surveys received versus % of families in the target population) should be considered statistically different. A p-value less than 0.05 indicates a statistically significant difference between the proportions (non-representativeness).

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

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

## 14 - Prior FFY Required Actions

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**

The required analysis is provided in the previous section.

## 14 - OSEP Response

## 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 | 6 |
| 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**

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2012 | 62.50% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 0.00% | 65.00% - 70.00% | 65.00% - 70.00% | 65.00%-70.00% | 70.00% |
| Data | 78.57% | 100.00% | 100.00% | 87.50% | 85.71% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 70.00% | 70.00% | 70.00% | 70.00% | 70.00% |

**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 | 6 | 85.71% | 70.00% | 16.67% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The State reported fewer than ten resolution sessions held in FFY 2020.

Five of six resolution sessions were not resolved through settlement agreements in FFY 2021. Three of the five resolution sessions were cancelled with a resolution, settlement or decision. A fourth hearing request had a decision made in favor of the parent. The remaining case which did not have a resolution agreement was given an extension at the request of the parties involved and a hearing decision was made within timeline in July 2022.

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

## 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 meet its 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 | 10 |
| 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 | 0 |
| 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 | 8 |

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

NO

**Targets: Description of Stakeholder Input**

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 92.31% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2016** | **2017** | **2018** | **2019** | **2020** |
| Target >= | 83.50% | 84.25% | 85.00% | 85.00% | 70.00% |
| Data | 85.71% | 60.00% | 84.62% | 88.89% | 100.00% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 70.00% | 70.00% | 70.00% | 70.00% | 70.00% |

**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** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 8 | 10 | 100.00% | 70.00% | 80.00% | Met target | No Slippage |

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

## 16 - Prior FFY Required Actions

None

## 16 - OSEP Response

## 16 - Required Actions

# Indicator 17: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

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)?**

By FFY 2025, Oklahoma will see improved early literacy skills for K-3 students in targeted low-performing schools as identified by the state’s ESSA plan.

**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 state is including students in grades KG through third in school sites designated as Additional Targeted Support and Improvement (ATSI) sites under the ESSA.

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

NO

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

https://sde.ok.gov/sites/default/files/Theory%20of%20Change.pdf

**Progress toward the SiMR**

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

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

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 50.44% |

**Targets**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 50.44% | 52.00% | 53.50% | 55.00% | 56.50% |

**FFY 2021 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of students Demonstrating Literacy Sufficiency by End of Year** | **Number of Students Assessed on Literacy Benchmarks** | FFY 2020 Data | FFY 2021 Target | FFY 2021 Data | **Status** | **Slippage** |
| 8,343 | 17,502 | 50.44% | 50.44% | 47.67% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

The state does not have a verified explanation for slippage. The SSIP had not begun full implementation working with sites in SY 21-22, the year these results reflect.

All sites designated needing "Additional Targeted Support and Improvement" (ATSI) through the ESSA Plan were included in the measure. Many low-performing sites in Oklahoma have struggled in the past two years with implementing broad improvements in the early grades, especially after the pandemic and the lower-than-typical enrollment in preschool and kindergarten. Children were not entering school with high levels of literacy, and schools struggled to raise their end of year scores to "on level."

The state expects that scores will improve over time in part because of SSIP interventions.

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

The data source for the SiMR is the aggregated dataset of benchmark results on pre-approved screeners that assess reading skills in grades kindergarten through third. All elementary sites submit this data annually to the SEA.

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

Oklahoma Statute 70 O.S. § 1210.508C requires that each student in kindergarten through third grade is assessed at three points during the school year for a variety of critical reading skills. Screeners used by LEAs must be pre-approved by the SEA. LEAs collect reading screening results to submit to the SEA semi-annually. The datasets are processed at the end of each school year to produce an aggregated table of site-level results to monitor site improvement over time.

The SiMR is calculated from the aggregated table of screener results. As described previously, the SiMR is calculated only using the benchmark data from elementary school sites identified as ATSI at the most recent designation. ATSI designations are made every three years using the prior three years of state ‘school report card’ results. The annual school report card measures several school indicators of quality, including assessment proficiency rates and rates of growth, chronic absenteeism, graduation, English language learner progress, and post-secondary opportunities. New designations will be made in 2023 using the data from school years 2020 through 2022. The current set of sites were identified using the prior three years of data.

The SiMR calculation is made by identifying the number of students in grades KG through 3 at all elementary ATSI sites who a) demonstrated reading sufficiency on an approved screener at the beginning of the year or b) improved to demonstrate sufficiency (scoring “on level”) at the end of the year. That number is divided by the total number of KG to third grade students who were screened during the school year, minus those who exited the sites over the course of the year.

Note that SiMR data for FFY 2021 reflects school year 2021-22 screener results, during which time evidence-based practices have not yet been implemented. Thus, the target for FFY 2021 remains the same as FFY 2020.

**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)**

NO

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

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

https://sde.ok.gov/sites/default/files/Evaluation%20Plan%20SSIP%20-Bpdf.pdf

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

YES

**If yes, provide a description of the changes and updates to the evaluation plan.**

The previous submission did not include the evaluation plan for each component of the project. The updated evaluation plan includes all infrastructural and implementation components.
Infrastructure Goal 1: The Oklahoma State Department of Education (OSDE) will institute and maintain a state leadership structure to support the adoption of a multi-tiered system of support (MTSS) framework to address literacy challenges.
Strategy 1: Establish agency leadership structure to support the SSIP.
Strategy 2: Establish multi-tiered system of support.

