

# **STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B**

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

**For reporting on  
FFY 2020**

**Kentucky**



**PART B DUE February 1, 2022**

**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

The Kentucky Department of Education (KDE) is pleased to submit Kentucky's federal fiscal year (FFY) 2020 State Performance Plan and Annual Performance Report (SPP/APR). The IDEA of 2004 requires that SEAs ensure the requirements of the IDEA are met and education programs throughout the state are providing a free appropriate public education (FAPE) to all students with disabilities. The KDE's Office of Special Education and Early Learning (OSEEL) has the responsibility of monitoring compliance with federal and state requirements (20 U.S.C. Sec. 1400) with the primary focus on improving educational results and functional outcomes for all students with disabilities. This annual report provides an update on the performance of the SEA and each LEA in meeting the requirements of the IDEA for FFY 2020.

The OSEEL is committed to providing the necessary support and technical assistance to LEAs so students with disabilities are equipped to pursue a successful future. To that end, the OSEEL's priorities include the following:

1. Improving instruction and discipline practices for students with disabilities.
2. Improving communication and dissemination of information.
3. Bridging supports from preschool to kindergarten.
4. Fostering family and community engagement.
5. Recruiting and retaining high-quality staff.

The KDE relies on the SPP/APR and the SSIP as the essential components to guide work to ensure compliance with IDEA, provide FAPE and improve educational and functional outcomes for students with disabilities.

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

The Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) are LEAs within Kentucky. However, funding is separate from other LEAs. Kentucky has 173 LEAs, including the KSB and the KSD.

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

173

#### General Supervision System:

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

##### SPP/APR-

Kentucky's SPP/APR is essential to evaluate the state's efforts to implement the requirements and achieve the objectives of the IDEA. To assist in strengthening the state plan, Kentucky engaged with a broad range of stakeholders to set rigorous measurable annual performance targets. The SPP stakeholder group followed a consistent process for reviewing, analyzing and providing proposed measures to ensure improved outcomes for students with disabilities.

##### SSIP-

Kentucky uses a linked teaming structure that includes a practice to policy communication process linking the SEA to feedback from the classroom. This is designed to ensure support is provided to improve student performance in mathematics and meet the goals of the State-identified Measurable Result (SiMR).

##### Policies, Procedures, and Effective Implementation-

Along with the Every Student Succeeds Act 2015 (ESSA), the IDEA 2004, the Americans with Disabilities Act 1990, the Family Educational Rights and Privacy Act 1974 (FERPA) and the Rehabilitation Act 1973 Section 504, Kentucky has a regulatory framework to provide structure for LEA implementation of the IDEA Part B requirements located at <https://apps.legislature.ky.gov/law/kar/TITLE707.HTM>.

##### Integrated Monitoring Activities-

The KDE's monitoring activities include onsite LEA visits, desk audits, annual determinations, the monitoring of correctional facilities and evaluating LEA self-reported compliance data. The KDE monitors compliance and student results by focusing on areas most likely to improve student outcomes. During COVID-19, virtual monitoring was implemented when appropriate to ensure the safety of students and staff. Onsite or virtual monitoring visits are part of the KDE's State Consolidated Monitoring (SCM) process that includes all federal programs. SCM provides the KDE an opportunity to review state and federal programs to support effective implementation and collaboration. Staff from each program identify and commend effective practices while providing recommendations for improvements or corrective actions for addressing noncompliance. The KDE also conducts individual monitoring on an as-needed basis when LEA specific concerns arise. The KDE uses a risk assessment to determine LEAs with the most significant risk of noncompliance with the IDEA. The KDE further triangulates data to determine LEAs that need monitoring.

Annual desk audits for compliance indicators in the APR are also conducted. Prior to the desk audit, the KDE collects and validates data related to the indicator. Identified LEAs provide student due process files for review. If needed, the KDE issues citations for noncompliance and then works with the LEAs to determine the root cause of the noncompliance, develops corrective action plans (CAPs) and verifies correction of noncompliance in accordance with OSEP Memorandum 09-02.

Additional information on Kentucky's general supervision system can be found in the "Monitoring Manual" located at: <https://education.ky.gov/specialed/except/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

##### Kentucky's Improvement, Correction, Incentives and Sanctions-

Through Kentucky's system of monitoring, the state identifies noncompliance which is present in LEAs. Findings of noncompliance result in a CAP for LEAs. CAPs are used to correct noncompliance and improve programs for students with disabilities. When sanctions are necessary, they are applied consistent with 707 KAR 1:380, Section 3. (<https://apps.legislature.ky.gov/law/kar/707/001/380.pdf>)

#### Effective Dispute Resolution-

Dispute resolution processes are in place to resolve disputes between parents of students with disabilities and LEAs. The OSEEL investigates formal written complaints and collaborates with the KDE's Office of Legal Services on due process hearings, expedited due process hearings and mediation. In response to COVID-19, the KDE updated its procedures regarding dispute resolution processes to support online submissions. More information is available at: [https://education.ky.gov/specialed/excep/Pages/Dispute\\_Resolution\\_Process.aspx](https://education.ky.gov/specialed/excep/Pages/Dispute_Resolution_Process.aspx).

#### Fiscal Management-

KRS 156.265 authorizes the State Committee for School District Audits (SCSDA) to conduct audits of the financial records of local boards of education. The audits must be performed by a certified public accountant, approved by the SCSDA and conducted according to current auditing standards. The SCSDA requires all local boards to have an annual audit of the fiscal records and accounts under the board's control.

In addition, the Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards sets forth cost principles and standards for determining the allowable costs of federally funded grants and contracts administered by state and local governments and contains provisions for determining indirect cost rates for grantees and subgrantees of federal grants.

The OSEEL works with the KDE's Office of Financial Operations (OFO) which tracks and manages federal title funds for the agency. The OSEEL takes additional steps to provide sound fiscal management and oversight of the IDEA funds received by the state. With respect to the state share of IDEA funds, both those for administrative purposes and other state-level activities, by organizing monthly reconciliation meetings with the OFO to monitor the expenditure of these funds throughout the period of availability. Funds are reconciled for each area of expenditure. Staff from both offices make sure the funds are spent appropriately, in a timely fashion, and as budgeted. Tracking fund expenditures monthly provides the OSEEL with the flexibility to reallocate funds to different priorities and make sure the funds are utilized appropriately.

#### Data Collection and Data Analysis-

Kentucky collects data to meet reporting requirements, target LEA support and measure the effectiveness of the LEA's compliance with requirements. Statewide special education data is reported publicly and can be found online at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

As the KDE responds to various reporting requirements and longitudinal data is shared between systems, it is important to ensure data is consistently entered statewide. Data standardization is used to establish conventions and procedures to ensure consistency and comparability across different databases. Data standards dedicated to students with disabilities provide schools and LEAs with a set of guidelines for entering data into Kentucky's Student Information System utilizing the Infinite Campus (IC) platform. The data standards provide a series of screenshots and explanations of the data elements required for state and federal reporting. The data standards are in state regulation and meet the Federal Reporting Requirements under section 618 of the IDEA. The standards include collections for: the December 1 child count, the special education exit report, the special education behavior/safe schools report and the SPP/APR. The data standards can be located at [https://education.ky.gov/districts/tech/sis/Documents/Standard-Special\\_Education-Processes.pdf](https://education.ky.gov/districts/tech/sis/Documents/Standard-Special_Education-Processes.pdf).

The KDE collects data from LEAs, parents and other sources. These data are reviewed, interpreted and utilized to inform what LEA support and guidance is needed and where to focus compliance monitoring.

#### 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.**

As part of the dissemination of discretionary funds the KDE receives under IDEA Part B for state-level activities, the KDE provides grants for statewide activities. The KDE technical assistance network provides teachers, other service providers and parents with information on effective practices for meeting the needs of students with disabilities and their families. This network also provides support with any issues identified through the SPP/APR and the implementation of the SSIP. Within the networks, local stakeholders are engaged in the design and implementation of activities to promote academic achievement and improve results for students with disabilities.

Currently, the KDE provides technical assistance through nine regional special education cooperatives and five early childhood regional training centers (RTCs). These service providers are located throughout the state and provide LEAs with professional development and specialized instructional support.

#### SSIP-

Kentucky's SSIP focuses on supporting teachers with the implementation of evidence-based math practices and Positive Behavioral Interventions and Supports (PBIS). Using the Active Implementation Frameworks (AIF), the SSIP centers around developing systems of support to close achievement gaps and improve math outcomes for students with disabilities. Through the SSIP, the KDE collaborates with regional special education cooperatives in a limited number of LEAs known as Transformation Zones (TZ). Using continuous improvement cycles, regions are supporting LEAs in reaching the goals of the SIMR.

#### Kentucky Regional Special Education Cooperatives-

The focus of the regional special education cooperatives continues to be improving educational opportunities and outcomes of students with disabilities by providing regional leadership and delivering specialized services. The cooperatives work in partnership with the KDE, LEAs, and institutions of higher education and other service providers. The regional special education cooperatives also serve as a regional collaborative forum to support quality education, provide a wide range of support services and model innovative practices for the benefit of students with disabilities.

Consultants employed by the cooperatives work on special education initiatives and services for students with disabilities. Literacy, math and behavior specialists with special education expertise are also hired by the cooperatives to build LEA capacity in support of teachers working with students with disabilities.

#### Early Childhood Regional Training Centers (RTCs)-

The RTCs provide a range of services for early childhood providers and professionals supporting students with disabilities. This includes regional training, workshops, on-site consultations, a lending library of materials and annual statewide and regional collaborative institutes. The RTCs promote school readiness and high-quality early education services by providing resources and information to providers. RTCs also provide in-depth professional learning tailored to meet the needs of the geographic region. More information can be found at <https://education.ky.gov/curriculum/conpro/prim-pre/Pages/Early-Childhood-Regional-Training-Centers.aspx>.

#### Guidance and Resources-

The KDE creates, maintains and updates resources for a broad spectrum of stakeholders. Guidance publications and resources are provided to support understanding, implementation and compliance with the IDEA.

The latest monitoring guidance can be found online at <https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx> and includes

the updated Compliance Record Review. This guidance was created to assist LEA personnel in conducting accurate student due process record reviews.

Monitoring of LEAs during the previous school year placed emphasis on improving documentation and implementation of Individual Education Programs (IEPs). Guidance related to the development of IEPs in Kentucky is available online at <https://education.ky.gov/specialed/excep/forms/Pages/IEP-Guidance-and-Documents.aspx>.

Additionally, the Guidance Document for IEP Development, the Specific Learning Disability Guidance, the IEP and Lesson Plan Development Handbook, Improving Educational Outcomes for Students with Disabilities and Guidance for Special Transportation in Kentucky are available at <https://education.ky.gov/specialed/excep/forms/Pages/Guidance-Documents.aspx>.

#### Strategic Partnerships

To further assist with improving outcomes for students with disabilities, the KDE contracts with the University of Kentucky's Human Development Institute (HDI) to provide technical assistance to LEAs through web-based training on how to determine and document alternate assessment eligibility. Access to the virtual trainings is facilitated by the regional special education cooperatives. Guidance documents for determining and documenting alternate assessment eligibility and data collection are posted on the KDE website: <https://education.ky.gov/specialed/excep/instreresources/Pages/Kentucky-Alternate-Assessment-Participation-Waiver-.aspx>.

To assist KDE in meeting transition goals for students with disabilities, the Kentucky Post School Outcomes Center (KYPSCO), as part of HDI, develops and oversees the administration of the Youth One Year Out (YOYO) Former Student Interview. The YOYO is a longitudinal investigation of the post-school outcomes of Kentucky youth with educational disabilities which spans the student's final year of high school and one year after exiting high school. The KYPSCO provides information to LEAs regarding programs and practices to support secondary transition and data to the KDE for Indicator 14. More information about KYPSCO can be found at <https://www.kypso.org/>.

Additionally, for data related to Indicator 7, the KDE along with the Cabinet for Health and Family Services (CHFS) through its First Steps program – Kentucky's statewide early intervention system that provides services to children with developmental disabilities from birth to age 3 and their families – jointly fund the Kentucky Early Childhood Data System (KEDS). KEDS supports the state's reporting requirements for the child outcomes for early childhood under the IDEA. More information about KEDS can be found at <https://www.kedsonline.info/>.

#### 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.**

The State Personnel Development Grant (SPDG) is a five-year, competitive grant that has been awarded to Kentucky by OSEP since the late 1990s. In partnership with personnel from the University of Kentucky, the University of Louisville, the Kentucky Special Parent Training and Information Center (KY-SPIN) and professional learning providers across the state, the Kentucky SPDG addresses two primary goals:

Goal 1: To improve the capacity of Transformation Zone (TZ) teams (LEAs, regional partners, and schools) to implement and sustain Multi-Tiered Systems of Support (MTSS) by aligning related initiatives at each level and provide ongoing professional learning for LEA and school personnel.

Goal 2: To improve student achievement in TZ LEAs through multiple, sustained professional learning strategies within an MTSS framework that impacts teachers, school administrators, students and families.

A key objective of the SPDG is the integration of activities with Kentucky's ESSA plan and the SSIP, as well as with the work of the Collaboration for Effective Educator Development, Accountability and Reform (CEEDAR) Center and the State Implementation and Scaling-up of Evidence-Based Practices (SISEP) Center.

The KDE was awarded and is implementing the Kentucky Leading, Educating, Advocating for Directors of Special Education (LEADS) grant. In partnership with the KDE, Kentucky's Part C Early Intervention Services, Morehead State University, Western Kentucky University, Murray State University and the KY-SPIN, the Kentucky LEADS Academy is working toward three goals:

1. Recruit – Increase the number of persons who attain the state's initial level of Advanced Educational Leader – Director of Special Education (DoSE) certification to ensure that there is an adequate pipeline of eligible applicants to serve as state, regional and local leaders to promote high expectations and improve early childhood and educational outcomes for children with disabilities and their families.
2. Retain – Increase and nurture the number of persons whose job description includes supervising, directing, administering, or coordinating special education programs who have attained the state's highest level of Advanced Educational Leader – Director of Special Education certification.
3. Increase Capacity – Expand and enhance the existing state network to ensure that state, regional and local leaders have the knowledge, skills and access necessary to improve early childhood and educational outcomes for children with disabilities and their families through the systems that serve them.

#### 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).**

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where

the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

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

YES

#### **Number of Parent Members:**

16

#### **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.**

Parents are and continue to be critical partners in the work of the KDE on behalf of and for students with disabilities. Individual parents of students with disabilities, staff from Kentucky's parent training and information center, the KY-SPIN, advocates and advocacy organizations were included in stakeholder engagement activities.

KY-SPIN engaged with parents to provide information on how to collaborate with the KDE on statewide target setting efforts. Additionally, a broader range of parents unable to attend public or virtual forums provided input on targets through an online survey. Links to the survey were sent via email to parents and posted on the public reporting web page located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>. To solicit further input, target-setting information was provided to every LEA's DoSE through the statewide listserv, allowing local directors to solicit parent feedback.

The KDE also engaged existing stakeholder groups to solicit feedback. As members of Kentucky's SAPEC, parents are given the opportunity to actively engage in target setting, improvement strategies and data analysis related to students with disabilities. The SAPEC had several new parent members added this year through the gubernatorial appointing process.

As part of stakeholder engagement, parents were provided the opportunity to analyze data, discuss the state's progress, identify barriers and discuss ideas for improvement for each indicator.

#### **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.**

To gather feedback from stakeholders that represent the state population, the KDE contacted community organizations who work with diverse groups of families to assist in the selection of participants for target setting. The KY-SPIN worked collaboratively with the KDE to increase the capacity of parents on target setting. KY-SPIN explained to parents how to engage with the state on target setting activities. Additionally, KY-SPIN shared the opportunity for parents to engage with the KDE on ideas for implementing improvement strategies. Additionally, a broader range of parents unable to attend public or virtual forums provided input on targets through an online survey. Links to the survey were sent via email to parents and posted on the public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>. The KDE encouraged the broad distributions of online surveys, specifically with populations who are traditionally underserved.

The input and feedback from parents through engagement activities provided insight on improvement activities the KDE could consider when working toward meeting the goals and targets of the SPP/APR. For example, parents provided feedback regarding the indicator 8 survey. LEAs preferred a

longer survey window. LEAs felt this would give an opportunity for parents to complete the survey following each student's annual IEP meeting. Parents provided feedback that completing a survey immediately following annual IEP meetings was intimidating. Parents also suggested using additional distribution methods, including social media and paper surveys in regions with limited internet connectivity. As a response to parent feedback, the KDE is developing guidance for LEAs on best practices for survey distribution.

#### **Soliciting Public Input:**

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

Public input was obtained through various mechanisms, including virtual meetings with stakeholders, virtual and in-person meetings with the SAPEC and online surveys provided to stakeholders.

The KDE continually engages with stakeholders on improving practices for students with disabilities. As part of the stakeholder engagement activities for target setting, the KDE invited various stakeholders to work collaboratively to provide recommendations for rigorous and achievable goals. Engagement specific to this target setting series began in August of 2021 and continued until the submission of this APR.

As part of stakeholder engagement efforts, all stakeholders were provided the opportunity to analyze data, discuss the state's progress, identify barriers and discuss ideas for improvement for each indicator.

#### **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.**

The KDE annually shares the SPP/APR publicly on its website located at: <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>. The KDE publicizes updated releases with press announcements and updates are disseminated broadly through the Technical Assistance Network.

Online surveys were distributed to stakeholders in October 2021 and remained open until January 2022. The SAPEC meetings in which target setting was discussed were publicly broadcast in October, November and December of 2021. Recordings of these meetings can be found at <https://mediaportal.education.ky.gov/special-education-and-early-learning/>.

Additionally, the KDE publicly released the results of the target setting activities on its public reporting web page in January 2022. (<https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>)

#### **Reporting to the Public**

##### **How and where the State reported to the public on the FFY 2019 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 2019 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 2019 APR in 2021, is available.**

The KDE publicly reports the performance of LEAs on the SPP/APR targets on its website. For more information regarding statewide Section 618 data, the SPP/APR, and Kentucky's IDEA Part B State Application, please visit <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>. The KDE also publicly reports the state summative assessment results for all students, including students participating in the alternate assessment aligned with the alternate academic achievement standards (AA-AAAS). These results are shared at the local and state levels for all assessed and accountable content areas, by grade and grade range as reported through the Kentucky School Report Card located at <https://www.kyschoolreportcard.com/home?year=2019>.

Kentucky strictly adheres to the provisions of the FERPA to protect the privacy of student education records. Some individual grade or grade range performance results are suppressed to protect student identity. Individual Student Reports (ISRs) identifying individual student results are shared with LEAs for distribution to schools and parents. The results are not made public due to FERPA guidelines.

#### **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 2020 SPP/APR, use data from 2019-2020), 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

Baseline Year	Baseline Data
2020	81.85%

FFY	2015	2016	2017	2018	2019
Target >=	79.60%	79.60%	79.60%	79.60%	79.60%
Data	65.99%	71.89%	74.42%	74.83%	75.49%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	81.85%	81.85%	81.99%	82.50%	84.00%	85.00%

### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/except/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,500
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	0
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	382
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	53
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	341

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3,500	4,276	75.49%	81.85%	81.85%	N/A	N/A

**Graduation Conditions**

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

The four-year graduation rate is based on the Special Ed Exit Report (FS009). The formula divides the number of students with IEPs ages 14-21 who exited special education with a regular high school diploma by the number of students with IEPs ages 14-21 who exited special education with one of the following: received a regular high school diploma, received a certificate, reached maximum age, or dropped out. The term regular high school diploma means the standard high school diploma awarded to students by the LEA with a curriculum fully aligned to the state's academic content standards. It does not include a General Equivalency Diploma (GED) or any alternative diplomas that are not aligned with Kentucky's academic content standards. Kentucky does not have a state-defined alternate diploma.

Kentucky schools must provide students with disabilities the opportunity and necessary instructional support and accommodations to progress through a course of study leading to a diploma. Students with disabilities who earn the required high school credit through successful completion of the required content areas and elective work are awarded a regular high school diploma. The academic conditions that students with IEPs must meet to graduate with a regular diploma are the same as those for students without disabilities. The KDE identifies the minimum credits required for graduation, and the



LEAs establish local graduation requirements in policies consistent with state regulation 704 KAR 3:305, located at <https://apps.legislature.ky.gov/law/kar/704/003/305.pdf>.

**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)**

Kentucky revised the baseline due to the new calculation for Indicator 1: Graduation. Additionally, OSEP changed the data source for Indicator 1. This impacted the comparability of the data.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

### **1 - Prior FFY Required Actions**

None

### **1 - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

### **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

OPTION 1:

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

OPTION 2 (For FFY 2020 ONLY):

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

#### Measurement

OPTION 1:

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

OPTION 2 (For FFY 2020 ONLY):

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

#### Instructions

*Sampling is not allowed.*

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 2020 SPP/APR, use data from 2019-2020), and compare the results to the target.

With the FFY 2020 SPP/APR, due February 1, 2022, States may use either option 1 or 2. States using Option 2 must provide the actual numbers used in the calculation.

OPTION 1:

**Use 618 exiting data** for the year before the reporting year (e.g., for the FFY 2020 SPP/APR, use data from 2019-2020). 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.

OPTION 2:

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

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

Options 1 and 2:

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.

**Beginning with the FFY 2021 SPP/APR, due February 1, 2023**, States must report data using Option 1 (i.e., the same data as used for reporting to the Department under section 618 of the IDEA). Option 2 will not be available beginning with the FFY 2021 SPP/APR.

## 2 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2020	7.97%

FFY	2015	2016	2017	2018	2019
Target <=	2.31%	2.11%	1.91%	1.71%	1.71%
Data	2.75%	2.07%	2.01%	1.86%	1.79%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target <=	7.97%	7.97%	7.77%	7.00%	6.00%	5.00%

### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural,

diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/except/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

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

Option 1

**Prepopulated Data**

Source	Date	Description	Data
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,500
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	0
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	382
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	53
SY 2019-20 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/26/2021	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	341

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
341	4,276	1.79%	7.97%	7.97%	N/A	N/A

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

Kentucky counted students enrolled at the start of the reporting period but were not enrolled at the end of the reporting period. This included dropouts, runaways, GED recipients, expulsions, status unknowns and students who moved and were not known to be continuing in another education program.

Students with IEPs who dropped out were included in this calculation. Students with IEPs who were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and had not exited special education through any of the other previously stated means were counted as dropouts.

**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)**

Kentucky revised the baseline due to the new calculation for Indicator 2: Drop Out. Additionally, the change to Option 1 impacted the comparability of the data.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue reviewing and analyzing data to determine if an impact directly related to COVID-19 is present.

**2 - Prior FFY Required Actions**

None

**2 - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**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	89.07%
Reading	B	Grade 8	2020	81.92%
Reading	C	Grade HS	2020	74.34%
Math	A	Grade 4	2020	89.02%
Math	B	Grade 8	2020	81.70%
Math	C	Grade HS	2020	73.74%

#### Targets

Subject	Group	Group Name	2020	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%
Reading	B >=	Grade 8	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%
Reading	C >=	Grade HS	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%
Math	A >=	Grade 4	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%
Math	B >=	Grade 8	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%
Math	C >=	Grade HS	96.50%	96.50%	96.50%	96.50%	96.50%	96.50%

## Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky’s historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky’s progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky’s State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder’s recommended target for FFY 2025. The new targets were distributed and posted on KDE’s public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

## FFY 2020 Data Disaggregation from EDFacts

### Data Source:

SY 2020-21 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

### Date:

03/30/2022

### Reading Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	7,751	6,625	5,611
b. Children with IEPs in regular assessment with no accommodations	2,364	1,071	977
c. Children with IEPs in regular assessment with accommodations	4,095	3,836	2,793

d. Children with IEPs in alternate assessment against alternate standards	445	520	401
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**Data Source:**

SY 2020-21 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

03/30/2022

**Math Assessment Participation Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	7,751	6,622	5,610
b. Children with IEPs in regular assessment with no accommodations	2,363	1,069	958
c. Children with IEPs in regular assessment with accommodations	4,093	3,824	2,779
d. Children with IEPs in alternate assessment against alternate standards	444	517	400

\*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 pre-filled data in this indicator.

**FFY 2020 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	6,904	7,751		96.50%	89.07%	N/A	N/A
B	Grade 8	5,427	6,625		96.50%	81.92%	N/A	N/A
C	Grade HS	4,171	5,611		96.50%	74.34%	N/A	N/A

**FFY 2020 SPP/APR Data: Math Assessment**

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	6,900	7,751		96.50%	89.02%	N/A	N/A
B	Grade 8	5,410	6,622		96.50%	81.70%	N/A	N/A
C	Grade HS	4,137	5,610		96.50%	73.74%	N/A	N/A

**Regulatory Information**

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

**Public Reporting Information**

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

<https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>

Provide additional information about this indicator (optional)

These data were impacted by COVID-19. On April 21, 2021, Kentucky received an accountability waiver for the 2020-2021 school year from the federal government. The KDE communicated the intent of the accountability waiver was to focus on assessments to provide information to parents, educators, and the public about student performance and to help target resources and support. Therefore, LEAs were encouraged to assess all students. The federal waiver can be found at <https://oese.ed.gov/files/2021/04/ky-acct-waiver-response.pdf>.

Kentucky law does not offer an opt-out option for statewide assessment.

The KDE provided guidance to LEAs on how to document student attendance for virtual/remote or in-person testing within Kentucky's statewide student information system, Infinite Campus (IC). LEAs reported students were still not attending school in person during the 2020-2021 school year, and

parents and guardians were required to make students available for in person testing. LEAs offered parents the option of a mutually agreed upon location with health and safety measures in place. However, despite these efforts, fewer students were made available to take the exams. This impacted the comparability of the data. Therefore, Kentucky revised the baseline for the FFY 2020.

KDE disseminated a District Message (<https://education.ky.gov/AA/distsupp/Documents/2020%20District%20Opt-Out%20Testing%20Message.pdf>) statewide and advised parents through a Parent Message that Kentucky law does not offer an opt out option for state-wide testing (<https://education.ky.gov/AA/distsupp/Documents/2020%20Opting%20Out%20Parent%20Message.pdf>).

### **3A - Prior FFY Required Actions**

None

### **3A - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

### **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	26.26%
Reading	B	Grade 8	2020	19.24%
Reading	C	Grade HS	2020	11.17%
Math	A	Grade 4	2020	18.62%
Math	B	Grade 8	2020	8.26%
Math	C	Grade HS	2020	7.84%

#### Targets

Subject	Group	Group Name	2020	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	26.26%	28.61%	30.96%	33.30%	35.65%	38.00%
Reading	B >=	Grade 8	19.24%	21.39%	23.54%	25.70%	27.85%	30.00%
Reading	C >=	Grade HS	11.17%	12.98%	14.78%	16.59%	18.39%	20.20%
Math	A >=	Grade 4	18.62%	21.43%	24.24%	27.05%	29.86%	32.67%
Math	B >=	Grade 8	8.26%	10.41%	12.56%	14.70%	16.85%	19.00%
Math	C >=	Grade HS	7.84%	8.47%	9.10%	9.74%	10.37%	11.00%

#### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

### FFY 2020 Data Disaggregation from EDFacts

**Data Source:**

SY 2020-21 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

03/03/2022

**Reading Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	6,459	4,907	3,770
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	720	234	119
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	976	710	302

**Data Source:**

SY 2020-21 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

**Math Assessment Proficiency Data by Grade**

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	6,456	4,893	3,737
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	552	115	80
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	650	289	213

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	1,696	6,459		26.26%	26.26%	N/A	N/A
B	Grade 8	944	4,907		19.24%	19.24%	N/A	N/A
C	Grade HS	421	3,770		11.17%	11.17%	N/A	N/A

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	1,202	6,456		18.62%	18.62%	N/A	N/A
B	Grade 8	404	4,893		8.26%	8.26%	N/A	N/A
C	Grade HS	293	3,737		7.84%	7.84%	N/A	N/A

### **Regulatory Information**

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

### **Public Reporting Information**

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

<https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>

[https://www.kyschoolreportcard.com/organization/20/academic\\_performance/assessment\\_performance/state\\_assessments\\_enrollment?year=2021](https://www.kyschoolreportcard.com/organization/20/academic_performance/assessment_performance/state_assessments_enrollment?year=2021)

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

Kentucky revised the baseline for the FFY 2020 due to the removal of students participating in the alternate assessment in the calculations and due to changes to the statewide assessment. This impacted the comparability of the data.