Infrastructure Goal 2: The OSDE will provide access to and continued monitoring of resources, professional development, and coaching of evidence-based practices, with increased support at tiered levels, to provide opportunities to develop high quality school site teams in grades K-3 that consistently implement evidence-based practices that support early literacy strategies.
Strategy 1: Create and distribute high quality resources supporting evidence-based instructional strategies relating to K-3 early literacy outcomes and success.
Strategy 2: Create and distribute high quality professional development modules identifying and utilizing evidence-based instructional strategies relating to K-3 early literacy outcomes and success.
Strategy 3: Build infrastructure to provide high quality instructional coaching for educators at selected schools (application dependent) to further support evidence-based instructional strategies relating to K-3 early literacy outcomes and success.

Implementation Goal 1: The OSDE will provide access to and continued monitoring of resources, professional development, and coaching of evidence-based practices, with increased support at tiered levels, to provide opportunities to develop high quality school site teams in grades K-3 that consistently implement evidence-based practices that support early literacy strategies.
Strategy 1: Implement effective instructional practices to support K-3 site teams instructional change leading to improved student outcomes.

Each aspect of the evaluation plan has been further developed with detailed, measurable, and time sensitive short-term, medium-term, and long-term outcomes. There are two overarching infrastructural goals, each with strategies, and one implementation goal with one strategy. Within each of these strategies, there are several activities/actions that support the ultimate outcomes. Further details regarding these changes are available on the link provided above, and details regarding achieved outcomes are in a subsequent section.

**If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.**

The changes made to the SSIP evaluation plan focus on the expansion of the project. Each of the outcomes aligns with previously reported intentions.

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

The focus for this year has been to develop the infrastructure and begin implementation of the strategies. The entire framework has been built and the pilot year of implementation has begun. The next phase will continue implementing all components of the project. The improvement strategies implemented in FFY2021 are listed as the evaluation plan updates described in the prior section as well as those that follow. The specific activities and goals achieved are described in the next sections.

**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.**

The first goal and associated two strategies have been continuously maintained since the last report. These governance-oriented elements are necessary for all three over-arching goals: achievement of the SiMR,the sustainability of the system, and project scale-up over time. Slight adjustments to previously -reported practices have been implemented to support sustainability.

Goal 1: Strategy 1: Establish agency leadership structure to support the SSIP.

Activity: Establish the SSIP State Leadership Team (SLT) to design the program, collaborate with partners, develop policies and procedures, secure funding and allocate resources for the implementation of the SSIP.
Outcome 1.1 SLT meets monthly to consider program progress (governance). Achieved. SLT has met monthly with a focused agenda.
Outcome 1.2 Stakeholders are regularly consulted on program definition and implementation. Processes and procedures are written to share with stakeholders, partners, and participating districts (governance). Achieved. All processes and procedures have been shared with stakeholders, partners, and participating districts as required. Information can be accessed via SSIP website.
Outcome 1.3 Initial funding is allocated to support startup activities for the SSIP, including staff support (finance). Achieved.
Outcome 1.4 The annual budget includes dedicated funding for SSIP activities (finance). Achieved. Initial funding has been secured, additional funding for school reimbursement for substitutes/travel has been approved, and scale-up funding has been considered.

Activity: Participate in and contribute to collaborative efforts to secure MTSS as a viable framework for school support and student improvement. Allocate resources to the long-term implementation of the SSIP.
Outcome 2.1 SSIP staff are engaged with the agency’s collaborative efforts to promote MTSS statewide (governance). Achieved. The SSIP staff have worked alongside State Personnel Development Grant (SPDG) and agency MTSS efforts.
Outcome 2.2 State program leaders demonstrate annual commitment to continuing the SSIP programs (accountability/monitoring). Achieved by continuing to collaborate with external and federal support regarding SSIP Part-B.
Outcome 2.3 MTSS is promoted and instituted agency wide as a viable framework for site support (governance). Partially achieved. The MTSS leadership team at the state level is working to formalize team activities and actions into standard operating procedures for consensus management and to ensure team sustainability due to staff turnover.

Activity: Coordinate SSIP and MTSS designations in their efforts for systemic change.
Outcome 3.1 The state infrastructure is effective for supporting the SSIP and long-term programmatic change (governance). Partially achieved. As described in the section below discussing challenges and barriers, designation for the selected demographic has posed a challenge for the full completion of this outcome.
Outcome 3.2 The SLT incorporates and uses quality feedback mechanisms from staff and districts (data). Achieved. Surveys have indicated the project has been successful and offer opportunities for stakeholders to voice needs for change.
Outcome 3.3 Participating districts and state support personnel understand and adhere to program processes and procedures (governance). Achieved. The application indicates clear processes and procedures and have been provided to districts.
Outcome 3.4 Staff are accountable to maintaining program expectations (accountability/monitoring). Achieved. Deadlines have been met, outcomes achieved, and collaboration continues as a continuous check for adherence.
Outcome 3.5 Processes and procedures are reviewed annually, and relevant updates are made (governance). Achieved. The revision process has begun collaborating with SPDG to support relevant updates and alignment.
Outcome 3.6 The leadership team annually conducts a self-assessment to determine status relative to sustainability (data). Not achieved. The self-assessment process will begin in May 2023 at the conclusion of the pilot year.

Goal 1: Strategy 2: Establish a multi-tiered system of support

Activity: Define the tiered support framework with three levels of support.
Outcome 1.1 Three levels of support have been articulated with specific interventions and support activities (governance). Achieved. The SSIP website describes the levels of support with provided interventions and activities.
Outcome 1.2 An application process has been developed to select sites to be provided tier three intervention (governance). Achieved. An application has been developed but the timeline for dissemination has not been solidified.
Outcome 1.3 Mechanisms have been developed to monitor who is using universal (tier one) resources and supports, which are available to all districts in Oklahoma (data). Achieved. The platform allows for limited usage data to be collected and the use of a quarterly survey supports the feedback regarding usage and relevance.
Outcome 1.4 Mechanisms have been developed to monitor which sites are using targeted (tier two) resources and interventions, which will be made available to ATSI sites in Oklahoma (accountability/monitoring). Achieved. Following an application, data collection regarding site participation has been collected monthly and a cohesive partnership with frequent conversations has been developed.
Outcome 1.5 The tiered framework is sustainable (measure TBD) (governance). Not achieved. As the pilot year is still continuing, it is difficult at this point to determine the measure of sustainability until after the conclusion of the pilot year.
Outcome 1.6 State program leaders demonstrate sustained commitment to the implementation of the tiered framework (governance). Achieved. Collaboration with agencies has continued to sustain commitment to the project.

Activity: Assign support activities and evidence-based practices to each level of support.
Outcome 2.1 High quality evidence-based practices have been selected with input from stakeholders (professional development/technical assistance). Achieved. Stakeholders provided input regarding scope and sequence and instructional coaching supports desired need.
Outcome 2.2 The framework meets generally accepted measures of quality for MTSS to improve academic outcomes (governance). Achieved. Considerations for evidence-based practices provided in each level of support is determined through data collection, school advocacy, and written procedures of school risk to ensure that the framework of MTSS is best used as the tiered delivery model.

Activity: Develop a feedback mechanism to monitor the quality of the framework and its implementation successes and challenges. Establish regular stakeholder outreach for program design and implementation.
Outcome 3.1 Feedback mechanisms exist to refine processes, procedures, and interventions over time (governance). Partially achieved. As this is the pilot year, the feedback mechanisms exist but the usage is limited to the current participation pool.

The SSIP website contains an info-graphic describing relevant goal information and achievements of the program. As the project progresses to full implementation, the info-graphic will include additional information relevant to the full scope of the project.

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

YES

**Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved*.***

Goal 2: The Oklahoma State Department of Education will provide access to and continued monitoring of resources, professional development, and coaching of evidence-based practices, with increased support at tiered levels, to provide opportunities to develop high quality school site teams in grades K-3 that consistently implement evidence-based practices that support early literacy strategies.

Strategy 1: Create and distribute high quality resources supporting evidence-based instructional strategies relating to K-3 early literacy outcomes and success.

Activity : Participate on an inter-agency MTSS Leadership team and collaborate with members to develop, collate, and create an accessible online library of resources supporting evidence-based instructional strategies.
Outcome 1.1 Collaboration with the MTSS Leadership team will consist of check-ins at least four times a year (governance). Achieved. SLT has attended all meetings, over four times per year, with continued participation for the upcoming year.
Outcome 1.2 Sustainable inter-agency teaming continues, replacing and adding members to continue the collaboration (governance). Achieved. MTSS leadership team is refocusing for the new year, to replace staff turnover in the agency.
Outcome 1.3 Continued agency alignment regarding MTSS implementation (governance). Not achieved. The team is refocusing based on the self-assessment for the outcomes of the team.

Activity: Design and collect data usage tools to determine effectiveness and usage.
Outcome 2.1 Data collection methods of usage are developed and collected annually (data). Achieved. Data methods are developed, and procedures are described.
Outcome 2.2 Continue data collection regarding material quality (data). Achieved. All materials fall into one of the identified categories and meet the needs of the category description.

Activity: Create and maintain online platform to house evidence-based resources.
Outcome 3.1 Online platform will be live and accessible to schools (professional development). Achieved. The platform is located on the state agency platform and linked to the SSIP website.
Outcome 3.2 Continued addition and revision of materials to ensure that relevant, used, and high-quality materials are placed on the platform (technical assistance). Partially achieved. SPDG and the Office of Special Education has reviewed the materials placed on the platform, but further collaboration is necessary to achieve the outcome.

Activity: Create and/or collate high quality resources to support MTSS and early literacy strategies categorized by topic.
Outcome 4.1 High quality materials are provided on the platform categorized for ease of use (technical assistance). Partially achieved. The platform is currently organized but the continuous addition of materials will require an additional level of organization.
Outcome 4.2 Definitions of the categories in which materials will be categorized are provided and responsive to school needs (technical assistance). Not achieved. The definitions of these materials are developed by the MTSS leadership team which is undergoing professional refocus.

Strategy 2: Create and distribute high quality professional development modules identifying and utilizing evidence-based instructional strategies relating to K-3 early literacy outcomes and success.

Activity: Create a sequenced professional development plan that responds to the needs of the school sites.
Outcome 1.1 Stakeholder input is used to determine professional development sequencing (governance). Achieved. Initial surveys determined the sequence and continued surveys determine need for change.
Outcome 1.2 Sequenced PD uses adult learning theory to support educator change (professional development). Achieved. The design of delivery is responsive to adult learners and the sequence builds content for immediate implementation.
Outcome 1.3 Sequenced professional development is responsive and aligned to the other tiered level of supports (professional development). Partially achieved. For the portions of developed PD, the sequence is aligned. However, not all of the PD has been completed to fully achieve the outcome.