Kentucky Summative Assessment (KSA)-

A trained facilitator must administer the KSA. For 2020-2021, participation in the KSA was lower due to COVID-19 and in person testing requirements. This affected the comparability of the data because of the number of test takers, changes to the assessment and modified instructional settings. To mitigate the impact of COVID-19 and in person testing requirements, the KDE released the KSA Administration Guidance 2020-2021 School Year to support LEAs in developing a plan to test students, including those participating in virtual learning. This guide can be found at <https://education.ky.gov/AA/Assessments/Documents/2020-2021AssessmentGuidanceDocument.pdf>.

### **3B - Prior FFY Required Actions**

None

### **3B - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 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 ED Facts 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	47.87%
Reading	B	Grade 8	2020	24.42%
Reading	C	Grade HS	2020	25.69%
Math	A	Grade 4	2020	30.86%
Math	B	Grade 8	2020	35.40%
Math	C	Grade HS	2020	21.75%

#### Targets

Subject	Group	Group Name	2020	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	47.87%	48.17%	48.48%	48.79%	49.09%	49.39%
Reading	B >=	Grade 8	24.42%	25.54%	26.65%	27.77%	28.88%	30.00%
Reading	C >=	Grade HS	25.69%	26.35%	27.01%	27.68%	28.34%	29.00%
Math	A >=	Grade 4	30.86%	31.36%	31.85%	32.35%	32.84%	33.34%
Math	B >=	Grade 8	35.40%	35.75%	36.10%	36.46%	36.81%	37.16%
Math	C >=	Grade HS	21.75%	22.55%	23.34%	24.14%	24.93%	25.73%

### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky’s historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky’s progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky’s State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder’s recommended target for FFY 2025. The new targets were distributed and posted on KDE’s public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

### FFY 2020 Data Disaggregation from EDFacts

#### Data Source:

SY 2020-21 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

#### Date:

03/03/2022

### 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	445	520	401
b. Children with IEPs in alternate assessment against alternate	213	127	103

standards scored at or above proficient			
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**Data Source:**

SY 2020-21 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

03/03/2022

**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	444	517	400
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	137	183	87

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	213	445		47.87%	47.87%	N/A	N/A
B	Grade 8	127	520		24.42%	24.42%	N/A	N/A
C	Grade HS	103	401		25.69%	25.69%	N/A	N/A

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	137	444		30.86%	30.86%	N/A	N/A
B	Grade 8	183	517		35.40%	35.40%	N/A	N/A
C	Grade HS	87	400		21.75%	21.75%	N/A	N/A

**Regulatory Information**

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

**Public Reporting Information**

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

<https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>

[https://www.kyschoolreportcard.com/organization/20/academic\\_performance/assessment\\_performance/state\\_assessments\\_enrollment?year=2021](https://www.kyschoolreportcard.com/organization/20/academic_performance/assessment_performance/state_assessments_enrollment?year=2021)

Provide additional information about this indicator (optional)

Kentucky revised the baseline for the FFY 2020 due to the inclusion of students who participated in the alternate assessment as a separate calculation.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

### **3C - Prior FFY Required Actions**

None

### **3C - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

### **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 2020-2021 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2020-2021 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 2020-2021 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2020-2021 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	16.65
Reading	B	Grade 8	2020	30.84
Reading	C	Grade HS	2020	26.84
Math	A	Grade 4	2020	14.71
Math	B	Grade 8	2020	18.69
Math	C	Grade HS	2020	22.49

#### Targets

Subject	Group	Group Name	2020	2021	2022	2023	2024	2025
Reading	A <=	Grade 4	16.65	16.25	15.85	15.45	15.05	14.65
Reading	B <=	Grade 8	30.84	30.44	30.04	29.64	29.24	28.84
Reading	C <=	Grade HS	26.84	26.44	26.04	25.64	25.24	24.84
Math	A <=	Grade 4	14.71	14.31	13.91	13.51	13.11	12.71
Math	B <=	Grade 8	18.69	18.29	17.89	17.49	17.09	16.69
Math	C <=	Grade HS	22.49	22.09	21.69	21.29	20.89	20.49

#### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

## FFY 2020 Data Disaggregation from EDFacts

### Data Source:

SY 2020-21 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

### Date:

03/03/2022

### 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	42,095	42,977	39,164
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	6,459	4,907	3,770
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	16,809	20,741	14,564
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,252	779	323

e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	720	234	119
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	976	710	302

**Data Source:**

SY 2020-21 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

03/03/2022

**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	42,143	42,940	38,947
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	6,456	4,893	3,737
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	13,194	11,251	11,574
d. All students in regular assessment with accommodations scored at or above proficient against grade level	852	322	238
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	552	115	80
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	650	289	213

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	26.26%	42.91%		16.65	16.65	N/A	N/A
B	Grade 8	19.24%	50.07%		30.84	30.84	N/A	N/A
C	Grade HS	11.17%	38.01%		26.84	26.84	N/A	N/A

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A	Grade 4	18.62%	33.33%		14.71	14.71	N/A	N/A
B	Grade 8	8.26%	26.95%		18.69	18.69	N/A	N/A
C	Grade HS	7.84%	30.33%		22.49	22.49	N/A	N/A

Provide additional information about this indicator (optional)

Since this is the first year for this sub-indicator the baseline was set for FFY 2020.

Without comparability data, the KDE is unable to identify the impact from COVID-19 on this sub-indicator.

### **3D - Prior FFY Required Actions**

None

### **3D - OSEP Response**

The State has established the baseline for this indicator, using data from FFY 2020, and OSEP accepts the baseline.

The State provided targets for FFYs 2020 through 2025 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 2020 SPP/APR, use data from 2019-2020), 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 2019-2020 school year, those 100 LEAs would have reported 618 data in 2019-2020 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2020-2021, suspension/expulsion data from those 15 new LEAs would not be in the 2019-2020 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 2020 SPP/APR submission, States must use the number of LEAs reported in 2019-2020 (which can be found in the FFY 2019 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 4A - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2017	5.85%

FFY	2015	2016	2017	2018	2019
Target <=	1.71%	1.71%	1.14%	1.14%	1.14%
Data	0.58%	3.53%	5.85%	5.88%	2.92%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target <=	5.88%	5.88%	5.65%	5.41%	4.94%	4.00%

**Targets: Description of Stakeholder Input**

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky’s historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky’s progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky’s State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder’s recommended target for FFY 2025. The new targets were distributed and posted on KDE’s public reporting webpage located at <https://education.ky.gov/specialed/except/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**FFY 2020 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.**

4

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell size	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
6	170	2.92%	5.88%	3.53%	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**

A Kentucky LEA is found to have a significant discrepancy under Indicator 4A if the following two criteria are met:

1. The LEA subjected students with disabilities to out-of-school removals (suspensions or expulsions) for more than ten days during a school year at a rate that is at least three times higher than the state target of 0.2% for these types of removals; and
2. The LEA met the n-size of at least 50 students with disabilities.

The significant discrepancy rate is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n-size of 50 students with disabilities enrolled in the LEA. During the 2019-2020 school year, there were 174 LEAs in Kentucky. Of the 174 LEAs, four did not have at least 50 students with disabilities.

For FFY 2020, using 2019-2020 data, six LEAs out of 170 had discrepancies at least three times higher than the state rate.

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

The baseline for indicator 4A was changed due to the removal of cell size from the calculation. In both FFY 2017 and FFY 2020, Kentucky had no cell size for Indicator 4A. Cell sizes existed for both FFY 2018 and FFY 2019. Since 2020 data was potentially impacted by the COVID-19 pandemic, Kentucky selected FFY 2017 school year as the baseline.

For Indicator 4A, there were 174 LEAs during the 2019-2020 school year. This number varies due to the use of lag year data. The Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) are included in the denominator. Although all students at the KSB and the KSD are students with disabilities, there was a comparison group for this indicator. Calculations for Indicator 4A compare the disciplinary rates for students with disabilities to the state rate, rather than to students without disabilities. Therefore, the KSB and the KSD are not excluded from the calculations based on the comparison group.

The data were impacted by COVID-19. Students were not physically in schools after March 13, 2020, until the remainder of this reporting year. The transition to a virtual instruction environment decreased the number of students who were removed from the classroom. The OSEEL mitigated the impact on the comparability of the data by engaging with LEAs through webinars and technical assistance to provide support for student behavior upon the return to in-person instruction.

**Review of Policies, Procedures, and Practices (completed in FFY 2020 using 2019-2020 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.**

The KDE analyzed LEA suspension and expulsion data submitted through the Safe Schools report located in IC.

The KDE contacted the six LEAs identified as having a significant discrepancy in suspension and expulsion rates greater than ten school days in a school year for students with IEPs. Following notification, the KDE conducted a desk audit that aligned with the requirements of 34 C.F.R §300.170(b). The KDE required these LEAs to provide additional data and information regarding the LEA's policies, procedures, and practices. KDE consultants completed student-level record reviews for a sample of students from each of these LEAs. The KDE reviewed due process files from the 2019-2020 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, positive behavioral interventions and supports (PBIS), enrollment records, procedural safeguards and behavior detail reports.

Six LEAs were identified by the KDE under Indicator 4A as having inappropriate policies, procedures, or practices.

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

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

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

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

Through a desk audit, the KDE identified all students with disabilities in the six LEAs who were subjected to out-of-school removals of more than 10 days. The KDE reviewed a sample of student records. The sample size was determined using criteria which were based on the LEA's total child count in the focus area. This formula can be found in the Monitoring Manual located at <https://education.ky.gov/specialed/except/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

When the KDE identified noncompliance, a written Report of Findings was issued to the LEA. The report included the LEA's percentage of suspensions and expulsions, the statewide rate for comparison, findings of fact and conclusions, and both systemic and student-specific noncompliance citations.

The LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student specific and systemic noncompliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analyses were used to develop meaningful CAPs, which included:

- Action steps to ensure policies, procedures, and practices were revised as necessary to comply with IDEA requirements.
- A plan to ensure LEA staff were properly trained and practices effectively implemented in the area of noncompliance.
- Correction of all systemic and student-specific cases of noncompliance.

The KDE required all noncompliance to be corrected as soon as possible, but not more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted by LEAs to verify the implementation and completion of CAP activities. Once the individual and systemic noncompliance was verified as corrected, the KDE reviewed updated data through a process known in Kentucky as comparison folder reviews. As part of this process, the KDE reviewed the files of additional students who were subject to removals in the current school year. This allowed the KDE to ensure the updated data was verified as corrected and to ensure the LEA subsequently achieved 100% compliance with Indicator 4A requirements. The KDE concluded and reported all identified noncompliance was corrected when the LEA:

Prong 1 – Corrected each individual case of noncompliance, and

Prong 2 – Was systemically in compliance with the specified regulatory requirements (i.e., subsequently achieved 100% compliance), based on the KDE review of the updated data, known in Kentucky as comparison folder reviews.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	4	1	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The five LEAs, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses were varied and included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improving practices related to discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for each LEA. The LEA was required to change any noncompliant policies, procedures and practices through the CAP process. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. The KDE-approved trainers provided training activities identified in the CAP. Approved trainers included regional special education cooperative staff members. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed and the regulatory requirements were correctly implemented.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEAs were implementing the regulatory requirements. In Kentucky, this is known as review of updated data using comparison folders. The number of folders reviewed was determined by the size of the LEA's child count in the specific area. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://education.ky.gov/specialed/excep/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. Additionally, LEAs were required to correct all systemic noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders identified in the review of updated data were also verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

All five of the LEAs identified successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

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

For FFY 2019, five LEAs were identified as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student-specific corrective action. LEAs developed CAPs to address noncompliance and included the correction of individual due process files as part of the CAP activities.

The LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that all five LEAs had corrected each individual case of noncompliance.

With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all five of the LEAs corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	1	1	0
FFY 2017	1	1	0



Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	1	1	0

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

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

The remaining one noncompliant LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for the LEA. The LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analysis included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop a meaningful CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. KDE-approved trainers included regional special education cooperative staff members who provided training activities identified on the CAP. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed and that the regulatory requirements were correctly implemented.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly .

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements. In Kentucky, this is known as review of updated data using comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://education.ky.gov/specialed/except/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. Additionally, the LEA was required to correct all systemic noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the Division of IDEA Monitoring and Results (DIMR) reported the noncompliance as corrected and closed the CAP.

The LEA successfully implemented the regulatory requirements at 100% compliance and closed their CAP .

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

For FFY 2018, one LEA remained as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student specific corrective action. The LEA developed a CAP to address noncompliance and included the correction of individual due process files as part of the CAP activities.

The LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The DIMR required all student-level noncompliance to be corrected as soon as possible but not longer than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that the LEA had corrected all individual cases of noncompliance.

With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the DIMR reported the noncompliance as corrected. The correction of individual student files was reported in the FFY19 SPP/APR.

**FFY 2017**

**Findings of Noncompliance Verified as Corrected**

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

The remaining one noncompliant LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for the LEA. The LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analysis included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop a meaningful CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. KDE-approved trainers included regional special education cooperative staff members who provided training activities identified on the CAP. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed and that the regulatory requirements were correctly implemented.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly .

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements. In Kentucky, this is known as review of updated data using comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://education.ky.gov/specialed/except/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. Additionally, the LEA was required to correct all systemic noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the Division of IDEA Monitoring and Results (DIMR) reported the noncompliance as corrected and closed the CAP.

The LEA successfully implemented the regulatory requirements at 100% compliance and closed their CAP.

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

For FFY 2017, one LEA remained as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student specific corrective action. The LEA developed a CAP to address noncompliance and included the correction of individual due process files as part of the CAP activities.

The LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The DIMR required all student-level noncompliance to be corrected as soon as possible but not longer than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that the LEA had corrected all individual cases of noncompliance.

With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the DIMR reported the noncompliance as corrected. The correction of individual student files was reported in the FFY19 SPP/APR.

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

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

The remaining one noncompliant LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for the LEA. The LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analysis included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop a meaningful CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. KDE-approved trainers included regional special education cooperative staff members who provided training activities identified on the CAP. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed and that the regulatory requirements were correctly implemented.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly .

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements. In Kentucky, this is known as review of updated data using comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://education.ky.gov/specialed/except/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. Additionally, the LEA was required to correct all systemic noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the Division of IDEA Monitoring and Results (DIMR) reported the noncompliance as corrected and closed the CAP.

The LEA successfully implemented the regulatory requirements at 100% compliance and closed their CAP.

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

For FFY 2016, one LEA remained as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student specific corrective action. The LEA developed a CAP to address noncompliance and included the correction of individual due process files as part of the CAP activities.

The LEA, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The DIMR required all student-level noncompliance to be corrected as soon as possible but not longer than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that the LEA had corrected all individual cases of noncompliance.

With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the DIMR reported the noncompliance as corrected. The correction of individual student files was reported in the FFY19 SPP/APR.

#### **4A - Prior FFY Required Actions**

The State must report, in the FFY 2020 SPP/APR, on the correction of noncompliance that the State identified in FFY 2019 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (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 district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

The State reported that noncompliance identified in FFY 2018, FFY 2017, and FFY 2016 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b) was partially corrected. When reporting on the correction of these noncompliance, the State must demonstrate, in the FFY 2020 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2018, FFY 2017, and FFY 2016: (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 district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

#### **Response to actions required in FFY 2019 SPP/APR**

Through desk audits, the KDE completed a review of updated data from additional student due process folders as part of the CAP process for the one LEA identified as being noncompliant in FFY 2017, FFY 2018, FFY 2019 and FFY 2020. The KDE has employed intensive assistance to the LEA for over a three-year period and notes the LEA made progress during FFY 2020 to obtain voluntary compliance.

Through intensive assistance, the LEA was able to demonstrate correction of noncompliance during FFY 2020 at the systemic and student levels and the DIMR was able to ensure the source of noncompliance was correctly implementing the regulatory requirements at a rate of 100% accuracy. Through intensive assistance, the LEA was able to demonstrate correction of noncompliance during FFY 2020 at the systemic and student levels and the KDE was able to ensure the source of noncompliance was correctly implementing the regulatory requirements at a rate of 100% accuracy. Additionally, the KDE verified each individual case of noncompliance was corrected prior to closing the LEA's CAP. Additionally, the DIMR verified each individual case of noncompliance was corrected prior to closing the LEA's CAP. Please see the above descriptions for each school year for additional information on how correction was verified.

#### **4A - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2017, and OSEP accepts that revision

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

#### **4A - Required Actions**

The State must report, in the FFY 2021 SPP/APR, on the correction of noncompliance that the State identified in FFY 2020 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (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 district, 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.

## 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 2020 SPP/APR, use data from 2019-2020), 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 2019-2020 school year, those 100 LEAs would have reported 618 data in 2019-2020 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2020-2021, suspension/expulsion data from those 15 new LEAs would not be in the 2019-2020 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 2020 SPP/APR submission, States must use the number of LEAs reported in 2019-2020 (which can be found in the FFY 2019 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

## 4B - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

### Historical Data

Baseline Year	Baseline Data
2020	2.30%

FFY	2015	2016	2017	2018	2019
Target	0%	0%	0%	0%	0%
Data	0.57%	4.57%	8.00%	4.00%	2.29%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%	0%

**FFY 2020 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.

0

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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
10	4	174	2.29%	0%	2.30%	N/A	N/A

Were all races and ethnicities included in the review?

YES

**State's definition of "significant discrepancy" and methodology**

A Kentucky LEA is found to have a significant discrepancy under Indicator 4B if the following two criteria are met:

1. The LEA subjected students with disabilities to out-of-school removals (suspensions or expulsions) for more than ten days during a school year at a rate that is at least three times higher than the state target of 0.2% for these types of removals; and
2. The LEA had at least 10 students with disabilities in any race/ethnicity category.

The significant discrepancy rate is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n-size of 10 students with disabilities enrolled in the LEA. During the 2019-2020 school year, there were 174 LEAs in Kentucky. All 174 LEAs met the n-size.

For FFY 2020, using 2019-2020 data, ten LEAs out of 174 had discrepancies at least three times higher than the state rate.

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

For Indicator 4B, there were 174 LEAs during the 2019-2020 school year. This number varies due to the use of lag year data. The KSB and the KSD are included in the denominator. Although all students at the KSB and the KSD are students with disabilities, there was a comparison group for this indicator. Calculations for Indicator 4B compare the disciplinary rates for students with disabilities to the state rate, rather than to students without disabilities. Therefore, the KSB and the KSD are not excluded from the calculations based on the comparison group.

The data were impacted by COVID-19. Students were not physically in schools after March 13, 2020, until the remainder of this reporting year. The transition to a virtual instruction environment decreased the number of students who were removed from the classroom. The OSEEL mitigated the impact on the comparability of the data by engaging with LEAs through webinars and technical assistance to provide support for student behavior upon the return to in-person instruction.

The baseline for indicator 4B was changed due to the removal of cell size from the calculation.

**Review of Policies, Procedures, and Practices (completed in FFY 2020 using 2019-2020 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.

Significant discrepancy by race/ethnicity in the rate of long-term removals of students with disabilities was identified for four LEAs. Once the significant discrepancy was identified, the KDE reviewed the policies, procedures, and practices relating to long-term removals of students with disabilities in each of the identified LEAs. As part of this review, the KDE completed student-level record reviews for a sample of students from each LEA identified as having significant discrepancies in the rate of long-term removals of students with disabilities. The KDE then reviewed due process files from the 2019-2020 school year, including IEPs, conference summaries, manifestation determinations, FBAs, BIPs, attendance records, enrollment records, and behavior detail reports. The KDE also reviewed the policies and procedures of the LEA. The review of individual student records confirmed four LEAs implemented LEA wide practices that were out of compliance with the IDEA. The KDE identified both student-specific and systemic noncompliance with the IDEA.

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

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

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

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

Through a desk audit, the KDE identified all students with disabilities in the LEAs, who were subject to out-of-school removals of more than 10 days. The KDE reviewed a sample of student records. The sample size was determined using criteria which is based on the LEA's total child count in the focus area. This formula can be found in the Monitoring Manual located at <https://education.ky.gov/specialed/excep/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

When noncompliance was identified, a written Report of Findings was issued to the LEA. The report included the LEA's percentage of suspensions and expulsions, the statewide rate for comparison, findings of fact and conclusions, and both systemic and student-specific noncompliance citations.

The LEAs, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analyses were used to develop meaningful CAPs, which included:

- Action steps to ensure policies, procedures, and practices were revised as necessary to comply with IDEA requirements.
- A plan to ensure LEA staff were properly trained and practices effectively implemented in the area of noncompliance.
- Correction of all systemic and student-specific cases of noncompliance.

The KDE identified all students with disabilities in the LEAs who were subject to out-of-school removals of more than 10 days. The KDE reviewed a sample of student records.

LEAs were required to correct all individual cases of noncompliance as part of the CAP. The KDE requires all noncompliance to be corrected as soon as possible but not longer than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted by LEAs to verify the implementation and completion of CAP activities. Once the individual and systemic noncompliance was verified as corrected, the KDE reviewed updated data through a process known in Kentucky as comparison folder reviews. As part of this process, the KDE reviewed the files of additional students who were subject to removals in the current school year. This allowed the KDE to ensure the updated data was verified as corrected and to ensure the LEA subsequently achieved 100% compliance with Indicator 4B requirements. The KDE concluded and reported all noncompliance identified was corrected when the LEAs:

- Prong 1 – Corrected each individual case of noncompliance, and
- Prong 2 – Were systemically in compliance with the specified regulatory requirements (i.e., subsequently achieved 100% compliance), based on the KDE review of the updated data known in Kentucky as comparison folder reviews.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	3	1	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The four LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student specific and systemic noncompliance items identified in the Reports of Findings. The KDE identified the percentage level of noncompliance for each LEA and conducted a root cause analysis in each LEA to determine why problem areas existed.

The results of the root cause analyses were varied and included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified on the CAP were provided by KDE approved trainers. Approved trainers included regional special education cooperatives. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE required all noncompliance to be corrected as soon as possible, but not more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

To verify the LEAs were implementing the regulatory requirements, the KDE reviewed additional student due process records as part of the CAP process. In Kentucky, this is known as comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count

in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://tinyurl.com/2p8bhudv>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

All four LEAs identified were able to successfully implement the regulatory requirements at 100% compliance and close their CAPs.

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

For FFY 2019, four LEAs were identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action where necessary. LEAs developed CAPs to address noncompliance and included the correction of student specific files as part of the CAP activities.

The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance and technical assistance and reviewed the evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE reviewed the evidence and verified that all four LEAs had corrected each individual case of noncompliance. This included the LEA for which the state could not verify the implementation of the regulatory requirements.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all four of the LEAs corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	1	1	0
FFY 2017	1	1	0
FFY 2016	1	1	0

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

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

The one LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for the LEA and conducted a root cause analysis to determine why problem areas existed.

The results of the root cause analysis included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop a meaningful CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. Training activities identified on the CAP were provided by KDE-approved trainers. Approved trainers included regional special education cooperatives. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly basis.

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements. In Kentucky, this is known as comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://tinyurl.com/2p8bhudv>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

The identified LEA was able to successfully implement the regulatory requirements at 100% compliance and close their CAP.

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

For FFY 2018, one LEA was identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action where necessary. The LEA developed a CAP to address noncompliance and included the correction of student specific files as part of the CAP activities.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance and technical assistance and reviewed the evidence submitted to verify the implementation and completion of student

specific corrections and CAP activities. The KDE reviewed the evidence and verified that the identified LEA had corrected each individual case of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined the LEA corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

#### **FFY 2017**

##### **Findings of Noncompliance Verified as Corrected**

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

The one LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for the LEA and conducted a root cause analysis to determine why problem areas existed.

The results of the root cause analysis included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop a meaningful CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. Training activities identified on the CAP were provided by KDE-approved trainers. Approved trainers included regional special education cooperatives. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly basis.

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements. In Kentucky, this is known as comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://tinyurl.com/2p8bhudv>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

The identified LEA was able to successfully implement the regulatory requirements at 100% compliance and close their CAP.

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

For FFY 2017, one LEA was identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action where necessary. The LEA developed a CAP to address noncompliance and included the correction of student specific files as part of the CAP activities.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance and technical assistance and reviewed the evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE reviewed the evidence and verified that the identified LEA had corrected each individual case of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined the LEA corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

#### **FFY 2016**

##### **Findings of Noncompliance Verified as Corrected**

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

The one LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for the LEA and conducted a root cause analysis to determine why problem areas existed.

The results of the root cause analysis included topics such as misunderstandings of timeline requirements and lack of training for PBIS. Those results were utilized to develop a meaningful CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in discipline. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. Training activities identified on the CAP were provided by KDE-approved trainers. Approved trainers included regional special education cooperatives. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly basis.

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements. In Kentucky, this is known as comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://tinyurl.com/2p8bhudv>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. All original records were verified as 100% compliant in the areas originally cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had



corrected all areas of noncompliance. The updated data review (comparison folders) was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

The identified LEA was able to successfully implement the regulatory requirements at 100% compliance and close their CAP.

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

For FFY 2016, one LEA was identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action where necessary. The LEA developed a CAP to address noncompliance and included the correction of student specific files as part of the CAP activities.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance and technical assistance and reviewed the evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE reviewed the evidence and verified that the identified LEA had corrected each individual case of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined the LEA corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

**4B - Prior FFY Required Actions**

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. The State must demonstrate, in the FFY 2020 SPP/APR, that the districts identified with noncompliance in FFY 2019 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

The State reported that noncompliance identified in FFY 2018, FFY 2017, and FFY 2016 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b) was partially corrected. When reporting on the correction of noncompliance, the State must demonstrate, in the FFY 2020 SPP/APR, that it has verified that each district with remaining noncompliance identified in FFY 2018, FFY 2017, and FFY 2016: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

**Response to actions required in FFY 2019 SPP/APR**

Through desk audits, the KDE completed a review of updated data from additional student due process folders as part of the CAP process for the one LEA identified as being noncompliant in FFY 2017, FFY 2018, FFY 2019 and FFY 2020. The KDE has employed intensive assistance to the LEA over a three-year period and notes the LEA made progress during FFY 2020 to obtain voluntary compliance.

Through intensive assistance, the LEA demonstrated correction of noncompliance during FFY 2020 at the systemic and student levels. The KDE was able to ensure the source of noncompliance was correctly implementing the regulatory requirements at a rate of 100% accuracy. Additionally, the KDE verified each individual case of noncompliance was corrected prior to closing the LEA's CAP. Please see the above descriptions for each school year for additional information on how correction was verified.

**4B - OSEP Response**

The State has established the baseline for this indicator, using data from FFY 2020, and OSEP accepts the baseline.

**4B- Required Actions**

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must demonstrate, in the FFY 2021 SPP/APR, that the districts identified with noncompliance in FFY 2020 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 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 (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

## 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 =  $\left[ \frac{\text{# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80\% or more of the day}}{\text{total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs}} \right] \times 100$ .
- B. Percent =  $\left[ \frac{\text{# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40\% of the day}}{\text{total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs}} \right] \times 100$ .
- C. Percent =  $\left[ \frac{\text{# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements}}{\text{total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs}} \right] \times 100$ .