Activity: Lead and provide professional development and keep accurate data collection.
Outcome 2.1 Data collection methods to determine the participant’s increase in knowledge (data). Achieved. Content surveys determine the individual’s increase in content area knowledge. Item analyses are conducted to determine professional development changes.
Outcome 2.2 Continued data collection regarding participant’s increase in knowledge (data). Not achieved. The pilot program has run for four months and checkpoints for knowledge retention and increase have not occurred.

Activity: Develop and provide professional development webinars specific to content topic.
Outcome 3.1 Webinars are succinct and express information clearly (professional development). Achieved. Modules are outlined, timed, and aligned with supporting information.
Outcome 3.2 Modules are crafted to provide high-quality, aligned, and sequenced content with focus on evidence-based practices (professional development). Achieved. The evidence-based practices are supported on the platform and within the professional development.

Activity: Develop and provide professional development synchronous learning opportunities.
Outcome 4.1 Synchronous learning opportunities are developed with adult learning theory in mind (professional development). Partially achieved. In the pilot year, 2 of the 4 opportunities have been offered and surveys have indicated positive response from participants.

Strategy 3: Build infrastructure to provide high quality instructional coaching for schools (application dependent) to further support evidence-based instructional strategies relating to K-3 early literacy outcomes and success.

Activity: Create an application process that determines high need schools that would benefit from instructional coaching.
Outcome 1.1 SLT will develop an application and written protocols for instructional coaching contracts (governance). Partially achieved. This application and protocols are in progress to be completed by spring 2023.
Outcome 1.2 Sustainable capacity determines the quantity of participants in each cohort (governance). Achieved. The capacity has been determined and procedures are in place to determine annual revisions.

Activity: Implement the Impact Cycle to improve individual educators’ implementation of evidence-based practices.
Outcome 2.1 SLT will develop written protocols and guidance to effectively support The Impact Cycle (governance). Partially achieved. Instructional coach has completed the Impact Cycle training and is currently developing protocols and guidance to support.

Activity: SSIP Instructional Coach will create written protocols for coaching effectiveness and sustainability.
Outcome 3.1 Create written protocols for coaching including timing, location, and frequency during year 2 and update year 3-5 (governance). Partially achieved. These decisions have been made but have not been documented in written protocols at this time.

Activity: Collect fidelity data to determine how instructional coaching is improving instruction.
Outcome 4.1 Data collection for educator implementation and improvement (data). Not achieved. The coach is creating materials for collecting data collaborating with SPDG, SSIP-Part C, and utilizing existing supports via TORSCH talent a professional learning platform for educators.

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

The previously defined infrastructure strategies that are not yet fully achieved are the focus for the the coming year(s). For all achieved outcomes, sustainability and long-term outcome achievements are the primary focus.

The MTSS leadership meetings have provided an opportunity to collaborate agency-wide to support MTSS implementation state-wide. Due to staff turnover, a refocus is necessary to realign the outcomes of the team to the intention of the work. Because the universal supports (tier 1) are a collaborative effort for both the SSIP and the MTSS team, the evaluation of high-quality materials falls under this refocus. The following outcomes are a focus for the SLT:
• MTSS is promoted and instituted agency wide as a viable framework for site support.
• The leadership team annually conducts a self-assessment to determine status relative to sustainability.
• Continued agency alignment regarding MTSS implementation.
• Continued addition and revision of materials to ensure that relevant, used, and high-quality materials are placed on the e-learning platform
• High quality materials are provided on the platform categorized for ease of use.
• Definitions of the categories in which materials will be categorized under, are provided and responsive to school needs.

The ATSI designation determination timeline and subsequent designation definitions are managed by the Office of School Support. The following outcomes are intended to be achieved as the designation timeline is approaching:
• The state infrastructure is effective for supporting the SSIP and long-term programmatic change.

As the pilot year ends, the long-term outcomes that are useful for measuring sustainability and scale-up must be defined soon. In addition to the goals listed below, continued professional development courses will be developed to match the sequenced professional development. The following outcomes are anticipated to be partially or fully achieved by the end of the pilot year:
• The tiered framework is sustainable (measure TBD).
• Feedback mechanisms exist to refine processes, procedures, and interventions over time.
• Sequenced professional development is responsive and aligned to the other tiered level of supports.
• Continued data collection regarding participant’s increase in knowledge.
• Synchronous learning opportunities are developed with adult learning theory in mind.

In August 2023, instructional coaching will begin with selected ATSI sites. Therefore, the continued implementation of the instructional coaching infrastructure is a focus for the upcoming year with the following expected outcomes:
• SLT will develop an application and written protocols for instructional coaching contracts.
• SLT will develop written protocols and guidance to effectively support The Impact Cycle.
• Create written protocols for coaching including timing, location, and frequency during year 2 and update years 3-5.
• Data collection for educator implementation of EBPs and improvement in literacy instruction in participating schools.