#### 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	2015	2016	2017	2018	2019
A	2020	Target >=	71.80%	71.80%	71.80%	71.80%	71.80%
A	74.99%	Data	73.73%	73.81%	73.43%	73.57%	73.90%
B	2020	Target <=	8.70%	8.70%	8.70%	8.70%	8.70%
B	8.38%	Data	8.28%	8.31%	8.27%	8.48%	8.58%
C	2020	Target <=	1.90%	1.90%	1.90%	1.90%	1.90%
C	1.55%	Data	1.68%	1.72%	1.78%	1.71%	1.82%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target A >=	75.00%	74.99%	75.24%	75.49%	76.00%	77.00%
Target B <=	8.38%	8.38%	8.15%	7.91%	7.44%	6.50%
Target C <=	1.55%	1.55%	1.51%	1.48%	1.40%	1.25%

### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where

the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**Prepopulated Data**

Source	Date	Description	Data
SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/07/2021	Total number of children with IEPs aged 5 (kindergarten) through 21	95,554
SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/07/2021	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	71,661
SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/07/2021	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	8,008
SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/07/2021	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	482
SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/07/2021	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	288
SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/07/2021	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	709

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 2020 SPP/APR Data**

<b>Education Environments</b>	<b>Number of children with IEPs aged 5 (kindergarten) through 21 served</b>	<b>Total number of children with IEPs aged 5 (kindergarten) through 21</b>	<b>FFY 2019 Data</b>	<b>FFY 2020 Target</b>	<b>FFY 2020 Data</b>	<b>Status</b>	<b>Slippage</b>
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	71,661	95,554	73.90%	75.00%	75.00%	N/A	N/A
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	8,008	95,554	8.58%	8.38%	8.38%	N/A	N/A
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,479	95,554	1.82%	1.55%	1.55%	N/A	N/A

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

Kentucky revised the baseline for Indicator 5 due to the addition of five-year-old students in kindergarten to this indicator.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

**5 - Prior FFY Required Actions**

None

**5 - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 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 =  $\left[\frac{\text{\# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program}}{\text{total \# of children ages 3, 4, and 5 with IEPs}}\right] \times 100$ .
- B. Percent =  $\left[\frac{\text{\# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school or residential facility}}{\text{total \# of children ages 3, 4, and 5 with IEPs}}\right] \times 100$ .
- C. Percent =  $\left[\frac{\text{\# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home}}{\text{total \# of children ages 3, 4, and 5 with IEPs}}\right] \times 100$ .

#### 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	2015	2016	2017	2018	2019
A	Target >=	64.00%	64.00%	64.00%	64.00%	64.00%
A	Data	66.50%	67.36%	69.27%	70.47%	71.24%
B	Target <=	6.00%	6.00%	6.00%	6.00%	6.00%
B	Data	4.54%	4.03%	3.48%	4.52%	3.89%

#### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of

predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

## 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	76.87%
B	2020	4.13%
C	2020	0.27%

### Inclusive Targets – 6A, 6B

FFY	2020	2021	2022	2023	2024	2025
Target A >=	76.87%	76.87%	77.14%	77.40%	77.94%	79.00%
Target B <=	4.13%	4.13%	4.05%	3.97%	3.82%	3.50%

### Inclusive Targets – 6C

FFY	2020	2021	2022	2023	2024	2025
Target C <=	0.27%	0.27%	0.27%	0.27%	0.26%	0.25%

## Prepopulated Data

**Data Source:**

SY 2020-21 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

**Date:**

07/07/2021

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,719	5,356	2,150	10,225
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	2,153	4,121	1,586	7,860
b1. Number of children attending separate special education class	96	205	82	383
b2. Number of children attending separate school	11	17	9	37
b3. Number of children attending residential facility	1	1	0	2
c1. Number of children receiving special education and related services in the home	12	10	6	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 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	7,860	10,225	71.24%	76.87%	76.87%	N/A	N/A
B. Separate special education class, separate school or residential facility	422	10,225	3.89%	4.13%	4.13%	N/A	N/A
C. Home	28	10,225		0.27%	0.27%	N/A	N/A

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

Kentucky revised the baseline for Indicator 6 due to the removal of five-year-old students in kindergarten from the calculation.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

**6 - Prior FFY Required Actions**

None

**6 - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

**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	2015	2016	2017	2018	2019
A1	2013	Target >=	49.30%	50.00%	50.00%	50.50%	50.50%
A1	49.29%	Data	39.84%	40.10%	48.98%	41.84%	40.18%
A2	2013	Target >=	39.20%	40.00%	40.00%	40.50%	40.50%



A2	39.11%	Data	28.96%	30.60%	44.50%	45.30%	44.50%
B1	2013	Target >=	67.40%	68.00%	68.00%	68.50%	68.50%
B1	67.42%	Data	63.06%	61.16%	67.95%	65.97%	68.40%
B2	2013	Target >=	39.90%	40.50%	40.50%	41.00%	41.00%
B2	39.85%	Data	36.67%	36.31%	45.49%	47.78%	48.45%
C1	2013	Target >=	50.70%	51.50%	51.50%	52.00%	52.00%
C1	50.67%	Data	33.79%	33.49%	55.10%	52.55%	53.18%
C2	2013	Target >=	35.70%	36.50%	36.50%	37.00%	37.00%
C2	35.67%	Data	24.22%	25.33%	42.75%	42.74%	43.05%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target A1 >=	30.41%	30.41%	32.92%	35.43%	40.46%	50.50%
Target A2 >=	37.18%	37.18%	38.35%	39.51%	41.84%	46.50%
Target B1 >=	57.12%	57.12%	59.48%	61.84%	66.56%	76.00%
Target B2 >=	39.72%	39.72%	41.07%	42.42%	45.11%	50.50%
Target C1 >=	42.51%	42.51%	44.07%	45.63%	48.76%	55.00%
Target C2 >=	35.37%	35.37%	36.57%	37.78%	40.19%	45.00%

### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky’s historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky’s progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky’s State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**FFY 2020 SPP/APR Data**

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

5,635

**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	384	6.81%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,751	48.82%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	405	7.19%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	965	17.13%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,130	20.05%

Outcome A	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,370	4,505	40.18%	30.41%	30.41%	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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,095	5,635	44.50%	37.18%	37.18%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	221	3.92%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,790	31.77%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,386	24.60%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,293	22.95%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	945	16.77%

Outcome B	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,679	4,690	68.40%	57.12%	57.12%	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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,238	5,635	48.45%	39.72%	39.72%	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	318	5.64%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,381	42.25%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	943	16.73%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,053	18.69%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	940	16.68%

Outcome C	Numerator	Denominator	FFY 2019 Data	FFY 2020 Target	FFY 2020 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. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,996	4,695	53.18%	42.51%	42.51%	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. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,993	5,635	43.05%	35.37%	35.37%	Met target	No Slippage

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

Students enrolled in the state-funded preschool program (including all students receiving services under Part B, Section 619) for at least six months and who had at least two complete data points (i.e., assessed at least twice with an approved assessment) were included in the analyses. Specific criteria for 37 Part B inclusion were: (a) students aged three through five years with an IEP and who had been in the program a minimum of six months, (b) valid identifying student information (state student identifier (SSID) and demographic information) was received, (c) assessment data were collected with one of the state-approved instruments via publisher-approved data collection methods (web-based or paper and pencil), and (d) assessment data were at least 75% complete.

To ensure data entry reliability, two data cleaning phases were implemented by the staff of KEDS. First, demographic fields collected within the KEDS system were reviewed to ensure all data were verified and matched with an SSID. Then, all assessments collected through KEDS and from publisher approved methods were collected and merged with the cleaned demographic information. Duplicate assessments were removed, as were assessments where a valid SSID could not be found. Final item scores were re-coded to a dichotomous variable reflecting age-appropriate functioning. Each item was assigned a score of 0 (not age-appropriate functioning) or 1 (age-appropriate functioning) based on alignment work. The assigned item score was based on the student’s age at the time of assessment. The student’s first and last assessments were utilized for the OSEP analyses.

Based on the first-level crosswalk procedure, all item scores were analyzed to determine age-appropriate functioning. Items that correlated with each OSEP outcome were then examined and the percentage of items on which the student scored at age level at exit for each outcome was calculated. Beginning in FFY 2013, the analysis algorithms were modified to measure change more accurately in the child’s level of functioning. This was achieved by focusing on the six-month age band corresponding to the child’s age at exit in identifying age-appropriate functioning compared to same-age peers.

Age-appropriate functioning was set at 40% for categories c, d, and e; (i.e., a child had to have mastered 40% of the items within the six-month age band at the time of assessment). For categories a and b, analyses examined items in all age bands covered by the assessments when determining absolute progress. Three percentages (one for each OSEP outcome) were computed for each student on each assessment.

Growth was determined by calculating the change in percentage between the two assessments. Growth differences were categorized into five levels of functioning as specified by OSEP:

- (a) students who did not improve, i.e., did not move nearer to age-equivalent functioning and exhibited no change or a decrease in total item scores,
- (b) students who improved but not sufficiently to move nearer to age-equivalent functioning, i.e., exhibited a total item gain but did not exhibit an increase in age-equivalent functioning,
- (c) students who improved functioning and moved nearer to age-equivalent functioning but did not reach the level of same-aged peers, i.e., showed an increase in the percentage of age-equivalent functioning, but on less than 40% of items used to measure an outcome,
- (d) students who improved functioning reaching levels comparable to same-aged peers, i.e., reached age-appropriate functioning on at least 40% of items used to measure an outcome, and
- (e) students who maintained functioning comparable to same-aged peers, i.e., continued to function at age-level on 40% or more items for an outcome at both entry and exit from preschool.

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

The Kentucky system for measuring progress on child outcomes is based on recommended practice for continuous assessment of all students aged birth to five years as defined by the Kentucky Early Childhood Standards (<https://kyecac.ky.gov/professionals/Pages/Early-Childhood-Standards.aspx>) and Kentucky Early Childhood Continuous Assessment Guide ([https://www.kedsonline.org/Libraries/General/The\\_Kentucky\\_Early\\_Childhood\\_Continuous\\_Assessment\\_Guide.sflb.ashx](https://www.kedsonline.org/Libraries/General/The_Kentucky_Early_Childhood_Continuous_Assessment_Guide.sflb.ashx)). There are currently five assessment instruments approved for monitoring student progress in Kentucky:

- Assessment, Evaluation and Programming System for Infants and Students, Second Edition (AEPS; Bricker et al., 2002)
- Carolina Curriculum for Preschoolers with Special Needs (CCPSN; Johnson-Martin et al., 2004); and Carolina Curriculum for Infants and Toddlers with Special Needs, Third Edition (CCITSN, Johnson-Martin et al., 2004)
- COR Advantage (HighScope, 2013)
- Teaching Strategies GOLD™ (GOLD; Heroman, Burts, Berke, & Bickart, 2010)
- Work Sampling System 5th Edition (WSS; Dichtelmiller, Jablon, Marsden, & Meisels, 2013) and Work Sampling for Head Start 5th Edition (WSHS; Dichtelmiller, Jablon, Marsden, & Meisels, 2014)

Recommended assessment tools for the state were selected based on technical adequacy, the inclusion of functional goals and multiple domains, utility for diverse populations, multiple modalities for collecting data, involvement of families, current use in the field, and ease of administration (KDE, 2004). LEAs were instructed to assess students within six weeks of entering preschool and each successive spring and fall during which the students were enrolled. If students enrolled after the initial data point, teachers were instructed to assess students within four weeks of the student’s start date.

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

While the preschool outcome data for Kentucky has remained stable for several reporting cycles, the data for FFY 2020 was negatively impacted by COVID-19. The assessment window was six weeks long at the beginning of the 2020-2021 school year. During this six-week window, students were quarantined and LEAs provided remote instruction during this window due to health concerns related to COVID-19.

LEAs can choose from one of five state approved assessment providers and enter into contracts with the publisher. Of the five approved assessments in Kentucky, only one (Teaching Strategies Gold) allowed for remote delivery of the assessment. When students were quarantined or the LEA provided online instruction, LEAs who utilized other assessments were not able to deliver the assessment remotely.

To mitigate the impact on the data, the KDE provided information to LEAs and regions on which assessment had online delivery options. Additionally, the KDE encouraged the use of parental input, online-based assessment, and previous information to inform the assessment results. The KDE reminded LEAs that the assessment was required and that students could not opt-out. LEAs worked with families to provide creative in-person assessment options, which allowed for delivery of the assessment while still responding to health requirements.

**7 - Prior FFY Required Actions**

None

## **7 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## **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 2020 SPP/APR, compare the FFY 2020 response rate to the FFY 2019 response rate) and describe strategies that will be implemented which are expected to increase the response rate, 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 parents of children with disabilities.

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 should consider categories such as race/ethnicity, age of student, disability category, and geographic location in the State.

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.

**Beginning with the FFY 2021 SPP/APR, due February 1, 2023**, when reporting 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 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.

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

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

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Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders

were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

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Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

#### Historical Data

Baseline Year	Baseline Data
2013	80.45%

FFY	2015	2016	2017	2018	2019
Target >=	80.65%	80.75%	80.85%	80.95%	80.95%
Data	86.76%	87.88%	88.94%	89.90%	90.04%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target >=	80.45%	80.45%	81.89%	83.34%	86.23%	92.00%

#### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
6,956	7,807	90.04%	80.45%	89.10%	Met 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.

At the beginning of the six-month survey window, the KDE sends an email to all DoSEs within the state as part of the process to obtain data for Indicator 8. The email includes a sample letter to parents explaining the purpose of the survey, as well as a link to an electronic survey. The email requests the DoSE share the survey link and the letter to all parents whose children had IEPs within the LEA.

Sample letters to parents are made available in English, Spanish and Arabic. The survey is also available in English, Spanish and Arabic.

Additionally, KDE staff share information and related links with various Family-School partnership agencies within the survey window.

The survey is intended for parents of both preschool and school-age students. While the results can be broken down between these two groups, they are not separate surveys and results are automatically combined.

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

103,808

**Percentage of respondent parents**

7.52%

**Response Rate**

FFY	2019	2020
Response Rate	6.59%	7.52%

**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 has identified staff to work with parent groups to increase representativeness. The KDE's family engagement consultant engages in regular meetings with various parent groups, including but not limited to the Kentucky Collaborative for Families and Schools (KYCFS), the SAPEC, and the KY-SPIN. Both KY-SPIN and KYCFS regularly hold events to train, support and inform parents. The KDE will continue to partner with these groups to provide links to the survey and emphasize the importance and impact of the data to encourage participation. In addition, the KDE will review data on a routine basis throughout the survey window, monitoring response rate by LEA and region. The KDE will provide technical assistance to LEAs accordingly. This will include strategies that relate to the specific barriers identified by underrepresented regions/LEAs of the state.

**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.**

The KDE's analysis of the response rate data demonstrated discrepancies in certain areas/regions of the state. Throughout the survey, the KDE contacted both LEA's and Special Education Regional Cooperatives to provide technical assistance to those LEAs. In addition, the KDE contacted the regional special education cooperatives where trends of underrepresentation were identified to further understand potential barriers to survey dissemination and completion. The KDE collected feedback and anecdotal data from underrepresented regions/LEAs and intends to utilize this data in the development of guidance to support an increased response rate in future surveys.