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

• Universal Design for Learning
• Accommodations and Modifications
• Multi-tiered Systems of Support
• Implementing Interventions
• Oral language
• Phonology
• Phonics
• Word Study

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

Universal Design for Learning
The framework of universal design for learning focuses on three components: multiple representations of content, means of engagement, and options for expression. Practices taught regarding implementation of instructional practices focusing on multiple representations of content include strategies to deepen educator planning, provide visual components to phonological skills, and empower the teacher and student to create visual graphics collaboratively. The strategy from the TIES Lessons for ALL, 5-15-45, incorporates opportunities for educators to deepen their understanding of barriers to student understanding. Elkonin sound boxes represent a visual and tactile component to an auditory connection. Choice menus provide students an opportunity to select the topic, group, and the product they will create to demonstrate understanding of an objective given all students. Basic student grouping practices including heterogenous, and homogenous grouping, collaborative groups, partners, and jigsaw groups are provided as means to improve engagement. Think-pair-share offers an opportunity for those students who need more processing time to think, a time to pair off and gain insight from a partner or revise their thinking, as well as time to share if desired with the class. Additionally, modeling skills that will gradually become independent skills for students can be done using the I Do, We Do, You Do practice. Practices taught regarding options for expression include methods for assessing alternate assignments with the use of checklists and rubrics. The rubric styles described include checklists, holistic, developmental, and analytic.
Accommodations & Modifications
While evidence-based practices are not specifically related to the implementation of accommodations and modifications, explicit strategies are represented in the webinar style module. Accommodations are divided into four variations: time, size, input, and output. Specific examples and case studies are provided to allow participants to critically think about their understanding as it relates to data driven decisions regarding accommodation and modification provisions.
MTSS Tiered Framework
Multi-tiered system of support is an evidence-based framework model of schooling that emphasizes key components involving universal screening to target early identification of skill deficits, tiers of interventions that can be intensified in response to levels of need, progress monitoring using data driven decision making procedures, and fidelity of the evidence-based interventions being implemented as prescribed. Within the training module, participants learn practices regarding the definition of MTSS, how MTSS relates to RTI, and best practices to implement in a school-wide system. Participants are provided opportunities in which they are encouraged to critically think about screening data and determine the next steps regarding MTSS infrastructural procedures.
Implementing Interventions
Evidence-based instructional strategies taught in this module are intended to be adjusted as students’ specific needs are addressed through the intervention intensity guidelines. Educators examine relevant research that supports the usage of evidence-based early intervention for students. Participants learn about the seven components of adjusting intensive interventions: strength, dosage, alignment, attention to transfer, comprehensiveness, behavioral or academic support, and individualization. Within each of these components, educators are advised to consider student data and observation to identify the best possible implementation. Schools are encouraged to consider infrastructural supports needed to implement an effective intervention system built with the framework of MTSS. Additionally, within the module several evidence-based instructional strategies are taught as available resources for educator usage. Folding in, repeated practice, time delay, and I Do, We Do, You Do are examples of interventions that are evidence-based instructional strategies easily adjusted for intensity and are effective across academic areas. Participants are guided to provide explicit instruction during repeated practice intervention opportunities. Within the module, participants develop their understanding of progress monitoring and how it relates to the intervention provided.
Instructional Coaching Practices
The instructional coaching practice module has two purposes: a) to guide interested school sites to understand the instructional coaching practices that will be provided through the SSIP; and b) to support existing coaches in understanding a framework of coaching they can utilize to support their existing capacity. The module focuses on the Jim Knight method of instructional coaching.
Oral Language
The oral language module focuses on the science of reading terms and misconceptions. This module features an understanding of structured literacy practices and how they relate to the Oklahoma screener assessments that helps to identify student deficits. Since Oklahoma legislation requires all educators to attend a dyslexia professional development, this module builds off the understanding of structured literacy gained from the dyslexia professional development. Within this module, two phonological interventions are presented: rhyming- thumbs up, thumbs down and phoneme matching.
Phonology
The phonology module focuses specifically on sequencing phonological interventions. The module begins with identifying phonology and the rationale for determining student deficits in this area. Clapping sentences begins the skill for identifying the separations between words in sentences and later syllables. Token sentences is another variation of segmentation sentences and Clapping syllables supports the identification of syllables. Token onset/rime segmentation and blending support students to listen and hear onset and rimes before including graphemes. Arm blending and arm segmenting utilize the arm as a tool to be able to blend and segment sounds without graphemes. Token sound manipulation provide a multi-sensory experience to support phonological tasks including segmenting, blending, isolating, deleting and substitution.
Phonics
Within the phonics module, educators are introduced to blends and digraphs, and how these relate to the phonetic instruction provided. Universal screeners are discussed as tools to identify student deficit areas. Interventions supported in this module include Elkonin sound boxes with encoding support. Identification of Vowels and Consonants support the ability to apply spelling patterns to words. Letter sound games support the ability to connect letters with their sounds. Silent ‘e’ sort supports the identification of differentiation between CVC and CVCe words. Open/Closed syllable sort supports additional spelling patterns to identify the correct vowel sound. Build a word supports the use of onset and rime to create a word. Word sorting supports students’ identification of words that share similar spelling patterns but different pronunciations or similar pronunciations and different spelling patterns.
Word Study
The word study module consists of an introduction to word study and morphology and how universal screeners can support word study deficits. Sequencing word study task and how to support future skills beyond K-3. Evidence-based practices including sorting words, selecting word sets, word detective (determining the meaning of a word) and word builder (using morphemes to support creating words).

**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 instructional strategies described just previously will impact the SiMR primarily by changing teacher/provider practices, which will in turn affect a variety of other outcomes. In general, tiered instruction supports impact districts at their level of need by helping them create or adjust site policies, procedures and practices. The overlap of these tiered supports is intended to achieve various levels of educational outcomes for all stakeholders involved, including site administrators, teachers, caregivers, and students. With specific sequenced focus on early literacy and the evidence-based practices, the SLT anticipates incremental change that will grow to statistically significant change over the course of the project.