**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 should consider categories such as race/ethnicity, age of student, disability category, and geographic location in the State.**

In terms of representativeness, the following subgroups were over or underrepresented by more than 3% from population figures (a "-" sign indicates underrepresentation): White (5%), Hispanic (-4%), Mild Mental Disability (-6%), Specific Learning Disability (-4%), Autism (8%), Multiple Disabilities (4%), Other Health Impairment (-9%), the Southeast/South-Central Region (-7%), the Western Kentucky Region (4%) and the Greater Louisville Region (4%).

**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 KDE has collected feedback and anecdotal data from underrepresented regions/LEAs, as well as families, and intends to utilize this data in the development of guidance to support increased response rate and representativeness in future surveys. The KDE will disseminate this guidance to LEAs. This guidance will highlight the importance of the survey, as well as techniques for gathering parent responses. This will include strategies that relate to the specific barriers identified by underrepresented regions/LEAs of the state.

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

In accordance with guidelines from the National Post School Outcomes Center, the state considers each sub-group to be representative of the population if its percentage of respondents is within +/- 3% of the percentage of the population.

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)**

The survey was initiated during COVID-19. This impacted the comparability of these data. To mitigate the impact of COVID-19, the KDE extended the deadline for completion of the survey and communicated more frequently with LEAs. Additionally, the KDE regularly reviewed response rates and communicated with LEAs with low response rates.



## **8 - Prior FFY Required Actions**

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

### **Response to actions required in FFY 2019 SPP/APR**

The state has identified staff to work with parent groups to increase representativeness. The KDE's family engagement consultant engages in regular meetings with a variety of parent groups, including but not limited to the KYCFS, the SAPEC (formerly known as the State Advisory Council for Exceptional Children), and the KY-SPIN. Both KY-SPIN and KYCFS regularly hold events to train, support, and inform parents. The KDE engaged with these groups to provide links to the survey and emphasize the importance and impact of the data to encourage participation.

In terms of representativeness, the following subgroups were over or underrepresented by more than 3% from population figures (a "-" sign indicates underrepresentation): White (5%), Hispanic (-4%), Mild Mental Disability (-6%), Specific Learning Disability (-4%), Autism (8%), Multiple Disabilities (4%), Other Health Impairment (-9%), the Southeast/South-Central Region (-7%), the Western Kentucky Region (4%) and the Greater Louisville Region (4%).

## **8 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## **8 - Required Actions**

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.

## 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 2020 reporting period (i.e., after June 30, 2021).

#### 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 9 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2020	1.17%

FFY	2015	2016	2017	2018	2019
Target	0%	0%	0%	0%	0%
Data	1.14%	0.57%	0.00%	0.00%	0.00%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%	0%

#### FFY 2020 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.

2

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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
4	2	171	0.00%	0%	1.17%	N/A	N/A

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 KDE used the "risk ratio" methodology for both Indicators 9 and 10 to determine mathematically if disproportionate representation based on race/ethnicity exists in any of its LEAs. For Indicator 9, KDE applied this methodology to determine if disproportionate representation by race/ethnicity existed when identifying students for special education services. In applying this methodology, the KDE reviewed each LEA's data to make sure for each race/ethnicity examined the following conditions existed:

- There were at least 50 students in the racial or ethnic group examined who were enrolled in the LEA. (This is often referred to as the n-size and served as the denominator in determining risk.)
- There were at least 10 students in the racial or ethnic group being examined who were identified as eligible for special education services. (This is often referred to as the cell size and served as the numerator in determining risk.)
- The risk for a student in a particular racial or ethnic group was compared to the risk of all other students not of that same racial or ethnic group who were identified for the same outcome. For example, the risk of a white student enrolled in the LEA being identified for special education services was compared to the risk of all non-white students enrolled in the LEA who were identified. The "risk ratio" is the comparison of these two risks.
- The risk ratio or comparison of the two risks indicated that students in the racial or ethnic group examined were at least two times as likely to be identified for the same outcome than students who were not of that same racial or ethnic group.

All LEAs met the n-size for this indicator.

Data were examined by the risk or rate of identification of students individually for each of the seven Federal racial or ethnic groups as compared to the risk or rate of identification of students in all other racial or ethnic categories (i.e., rate of white students compared to the rate of non-white students, rate of Hispanic students to the rate of non-Hispanic students, etc.).

When considering what "risk" means under Indicator 9 the KDE asked, "What percentage of an LEA's students falling within a specific racial and ethnic category were determined eligible for special education services?"

The percentage was determined by taking the number of students in specific racial and ethnic groups identified as eligible under the IDEA and dividing it by the total number of enrolled students from that racial and ethnic group. These data come from the LEA's December 1 Child Count under the IDEA, the enrollment data for all students was the data as reported on the LEA's annual Growth Factor Report.

Below is an example of calculating risk for Indicator 9:

- 60 Asian students are reported on the Annual IDEA Child Count in the Blue County LEA.
- A total of 270 Asian students are enrolled in the Blue County LEA.
- The risk of being a student receiving special education services in the Blue County LEA for Asian students is 22.2%. (60 Asian special education students divided by 270 Asian students enrolled in the LEA, multiplied by 100 to obtain a percentage of 22.2%.)

Risk ratio takes the inquiry one step further. For Indicator 9, the risk ratio was determined by comparing the risk of students from the racial and ethnic group in question to the risk of all other students enrolled in the LEA. Thus, risk ratio answers the question, "What is the ratio of the risk for a student in a specific racial or ethnic group of being identified for special education services when compared to the risk for all other students in the LEA to be identified for special education?"

Below is an example of risk ratio calculations for Indicator 9:

- There are 6,000 non-Asian students enrolled in the LEA. Of that, 600 non-Asian students receive special education and related services. The risk of being a special education student for all students who are non-Asian is 10.0%. [600 divided by 6,000 equals 0.10, which is multiplied by 100 to obtain a percentage of 10.0%].
- To determine the "risk ratio", divide the risk of Asian students identified as eligible for special education (22.2%) by the risk of all other students identified as eligible for special education (10.0%).  $22.2\% / 10\% = 2.22$ .
- The risk ratio for students who are Asian is 2.22. This means Asian students are 2.22 times more likely than all other non-Asian students to be identified as eligible for special education. Because the LEA has a risk ratio of 2.22 for Asian students, the KDE must examine data from the LEA specific to the identification of students for special education to determine if the disproportionality is the result of inappropriate policies, procedures, or practices.
- If the KDE determines that the disproportionate identification of Asian students is due to inappropriate policies, procedures, or practices, the LEA is identified under Indicator 9 as having disproportionate representation of Asian students in special education.

LEAs that have a risk ratio, as calculated above, that is 2.0 or greater, and the KDE determines the disproportionality to be the result of inappropriate policies, procedures, or practices that have disproportionate representation and are cited for noncompliance for Indicator 9.

**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.**

The KDE analyzed LEA Child Count data located in the statewide student information system known as IC. Consultants in the KDE contacted the two LEAs identified as having a disproportionate representation in the rates of racial/ethnic groups. Following notification, the KDE conducted a desk audit which aligned with the requirements of 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. The KDE required these two LEAs to provide additional data and information regarding their policies, procedures, and practices. KDE consultants completed student-level record reviews for a sample of students from each LEA. The KDE reviewed due process files from the 2020-2021 school year, including evaluations, Response to Intervention (RTI) progress data, conference summaries, and eligibility determinations. The KDE also reviewed the policies and procedures of the LEAs.

Two LEAs were identified by the KDE under Indicator 9 as having disproportionate representation due to inappropriate policies, procedures, or practices.

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

For this indicator, there are 171 LEAs. This is because the KSB and the KSD were not included in the denominator. These two schools were excluded because there is no comparison group for these schools, as all students attending the KSB and the KSD are students with disabilities.

Baseline was set to FFY 2020 due to the addition of five-year-old students in kindergarten to the calculation.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

**Correction of Findings of Noncompliance Identified in FFY 2019**

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 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**9 - Prior FFY Required Actions**

None

**9 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts the baseline.

**9 - Required Actions**

Because the State reported less than 100% compliance for FFY 2020 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must demonstrate, in the FFY 2021 SPP/APR, that the two (2) districts identified in FFY 2020 with disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 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 (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 10: Disproportionate Representation in Specific Disability Categories

## Instructions and Measurement

**Monitoring Priority:** Disproportionality

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

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

### Data Source

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

### Measurement

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

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

Based on its review of the 618 data for FFY 2020, 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 2020 reporting period (i.e., after June 30, 2021).

### 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 10 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

### Historical Data

Baseline Year	Baseline Data
2020	3.51%

FFY	2015	2016	2017	2018	2019
Target	0%	0%	0%	0%	0%
Data	2.29%	2.86%	7.43%	4.00%	5.23%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%	0%

**FFY 2020 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.**

2

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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
25	6	171	5.23%	0%	3.51%	N/A	N/A

**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 KDE used the “risk ratio” methodology for both indicators 9 and 10 to determine mathematically if disproportionate representation based on race/ethnicity exists in any of its LEAs. For indicator 10, the KDE applied this methodology to determine if disproportionate representation by race/ethnicity existed when identifying students in any of six specific disability categories. In applying this methodology, the KDE reviewed each LEA’s data to make sure for each race/ethnicity examined the following conditions existed:

- There were at least 50 students in the racial or ethnic group examined who were enrolled in the LEA. (This is often referred to as the n-size and served as the denominator in determining risk.)
- There were at least 10 students in the racial or ethnic group being examined who were identified as eligible in the category being examined. Indicator 10 refers to students identified in each of the six specific disability categories. (This is often referred to as the cell size and serves as the numerator in determining risk.)
- The risk for a student in a particular racial or ethnic group was compared to the risk of all other students, not of that same racial or ethnic group who were identified for the same outcome. For example, the risk of a white student enrolled in the LEA who were identified for one of the six disability categories was compared to the risk of all non-white students enrolled in the LEA who were identified for that same disability. The “risk ratio” is the comparison of these two risks.
- The risk ratio or comparison of the two risks indicated that students in the racial or ethnic group examined were at least two times as likely to be identified for the same outcome than students who were not of that same racial or ethnic group.

All LEAs met the n-size for this indicator.

Data were examined by the risk or rate of identification of students individually for each of the seven Federal racial or ethnic groups as compared to the risk or rate of identification of students in all other racial or ethnic categories (i.e., rate of white students compared to the rate of non-white students, rate of Hispanic students to the rate of non-Hispanic students, etc.).

When considering what “risk” means under indicator 10 the KDE asked, “What percentage of an LEA’s students falling within a specific racial and ethnic category were determined eligible for one of the specific disability categories examined?”

The percentage was determined by taking the number of students in specific racial and ethnic groups identified as eligible under the IDEA and dividing it by the total number of enrolled students from that racial and ethnic group. These data come from the LEA’s December 1 Child Count under the IDEA. The enrollment data for all students was the data reported on the LEA’s annual Growth Factor Report.

Below is an example of calculating risk for indicator 10:

- 60 Asian students are reported on the Annual IDEA Child Count in the Blue County LEA in the category of Other Health Impairment (OHI).
- A total of 270 Asian students are enrolled in the Blue County LEA.
- The risk of being a student receiving special education services under the eligibility category of OHI in the Blue County LEA for Asian students is 22.2%. (60 Asian special education students eligible under OHI divided by 270 Asian students enrolled in the LEA, multiplied by 100 to obtain a percentage of 22.2%.)

Risk ratio takes the inquiry one step further. For indicator 10, the risk ratio was determined by comparing the risk of students from the racial and ethnic group in question to the risk of all other students enrolled in the LEA. Thus, risk ratio answers the question, “What is the ratio of the risk for a student in a specific racial or ethnic group of being identified for special education services under a specific disability category when compared to the risk for all other students in the LEA to be identified for special education under a specific disability category?”

Below is an example of risk ratio calculations for indicator 10:

--There are 6,000 non-Asian students enrolled in the LEA. Of that, 600 non-Asian students receive special education and related services under the eligibility category of OHI. The risk of being a special education student under the eligibility category of OHI for all students who are non-Asian is 10.0%. [600 divided by 6,000 equals 0.10, which is multiplied by 100 to obtain a percentage of 10.0%].

--To determine the "risk ratio", divide the risk of Asian students identified as eligible for special education under the eligibility category of OHI (22.2%) by the risk of all other students identified as eligible for special education under the eligibility category of OHI (10.0%).  $22.2\% / 10\% = 2.22$ .

--The risk ratio for students who are Asian is 2.22. This means Asian students are 2.22 times more likely than all other non-Asian students to be identified as eligible for special education under the eligibility category of OHI. Because the LEA has a risk ratio of 2.22 for Asian students the KDE must examine data from the LEA specific to the identification of students for special education under the eligibility category of OHI to determine if the disproportionality is the result of inappropriate policies, procedures, or practices. If the KDE determines that the disproportionate identification of Asian students under the eligibility category of OHI is due to inappropriate policies, procedures, or practices, the LEA is identified under indicator 10 as having a disproportionate representation of Asian students in special education under the eligibility category of OHI.

LEAs that have a risk ratio, as calculated above, that is 2.0 or greater, and the disproportionality is determined by the KDE to be the result of inappropriate policies, procedures, or practices that have disproportionate representation and are cited for noncompliance for indicator 10.

**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.**

Any LEA identified with disproportionate representation with a risk ratio of more than 2.0 was selected for a desk audit. The KDE randomly chose a sampling of student due process records and reviewed evaluation and eligibility determinations per racial and ethnic groups in a specific disability category for the LEA. Additionally, the KDE reviewed LEA policies, procedures and practices as part of the desk audit process.

The KDE used its Compliance Record Review Document to determine if the students had been appropriately identified under the IDEA. When the KDE found that students had been inappropriately identified through the desk audit, the KDE cited the LEA as having disproportionate representation due to inappropriate identification within the specific racial or ethnic group. The KDE's Compliance Record Review Document may be found on the Forms and Monitoring Documents webpage at <https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx>.

Out of 171 LEAs, 25 LEAs were identified as having disproportionate representation and were reviewed. Based on the KDE's desk audit review findings, six LEAs were cited for disproportionate representation because of inappropriate identification.

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

For this indicator, there are 171 LEAs. This is because the KSB and the KSD were not included in the denominator. These schools were excluded because there is no comparison group for these schools, as all students in these schools are students with disabilities.

Baseline was set to FFY 2020 due to the addition of five-year-old students in kindergarten to the calculation.