Universal supports (tier 1) are available to all K-3 educators and parents via a state-owned Canvas platform. The materials are organized to meet the needs of the SiMR focusing on evidence-based instructional protocols that educators and parents can follow to support identified student deficits. These deficits, when intervened by matching an evidence-based intervention to the targeted skill deficit, will have a significant impact on student outcomes related to the SiMR. Teaching the process of graphing the data to determine if students meet their targeted goal will also help visually communicate to the parent the child progress. There is also research regarding a student self-graphing their performance to bring an awareness level of their personal progress in a specific skill.

Schools utilizing the professional development sequence (Tier 2) are accessing explicit technical assistance regarding how to use the library of evidence-based practices via the universal supports (tier 1) eLearning platform. This explicit instruction to participants is intended to support educator understanding regarding nuanced application and create a common language to support adjustments in site level procedures. With the next implementation of tier 3 instructional coaching, participants are provided explicit and direct support to implement literacy changes for their students.

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

In addition to the supporting data collected as described in sections above, content quizzes, implementation surveys, and feedback surveys have been developed to assist the SLT in its understanding of training effectiveness. The professional development feedback survey data have been very positive. After the conclusion of three synchronous PD events, the average response is “strongly agree” indicating that participants are finding value in the project. This supports the continued efforts of the SLT and the project itself.

The SLT has met monthly to monitor fidelity to high quality training practices and adherence to its implementation plan, discussing any modifications necessary. Continuous reference to the evaluation plan ensures that identified activities and tasks kept to the determined timelines. The SLT utilized a live working document to track actions and completion of tasks.

The SLT has collected limited data reflecting fidelity of implementation in the classroom to this point in the project. Participant sites were selected very recently, and school personnel have engaged with the professional development and training content for less than five months. All data yet collected have highlighted knowledge gains (a short-term outcome) rather than whether the EBPs have been implemented with fidelity and are producing positive student results (medium and long-term project outcomes). The state has collected some self-reported implementation data for some module topics. The average implementation score out of 30 is 24.7, indicating that educators report using the EBPs about 80% of the time. This data point suggests that the recommended strategies are being used with high frequency, at least as self-reported at the conclusion of each training module. The SLT expects usage to change over time as participants become more familiar with the strategies.

The third tier of support has not begun at this time and thus coaching and observation data have not been collected yet.

**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.**

At this time, limited data have yet been collected that could be used to make any decisions about the ongoing use of the evidence-based practices described earlier, except as reported in the prior section.

**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 SLT team will continue to provide guidance, professional development and training to school personnel on the use of evidence-based instructional strategies at all three tiers of support. The following activities will be conducted in FFY 2022 and are reported here in alignment with the evaluation plan goals and strategies:

Implementation Goal 1: The OSDE will provide access and continued monitoring of resources, professional development, and coaching of evidence-based practices, with increased support at tiered levels, to provide opportunities to develop high quality school site teams in grades K-3 that consistently implement evidence-based practices that support early literacy strategies.

Strategy 1: Implement effective instructional practices to support K-3 site teams instructional change leading to improved student outcomes.

Activity: Universal Supports are utilized by educators in the state.
Outcome 1.1: Universal supports are utilized by SSIP participants. Partly achieved 2022; expanding in 2023. Many participants are using the resources, but the location is not easily accessible. The SLT expects that the web host for the universal support guidance and documentation will move to a more user-friendly and accessible location. This work is being developed in association with the SPDG team and the MTSS team. This move will support easier access to the evidence-based protocols that are available for all K-3 educators and taught in the professional development sequence.

Activity: The professional development sequence is utilized by participating site personnel.
Outcome 2.1: Participants utilizing the modules will gain an increase in content understanding. Partly achieved 2022; expanding in 2023.
Outcome 2.2: Participants utilizing the sequence will increase implementation of strategies. Partly achieved 2022; expanding in 2023.
As reported previously, current participants have demonstrated increases in content knowledge and report that they are implementing EBPs and related classroom strategies. The SLT will continue working with the current cohort through the sequence of professional development that includes explicitly supporting the science of reading with evidence-based practices: Science of Reading: Oral language, Phonology, Phonics, Word Study, Fluency, Vocabulary, and Reading Comprehension. Evaluation tools will continue to be used to report on these outcomes. Continued development of the professional development sequence will lead to increased use of evidence-based practices that support the SiMR. The progression of the sequence will support districts as they adjust their policies and procedures to implement change towards the SiMR.

Furthermore, additional sites will be selected in 2023 based on their ATSI status (subgroup IEP) in the state’s ESSA Plan. The SLT will open the application in the spring and begin working with new sites and personnel in early fall as the next school year begins. These new sites will begin the professional development sequence at the beginning, progressing to instructional coaching support the following year.

The implementation of instructional coaching will begin in the 2023-24 school year. The supporting infrastructure, protocols and procedures are currently being developed to support implementation. The coaching module will follow Jim Knight’s Instructional Coaching methods and collect measurable data on IMPACT cycles and PEERs goals (both defined through Jim Knight’s training). The application for instructional coaching will be available for sites no later than March 2023. Sites and individuals will be selected based on rubric criteria no later than June 2023. Coaching will begin August 2023 and each cohort will run for 5 semesters or 2.5 school years. Cohort 2 will begin on a similar timeline beginning in 2024. Through coaching, a goal will be established, strategies will be implemented, and progress will be monitored.

The SLT expects the following outcomes to be partially achieved in 2023, but most gains will be realized later in the coaching cycle. Data will be collected through the quantity and quality of goals met, cycles started and completed, attendance data, and assessment data outcomes. Overall, instructional coaching will support selected educators to evaluate and improve their teaching practices as it relates to the SiMR.

Activity: Instructional coaching will lead to improved teaching outcomes.
Outcome 3.1: Participants receiving coaching support will participate in weekly and monthly support.
Outcome 3.2: Participants receiving coaching will increase implementation of teaching strategies.

Activity: Instructional coaching will lead to improved student outcomes.
Outcome 4.1: Participants receiving coaching will demonstrate a change in teaching strategies from the beginning of the year to the end of the year.
Outcome 4.2: Participants receiving coaching will demonstrate student outcome change based on impact cycle instructional changes.

**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.**

At this time the full scope of the SSIP has not been fully implemented and the modifications to alter the SSIP would not be conducive to the completion of the current plan.

Slight implementation modifications were made to ensure the alignment to the previously reported intentions. Due to the delayed Office of Accountability’s timeline for designating ATSI sites, adjustments to the pilot year were necessary. Designations are made on a rolling three-year basis, but a contracted group makes the scoring calculations with data provided by the state. That contractor has delayed issuing its site findings and designations. . Selected sites for the pilot year may or may not remain in the selected designation subgroup for the upcoming year. However, to support the sustainability of the project and its scaling-up goals, the SLT has determined that these school sites will continue piloting the program regardless of the new designation. This decision was made to allow the cohort to experience the e-learning platform authentically and to allow for slight adjustments before the second cohort participates (this upcoming August).

In the prior year’s report, the SLT did not frame how families might be engaged through the project. Upon meeting with a national TA center, the SLT decided to embed more authentic family engagement practices earlier into the sequenced plan. The modules now include a piece to support at-home learning and the SLT created newsletters to support families of students in classrooms with participating educators that highlight one evidence-based practice that can be done at home. The timeline for distributing information about each highlighted practice is aligned to the strategy the educator learned in the previous month. The intention is to support students at home as well as in school.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

During the month of January 2022, meetings were held with internal stakeholders to communicate effectively to the new program specialist lead. Following the discussions regarding the timeline for ATSI designation (originally to be announced December/January 2022/2023), it was determined that this new timeline impacts the original delivery model for implementation of tier 2 and 3 deliveries. Since the former designations will remain until the new designations are announced, the team considered implementing (tier 2) professional development supports to the ‘current’ designations in the fall of 2022. Therefore, the SSIP team began drafting optional timelines to present to stakeholders for feedback.

Beginning in February 2022, the SSIP leadership team drafted three professional development (tier 2) options and began scheduling meetings to present and receive feedback on the proposed options. The SSIP leadership team met with internal stakeholders to gauge feedback on the proposal. Revisions were made based on the feedback received. Specific changes included: inviting library media specialists and reading interventionists to the audience of sequenced PD, naming the Science of Reading modules for clarity, and discussions regarding capacity for completion.

March 2022 provided an opportunity to connect with the community regarding the implementation framework of the SSIP. Community connections occurred in a variety of ways: fliyers were distributed regarding the framework of the SSIP during the “People with Disabilities Awareness Day” and the “Joining Forces” conference, an ATSI stakeholder meeting provided in depth discussion regarding professional development sequencing, and a planning survey provided feedback regarding professional development options. More details about these latter two engagement activities is shared just below.

Toward the beginning of April, the team schedule a stakeholder meeting with a set of school personnel at some of the currently designated ATSI sites to present the proposed options and receive feedback. Out of five participants registered, only one attended. A related planning survey was shared with ATSI site personnel, which closed in mid-April with 23 responses. The SLT used the feedback provided by respondents to determine which PD module schedule to implement. The team also used the feedback to schedule the data retreat in the Fall of 2022, professional development in August 2022, and instructional coaching in August 2023.

The SSIP website has been continuously updated to include new flyers and listserv information. The SSIP Lead created a video promo to send out prior to the implementation of the professional development sequence. The intended outcome of the video is increased understanding of the SSIP, the supports available, and determinations of eligibility. An interest registration link was added to the website, to document schools that are interested in the programming, ensure adequate capacity, and preference to designated sites.
Upon the beginning of the program, the SLT continued conversations with the participating sites and have continued conversations regarding the implementation of the next cohort for the tier 2 professional development sequence and the tier 3 instructional coaching.

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

Specific strategies included meetings with stakeholders, sharing videos, flyers, emails, and social media information. Feedback was received through discussions, voting and polls, and specific conversations.

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

YES

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

Stakeholders desired access to the full tiered support structure when they were not within the designation determination. The state made the universal supports content available for all stakeholders to access throughout the duration of the SSIP.

**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.**

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

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

As described briefly in prior sections, the delayed announcement of this cycle’s Additionally Targeted Support and Improvement (ATSI) designated sites has been a significant barrier to the previously reported timelines and sequence. The SLT anticipated ATSI sites to be determined in the 2022 year to match the timeline of the tier 2 professional development sequence. However, the designations were adjusted to be announced December 2022 or January 2023 (and are now more delayed). If the implementation had been delayed to coincide with the new designations, no sites would have been served for more than a year. The team determined that a pilot year would be appropriate to test the implementation of the PD sequence, supporting current ATSI designated schools even though they may not remain designated in the next cohort. As of December 2022, additional barriers to the rollout for this designation have met ‘unforeseen circumstances’ that will likely delay the next rollout until the spring of 2023. The SLT team has coordinated efforts with the Office of School Support to participate in the regional meetings once designations are announced to ensure that adequate information regarding SSIP participation and opportunities are offered efficiently.