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
9	8	1	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

With assistance as needed from the Regional Special Education Cooperative and the KDE, the nine LEAs reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses were varied and included topics such as lack of training and inexperienced staff. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for each LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. KDE- approved trainers provided training activities identified on the CAP. Approved trainers included regional special education cooperative staff members. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed and that the regulatory requirements were correctly implemented.

The KDE required all noncompliance to be corrected as soon as possible but not longer than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEA was implementing the regulatory requirements related to indicator 10. In Kentucky, this is known as review of updated data. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://education.ky.gov/specialed/excep/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. Additionally, LEAs were required to correct all systemic noncompliance. All original records were verified as 100% compliant in the areas initially cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review was repeated until the LEA correctly implemented the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

All nine LEAs identified successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

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

For FFY 2019, nine LEAs were identified as having noncompliant practices under indicator 10. The KDE reviewed all identified student files and issued student specific corrective action. LEAs developed CAPs to address noncompliance and included the correction of individual due process files as part of the CAP activities.

The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not longer than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that all nine LEAs had corrected each individual case of noncompliance.

With verification of CAP completion and all updated data and student records verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all nine of the LEAs corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**10 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. The State must demonstrate, in the FFY 2020 SPP/APR, that the districts identified in FFY 2019 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Correction of noncompliance explanations are included in the narratives above.

**10 - OSEP Response**

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

**10 - Required Actions**

Because the State reported less than 100% compliance for FFY 2020 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must demonstrate, in the FFY 2021 SPP/APR, that the six (6) districts identified in FFY 2020 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification is in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 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 (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.



## 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 11 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2005	95.43%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.74%	99.76%	99.43%	99.91%	97.30%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,059	2,034	97.30%	100%	98.79%	Did not meet target	No Slippage

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

25

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

There were 25 students whose evaluations were not completed within the designated 60-day timeline.

- 1-10 days over--9 students
- 11-20 days over--5 students
- 21-30 days over--5 students
- 31-40 days over--1 student
- 41-50 days over--1 student
- greater than 50 days over--4 students

**Indicate the evaluation timeline used:**

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

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

State monitoring

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

The KDE collected APR data for indicator 11 by requiring all LEAs to submit a self-assessment report to the KDE containing randomly selected, child-specific data. The Part B Data Manager provided the self-assessment spreadsheet to all DoSEs to enter the indicator 11 data to be provided to the KDE. LEAs were instructed to randomly select 10% of students who were initially evaluated and whose data was included on the spreadsheet. LEAs reviewed no less than 10 students and no more than 50 students. LEAs with 10 or fewer students who were initially evaluated sent data for all students evaluated. The KDE Part B Data Manager completed a review of data and validated the self-reported data submitted by LEAs. The Data Manager contacted each DoSE for the LEAs who reported any noncompliance. LEAs with noncompliance were required to complete a CAP to address student-specific and systemic noncompliance based on their self-reported data. Additionally, the KDE randomly selected 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students initially evaluated during the 2020-2021 school year were randomly selected for desk audits. The KDE used its Compliance Record Review Document, the data information system, and student due process records to determine whether a student's file was compliant with indicator 11. When the KDE determined, through the desk audits, student files were not in compliance with indicator 11 under the IDEA, the LEA was notified of the noncompliance through a Report of Findings issued by the KDE.

For the FFY 2020, the KDE received self-reported data from all LEAs. Nine LEAs self-reported noncompliance. Additionally, the KDE reviewed random records from LEAs that self-reported 100% compliance. Through the audit an additional eight LEAs were cited for noncompliance. In total, 25 student due process records were identified as noncompliant.

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

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
36	36	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The noncompliant LEAs (representing 36 students), with assistance as needed from the regional special education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses were varied and included topics such as misunderstanding of timeline requirements and the need to develop communication plans to support increased communication between Part B and Part C providers. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures, and practices in the Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. KDE- approved trainers provided training activities identified on the CAP. Approved trainers included regional special education cooperative staff members. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed and that the regulatory requirements were correctly implemented.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE reviewed additional student due process records as part of the CAP process to verify that the LEAs were implementing the regulatory requirements. In Kentucky, this is known as review of updated data using comparison folder reviews. The number of folders reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented on page 29 of the KDE's IDEA Monitoring Manual. This can be found at <https://education.ky.gov/specialed/except/forms/Documents/IDEAMonManDstrctEdtn.pdf>.

If any record was found noncompliant during comparison folder reviews, the LEA was required to correct the noncompliance. Additionally, LEAs were required to correct all systemic noncompliance. All original records were verified as 100% compliant in the areas initially cited. Additional folders were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The updated data review was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

All the LEAs identified successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

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

For FFY 2019, the KDE reviewed all identified student files with noncompliance and issued student-specific corrective action. The KDE reviewed all identified student files and issued student-specific corrective actions. LEAs developed CAPs to address noncompliance and included the correction of individual due process files as part of the CAP activities. The LEAs (representing 36 students) developed CAPs to address noncompliance and included the correction of individual due process files as part of the CAP activities.

The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that the LEAs had corrected all 36 individual cases of noncompliance.

With verification of CAP completion and all updated data submitted verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**11 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Correction of noncompliance explanations are included in the narratives above.

**11 - OSEP Response**

**11 - 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.

## Indicator 12: Early Childhood Transition

### Instructions and Measurement

**Monitoring Priority:** 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 12 - Indicator Data

### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

Baseline Year	Baseline Data
2005	93.74%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	99.81%	99.91%	99.41%	99.36%	91.52%

#### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

#### FFY 2020 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	2,561
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	280

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	1,606
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.	295
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	152
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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	1,606	1,834	91.52%	100%	87.57%	Did not meet target	Slippage

**Provide reasons for slippage, if applicable**

Slippage occurred due to the increasingly transient nature of Kentucky families. Many children begin Part C services in one LEA but move to follow employment, family, or other opportunities to another LEA. Subsequently, the prior LEA is unable to complete the transition process as they are unable to find the child or their family, despite best efforts.

Additionally, families in Kentucky are choosing to decline transition services at an increasing rate. Cultural shifts, including more families with two parents in the workforce, as well as an increase in the lack of quality, affordable childcare are additional factors that have been recognized. Wrap around care is essential when students are only served in part-day programs. Without quality wrap-around childcare, many students are unable to access preschool programming. The lack of access can make parents and families decide not to complete the transition process as their child will not be adequately served for the entirety of their preschool enrollment.

Some parents determined they did not wish to transition their child into the Part B program but did not communicate this in a timely manner with Part C providers and Part B staff. This caused a delay in completing formal transition paperwork. While the factors identified above have had a subtle impact on the data over the past couple of years, much of the decline in progress seen in FFY 2020 continues to be attributed to the impact of COVID-19 on the delivery of services.

Families and programs experienced a disruption in services when in-person services were discontinued during COVID-19 outbreaks. The Part C program experienced closures to in-person services as LEAs transitioned to virtual and/or nontraditional instruction. Due to restrictions presented by COVID-19 mitigation strategies, such as not being able to meet in person, lack of virtual evaluation methods, etc., transition and eligibility determination meetings did not occur consistently across the state. As these did not occur timely or consistently, referral to Part B, evaluation, and eligibility determination meetings were impacted. As a result, 228 students from 23 LEAs were not appropriately transitioned from Part C to Part B. Part C programs across the state interrupted or closed home visiting due to the COVID-19 pandemic. Many providers usually encounter children in childcare programs, and as these were closed as well, this created additional strain on the program. While Part C providers and Part B staff attempted to hold virtual transition meetings and complete evaluations and eligibility virtually, families may not have been able to access the technology needed to participate or sufficient evaluation data was needed to determine Part B eligibility appropriately was not available.

**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**

228

**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.**

- 1-10 days—33 students
- 11-25 days—37 students
- 26-100 days—119 students
- 101+ days—39 students

**Attach PDF table (optional)**

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

State monitoring

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

The KDE collected data from LEAs using the end-of-year Preschool Program Performance Report. The KDE then reviewed transition data for errors and noncompliance. When errors were noted, LEAs were required to revise and resubmit data. LEAs also self-reported indicator 12 preschool transition data to the KDE. Each LEA who self-reported noncompliance (23 LEAs) received a CAP and required correction of all noncompliance for systematic/student specific noncompliance. The KDE validated self-reported data through random desk audits, using data from IC and student records. If individual student records were found to be noncompliant, the LEA was required to correct the noncompliance for each student. The KDE then verified these corrections and reviewed additional randomly selected student files to determine systemic compliance.

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

The data have been impacted by COVID-19 for the 2020-2021 transition year. Families and programs experienced a disruption in services when in person services were discontinued during peaks of COVID-19 outbreaks in communities. The Part C program was closed to in person services as LEAs transitioned to virtual and/or non-traditional instruction. Due to meeting restrictions, such as not being able to meet in person, inability to complete virtual evaluations, etc., IEP team eligibility meetings could not occur consistently across the state. As these meetings did not occur in a timely or consistent fashion, referral to Part B, evaluation, and eligibility meetings were impacted. As a result, 228 students were not provided an appropriate transition from

Part C to Part B. The KDE's Division of IDEA Implementation and Preschool (DIIP) engaged with local preschool directors and directors of special education to identify and address problem solve transition barriers. The KDE engaged with local preschool directors and directors of special education to ensure noncompliance was corrected.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
59	59	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

The KDE collected data from LEAs using the end-of-year Preschool Program Performance Report. The KDE then reviewed transition data for noncompliance. The KDE validated the data through random desk audits, using data in IC and student records. LEAs also self-reported indicator 12 preschool transition data to the KDE, including the percentage level of noncompliance. The 59 LEAs who self-reported noncompliance conducted root cause analyses to determine why problem areas existed. LEAs were required to correct all instances of student-specific and systemic noncompliance.

Results of the root cause analyses were varied and included:

- The LEA was not able to locate the child and/or family during the transition process, but the student was known to continue elsewhere.
- The LEA was not able to meet timelines due to referrals being received less than 90 days before the child's third birthday.
- The LEA was unable to locate the child and the child's status is unknown.
- Inconsistent policies and procedures used by Part C and Part B service providers.
- Part B receiving LEAs were unable to exchange information in a timely manner, leading to a delay in transition services.
- COVID-19 impacts identified in the slippage section above.

The LEAs corrected all noncompliant policies, procedures and practices. KDE and the RTCs provided technical assistance to the 59 LEAs identified as having noncompliance to ensure they met regulatory requirements. Activities included sending the LEAs correspondence from Part C partners regarding children ready for transition, providing professional learning opportunities, and offering regional trainings that included best practices for monitoring Part C to Part B transition.

The KDE completed a review of updated data for each LEA with findings of noncompliance throughout the following school year. The KDE reviewed data in IC to ensure the regulatory requirements were met. The review included random checks of appropriate transition Admissions and Release Committee (ARC) documents to ensure that LEAs met timelines.

The KDE determined that after the steps listed above were taken, all 59 LEAs were correctly implementing the regulatory requirements with 100% compliance.

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

For FFY 2018, 59 LEAs were identified as having individual cases of noncompliant practices under indicator 12. The KDE reviewed all identified student files and issued student-specific corrections.

The LEAs, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified as noncompliant. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEAs were required to submit status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections. The KDE reviewed the evidence and verified that all 59 LEAs had corrected each individual case of noncompliance.

With verification of all updated data submitted as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all 59 LEAs corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2018	6	6	0

**FFY 2018**

**Findings of Noncompliance Verified as Corrected**

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

The KDE collected data from LEAs using the end-of-year Preschool Program Performance Report. The KDE then reviewed transition data for noncompliance. The KDE validated the data through random desk audits, using data in IC and student records. LEAs also self-reported indicator 12 preschool transition data to the KDE, including the percentage level of noncompliance. The six LEAs who self-reported noncompliance conducted root cause analyses to determine why problem areas existed. LEAs were required to correct all instances of student-specific and systemic noncompliance.

Results of the root cause analyses were varied and included:

- The LEA was not able to locate the child and/or family during the transition process, but the student was known to continue elsewhere.
- The LEA was not able to meet timelines due to referrals being received less than 90 days before the child's third birthday.

- The LEA was unable to locate the child and the child's status is unknown.
- Inconsistent policies and procedures used by Part C and Part B service providers.
- Part B receiving LEAs were unable to exchange information in a timely manner, leading to a delay in transition services.

The LEAs corrected all noncompliant policies, procedures and practices. KDE and the RTCs provided technical assistance to the six LEAs identified as having noncompliance to ensure they met regulatory requirements. Activities included sending the LEAs correspondence from Part C partners regarding children ready for transition, providing professional learning opportunities, and offering regional trainings that included best practices for monitoring Part C to Part B transition.

The KDE completed a review of updated data for each LEA with findings of noncompliance throughout the following school year. The KDE reviewed data in IC to ensure the regulatory requirements were met. The review included random checks of appropriate transition Admissions and Release Committee (ARC) documents to ensure that LEAs met timelines.

The KDE determined that after the steps listed above were taken, all six LEAs were correctly implementing the regulatory requirements with 100% compliance.

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

For FFY 2018, six LEAs were identified as having individual cases of noncompliant practices under indicator 12. The KDE reviewed all identified student files and issued student-specific corrections.

The LEAs, with assistance from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified as noncompliant. The KDE required all student-level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. The LEAs were required to submit status reports to the KDE at least quarterly.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections. The KDE reviewed the evidence and verified that all six LEAs had corrected each individual case of noncompliance.

With verification of all updated data submitted as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all six LEAs corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

## **12 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. In addition, the State must demonstrate, in the FFY 2020 SPP/APR, that the remaining six uncorrected findings of noncompliance identified in FFY 2018 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2019 and each LEA with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

#### **Response to actions required in FFY 2019 SPP/APR**

Correction of noncompliance explanations are included in the narratives above.