An additional barrier to the ATSI group rests on the incorrect prior assumption that these specific sites would be required to participate in the SSIP. Continued School Improvement (CSI) sites are required to complete plans of improvement while ATSI are not. The SSIP was developed to meet their need for support, but because of those sites’ ability to participate voluntarily, the SLT did not have the widespread participation that was expected.

The delayed announcement of the next set of ATSI sites has also negatively affected participation. The SLT is working closely with the Office of School Support to align with the designation timeline and provide a quick response once designations are made. The anticipated outcome is that these newly identified sites will begin participation quickly and with more urgency than the previous cohort.

Also, as described briefly in prior sections, the agency wide MTSS leadership team suffered substantial staff turnover that has required the team to conduct refocusing activities to align with the previously reported purposes of the team. The SLT is working closely with the SPDG and the Office of Student support (who are active leaders on the team) to ensure that previously reported outcomes are still attainable. In addition, some outcomes that were defined as MTSS team activities were implemented by the SLT to ensure completion. In the next reporting period, the SLT anticipates that procedures and protocols can be adjusted to return the activities to be managed by the MTSS leadership team.

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

References and citations regarding information used and provided to educators through the SSIP have been listed below.

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Universal Design - UDL-Universe: A Comprehensive Faculty Development Guide - LibGuides at Ensuring Access through Collaboration & Technology (sonoma.edu)
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Universal Design for Learning | Center for Teaching Innovation (cornell.edu)
What\_is\_the\_Difference\_Between\_RTI\_and\_MTSS.pdf (illinoiscriticalcomponents.com)

## 17 - Prior FFY Required Actions

None

## 17 - OSEP Response

## 17 - Required Actions

# 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:**

Travis Thompson

**Title:**

Director of Data Analysis

**Email:**

travis.thompson@sde.ok.gov

**Phone:**

405-522-5203

**Submitted on:**

04/27/23 7:00:19 PM

# Determination Enclosures

## RDA Matrix

**Oklahoma**

2023 Part B Results-Driven Accountability Matrix

**Results-Driven Accountability Percentage and Determination[[3]](#footnote-4)**

| **Percentage (%)** | **Determination** |
| --- | --- |
| 71.67% | Needs Assistance |

**Results and Compliance Overall Scoring**

|  | **Total Points Available** | **Points Earned** | **Score (%)** |
| --- | --- | --- | --- |
| **Results** | 24 | 14 | 58.33% |
| **Compliance** | 20 | 17 | 85.00% |

**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** | 91% | 2 |
| **Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 89% | 1 |
| **Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 20% | 0 |
| **Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 92% | 1 |
| **Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 26% | 1 |
| **Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 88% | 1 |

**Math Assessment Elements**

| **Math Assessment Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 91% | 2 |
| **Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments** | 88% | 1 |
| **Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 41% | 1 |
| **Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 89% | 1 |
| **Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress** | 18% | 1 |
| **Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress** | 93% | 1 |

**Exiting Data Elements**

| **Exiting Data Elements** | **Performance (%)** | **Score** |
| --- | --- | --- |
| **Percentage of Children with Disabilities who Dropped Out** | 28 | 0 |
| **Percentage of Children with Disabilities who Graduated with a Regular High School Diploma\*\*** | 72 | 1 |

\*\*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[[4]](#footnote-5)** | **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.** | Not Valid and Reliable | N/A | 0 |
| **Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.** | 0.00% | N/A | 2 |
| **Indicator 11: Timely initial evaluation** | 98.67% | NO | 2 |
| **Indicator 12: IEP developed and implemented by third birthday** | 97.57% | YES | 2 |
| **Indicator 13: Secondary transition** | 99.02% | NO | 2 |
| **Timely and Accurate State-Reported Data** | 95.70% |  | 2 |
| **Timely State Complaint Decisions** | 100.00% |  | 2 |
| **Timely Due Process Hearing Decisions** | 100.00% |  | 2 |
| **Longstanding Noncompliance** |  |  | 1 |
| **Specific Conditions** | None |  |  |
| **Uncorrected identified noncompliance** | Yes, 2 to 4 years |  |  |

## Data Rubric

**Oklahoma**

FFY 2021 APR[[5]](#footnote-6)

|   | **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** | 0 | 0 |
| **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** | 20 |
| **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) = | 25 |

|  |  | **618 Data[[6]](#footnote-7)** |  |  |
| --- | --- | --- | --- | --- |
| **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 | 0 | 1 | 2 |
| **Discipline Due Date: 11/2/22** | 1 | 1 | 1 | 3 |
| **State Assessment Due Date: 12/21/2022** | 1 | 1 | 1 | 3 |
| **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 | 25 |
| B. 618 Grand Total | 24.76 |
| C. APR Grand Total (A) + 618 Grand Total (B) = | 49.76 |
| 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\*) = | 0.9570 |
| E. Indicator Score (Subtotal D x 100) = | 95.70 |

**\*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. Percentage blurred due to privacy protection. [↑](#footnote-ref-3)
3. 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-4)
4. 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-5)
5. 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-6)
6. 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-7)