## **12 - OSEP Response**

### **12 - 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.

## 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 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 13 - Indicator Data

### Historical Data

Baseline Year	Baseline Data
2009	92.95%

FFY	2015	2016	2017	2018	2019
Target	100%	100%	100%	100%	100%
Data	98.41%	97.37%	99.40%	93.94%	96.74%

### Targets

FFY	2020	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%	100%

### FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
2,139	2,263	96.74%	100%	94.52%	Did not meet target	Slippage

Provide reasons for slippage, if applicable



Eight LEAs self-reported noncompliance with the requirements of 34 CFR §300.320(b) and 300.321(b). Additionally, the KDE conducted a desk audit on districts that self-reported 100% compliance. Thirteen out of fifteen reviewed LEAs were found to be noncompliant with the requirements of 34 CFR §300.320(b) and 300.321(b). The 21 total noncompliant LEAs (representing 124 students) were notified in writing of the identified noncompliance and were required to correct this noncompliance as soon as possible, but not more than one year from identification. To understand the slippage that occurred in FFY 2020, root cause analysis activities were conducted at the LEA level.

The KDE determined slippage can be attributed to LEA staff turnover and lack of ongoing monitoring at the LEA level. These data indicated a need for LEAs to examine more closely local level training and communication plans throughout the school year to ensure all staff, including staff who join the LEA later in the school year, receive indicator 13 training and information related to monitoring and local level data review processes. Targeted technical assistance was provided to the LEAs in the identified areas through the corrective action process.

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

State monitoring

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

The KDE collects APR data for indicator 13 by requiring all LEAs to submit a self-assessment report containing randomly selected, child-specific data. The Part B Data Manager provides the self-assessment spreadsheet to all DoSEs to enter the indicator 13 data to be provided to the KDE. LEAs are instructed to randomly select 10% of students who are aged 16 and older with an IEP, identifying for review no fewer than 10 students and no more than 50 students. LEAs with 10 or fewer students aged 16 and older must send data for all students aged 16 and older.

The KDE validates the self-reported data submitted by the LEA by completing a review of data. LEAs with identified noncompliance receive written notice of noncompliance and are issued a CAP. The CAP will address both student-specific and systemic noncompliance. Additionally, the KDE conducts desk audits for 10% of the LEAs that report 100% compliance to validate the self-reported data. The KDE randomly reviews 10% of students in the LEA aged 16 or older with an IEP. The KDE uses its Compliance Record Review Document, the data information system and student due process records to determine whether a student's file is compliant with indicator 13.

When the KDE finds, through the self-reported data and desk audits, noncompliance with indicator 13 under the IDEA, the LEA is notified in writing of noncompliance and a CAP is issued to the LEA.

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

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

The KDE has analyzed data and has not identified a known COVID-19 impact on the data for this indicator. However, the KDE will continue to review and analyze data to determine if an impact directly related to COVID-19 is present.

**Correction of Findings of Noncompliance Identified in FFY 2019**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
29	29	0	0

**FFY 2019 Findings of Noncompliance Verified as Corrected**

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

For FFY 2019, 29 LEAs were found noncompliant under indicator 13. When noncompliance was identified by the KDE, a written Report of Findings was issued to the LEA.

The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings and conducted root cause analyses analysis to determine why problem areas existed. The results of the root cause analyses were utilized to develop meaningful CAPs with action steps to improve LEAs' practices around transition. Training activities identified on the CAPs were provided by KDE- approved trainers. Prior to the training, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed within the training.

The KDE required all noncompliance to be corrected as soon as possible but not more than one year from the date of initial notification of the noncompliance. The LEAs were required to submit CAP status reports to the KDE at least quarterly.

To verify systemic compliance, the KDE completed a review of updated data through additional student due process records for all LEAs identified with any indicator 13 noncompliance. Additional records were verified as 100% compliant for all identified areas before the KDE determined the LEAs corrected all areas of noncompliance.

With verification of CAP completion and all records verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected and closed the CAP. At CAP closure, the KDE determined all 29 LEAs were correctly implementing the regulatory requirements.

For FFY 2019, 14 LEAs were found noncompliant for indicator 13 through the desk audit, and 15 LEAs self-reported noncompliance for indicator 13. The KDE notified the LEAs in writing of the identified noncompliance and were required to correct this noncompliance as soon as possible, but not more than one year from identification. The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings and conducted root cause analyses to determine why problem areas existed. The results of the root cause analyses were utilized to develop meaningful CAPs with action steps to improve LEAs' practices around transition. Training activities identified on the CAPs were provided by KDE approved trainers. Prior to the training, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed within the training.

To verify the LEAs were correctly implementing the regulatory requirements for Indicator 13, a review of updated data was completed. Verification activities included data reviews and student record reviews. This review of updated data verified 100% compliance; the 29 LEAs were correctly implementing the specific regulatory requirements found in 34 CFR §300.320(b) and 300.321(b).

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

For FFY 2019, 29 LEAs were identified as having noncompliant practices under Indicator 13. The KDE reviewed all identified student files. LEAs developed CAPs to address all noncompliance and included the correction of individual cases of noncompliance as part of the CAP activities.

The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student specific items identified in the Report of Findings. The KDE required all student level noncompliance to be corrected as soon as possible but not more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE at least quarterly. LEAs scheduled meetings with IEP teams to review each student file identified with noncompliance to discuss and document correction of the noncompliance.

The KDE provided guidance and technical assistance and reviewed evidence submitted by the LEAs to verify the implementation and completion of CAP activities. The KDE reported all individual cases of noncompliance had been corrected when the LEA corrected each individual case of noncompliance consistent with OSEP Memorandum 09-02.

The KDE verified, through a record review, that each individual instance of noncompliance was corrected.

The individual cases of noncompliance and the additional records reviewed were verified as 100% compliant for Indicator 13 before the KDE determined the LEA to have corrected all noncompliance.

With all records submitted verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all 29 LEAs corrected all individual cases of noncompliance consistent with OSEP Memorandum 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

**13 - Prior FFY Required Actions**

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Correction of noncompliance explanations are included in the narratives above.

**13 - OSEP Response**

**13 - 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.

## 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 2021 on students who left school during 2019-2020, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2019-2020 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 2020 SPP/APR, compare the FFY 2020 response rate to the FFY 2019 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.

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 should consider categories such as race/ethnicity, disability category, and geographic location in the State.

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

**Beginning with the FFY 2021 SPP/APR, due Feb. 1, 2023**, when reporting the extent to which the demographics of respondents 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.

## 14 - Indicator Data

### Historical Data

Measure	Baseline	FFY	2015	2016	2017	2018	2019
A	2018	Target >=	25.50%	25.50%	25.50%	25.50%	25.50%
A	16.98%	Data	18.02%	18.09%	17.96%	16.98%	17.77%
B	2018	Target >=	55.40%	55.60%	55.80%	56.00%	56.00%
B	54.23%	Data	60.94%	59.39%	59.51%	54.23%	52.19%
C	2018	Target >=	66.10%	66.30%	66.50%	66.70%	69.96%
C	69.76%	Data	69.06%	68.87%	69.49%	69.76%	68.05%

### FFY 2020 Targets

FFY	2020	2021	2022	2023	2024	2025
Target A >=	17.15%	17.15%	17.63%	18.11%	19.08%	21.00%
Target B >=	53.75%	53.75%	54.16%	54.56%	55.38%	57.00%
Target C >=	64.79%	64.79%	65.69%	66.59%	68.40%	72.00%

### Targets: Description of Stakeholder Input

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**FFY 2020 SPP/APR Data**

Total number of targeted youth in the sample or census	4,385
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	2,536
Response Rate	57.83%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	435
2. Number of respondent youth who competitively employed within one year of leaving high school	928
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)	42
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).	238

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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
A. Enrolled in higher education (1)	435	2,536	17.77%	17.15%	17.15%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,363	2,536	52.19%	53.75%	53.75%	Met target	No Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	1,643	2,536	68.05%	64.79%	64.79%	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	2019	2020
Response Rate	55.20%	57.83%

**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 KDE is developing a tool for LEAs to collect student contact information prior to high school exit. The state also engaged in interviews with LEAs with very high or very low response rates to learn from them how support can best be offered to increase the response rate. During the reporting window, KDE provides regular updates to all LEAs regarding response rates.

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

The overall response rate was 57.83%, which is slightly higher than the rate in the previous year. This represents 2536 respondents out of a total population of 4385 students aged 14-21 with IEPs who exited special education. When broken down by subgroup, nearly all respondent groups were within three percentage points of their population, indicating a highly representative sample. The four subgroups that were not representative of the populations were those who exited with regular diplomas (overrepresented by 4%), those who exited with alternate diplomas (underrepresented by 4%), respondents from the Central Kentucky Region (overrepresented by 4%), and respondents from the Greater Louisville Region (underrepresented by 7%). All categories of race, gender and disability type were representative of the population.

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

The National Post School Outcomes Center considers respondents to be representative of the population when the percentage of respondents in sub-categories are within three percentage points of their population category. KDE has full population data for students aged 14-21 with IEPs who exited special education and compared this to the demographics of respondents. One geographic region of the state was underrepresented while one was overrepresented. Students who dropped out were underrepresented and students exiting with regular diplomas were overrepresented. In all other areas (race/ethnicity, gender and disability category) respondents were representative of the population. See representativeness table below:

Category	Population %	Respondent %	Representativeness
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RACE  
 White.....76%.....78%..... 2%

Black.....	16%.....	14%.....	-2%
Hispanic.....	5%.....	5%.....	0%

**GENDER**

Male.....	68%.....	68%.....	0%
Female.....	32%.....	32%.....	0%

**EXIT MANNER**

Reg Diploma.....	83%.....	87%.....	4%
Alt Diploma/Aged-Out.....	10%.....	10%.....	0%
Dropped Out.....	7%.....	3%.....	-4%

**DISABILITY**

MMD/FMD.....	23%.....	24%.....	1%
SLD.....	27%.....	27%.....	0%
EBD.....	9%.....	7%.....	-2%
AUT.....	9%.....	10%.....	1%
OHI.....	24%.....	24%.....	0%
SLI.....	2%.....	2%.....	0%
Multiple.....	3%.....	3%.....	0%

**REGION**

CKEC.....	15%.....	19%.....	4%
GRREC.....	17%.....	17%.....	0%
KEDC.....	7%.....	7%.....	0%
KVEC.....	7%.....	8%.....	1%
NKCES.....	8%.....	9%.....	1%
OVEC.....	8%.....	7%.....	-1%
SESC.....	13%.....	15%.....	2%
WKEC.....	9%.....	0%.....	1%
GLEC.....	15%.....	8%.....	-7%

**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.**

As noted in the above table, the FFY 2020 data is representative of the demographics of youth who exited secondary school with an IEP except in four instances. The data showed underrepresentation in one geographic region as well as the percentage of students who dropped out. Likewise, one geographic region showed an overrepresentation and students who exited with a regular diploma were also overrepresented. Though the rates of representativeness for categories of “student manner of exit” are not yet representative of the population, the representativeness has improved since FFY 2019. In all other areas (race/ethnicity, gender, disability category) respondents were representative of the population in FFY 2020. The KDE continues to work with regional special education cooperatives to develop and share strategies to support LEAs in targeting demographic categories which are underrepresented to encourage increased response rates.

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

For indicator 14, the state used the representativeness calculator developed by the National Post School Outcomes Center. This method considers respondents to be representative of the population when the percentage of respondents in sub-categories are within three percentage points of their population category. The KDE has complete population data for students aged 14-21 with IEPs who exited special education with an IEP and compared this to demographics of respondents.

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)**

The data did reveal an impact from COVID-19 on Indicator 14. The response rate increased from the previous year and remained within the parameters of the last several years. Rates of competitive employment increased for respondents this year. There was a slight decrease in the rate of former students pursuing higher education (17.2%, down from 17.8%) and other postsecondary education (3.9%, down from 6.7%). The KDE asked whether those respondents who were not competitively employed or enrolled in higher education were unengaged in each manner due to the pandemic. Within the survey results, 8.5% indicated COVID-19 was a reason for lack of competitive employment, and 7.1% for higher education.

**14 - Prior FFY Required Actions**

In the FFY 2020 SPP/APR, the State must report whether the FFY 2020 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

**Response to actions required in FFY 2019 SPP/APR**

As noted in the above table, the FFY 2020 data is representative of the demographics of youth who exited secondary school with an IEP except in four instances. The data showed underrepresentation in one geographic region as well as the percentage of students who dropped out. Likewise, one geographic region showed an overrepresentation and students who exited with a regular diploma were also overrepresented. Though the rates of representativeness for categories of "student manner of exit" are not yet representative of the population, the representativeness has improved since FFY 2019. In all other areas (race/ethnicity, gender, disability category) respondents were representative of the population in FFY 2020. The KDE continues to work with regional special education cooperatives to develop and share strategies to support LEAs in targeting demographic categories which are underrepresented to encourage increased response rates.

#### **14 - OSEP Response**

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

#### **14 - 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.



## 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 ED Facts Metadata and Process System (EMAPS)).

#### 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 2020-21 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1 Number of resolution sessions	4
SY 2020-21 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/03/2021	3.1(a) Number resolution sessions resolved through settlement agreements	3

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

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of

progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky’s State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder’s recommended target for FFY 2025. The new targets were distributed and posted on KDE’s public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**Historical Data**

Baseline Year	Baseline Data
2017	45.45%

FFY	2015	2016	2017	2018	2019
Target >=	70.00%-80.00%	70.00%-80.00%	70.00% - 80.00%	70.00% - 80.00%	70.00%-80.00%
Data	44.44%	82.35%	45.45%	34.62%	35.71%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target >=	45.45%	45.45%	46.02%	46.59%	47.73%	50.00%

**FFY 2020 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
3	4	35.71%	45.45%	75.00%	Met target	No Slippage

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

The baseline was set to 2017 due to updates made to the location of the KDE’s dispute resolution webpage. Data collected in years following the location change show increased use of the dispute resolution processes by families of students with disabilities.

As part of the response to COVID-19, the KDE updated guidance regarding dispute resolution processes available under the IDEA. Due to the prolonged temporary transition of the KDE to fully remote telework, updated provisions came into effect on March 16, 2020 to provide continuation of services for those parties involved in the dispute resolution process. Updated provisions can be found on the KDE dispute resolution webpage at <https://education.ky.gov/specialed/Documents/COVIDDispResProcUpd.docx>.

**15 - Prior FFY Required Actions**

None

**15 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2017, and OSEP accepts that revision.

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

The State reported fewer than ten resolution sessions held in FFY 2020. 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 ED Facts Metadata and Process System (EMAPS)).

#### Measurement

Percent =  $(2.1(a)(i) + 2.1(b)(ii))$  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 2020-21 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1 Mediations held	5
SY 2020-21 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.a.i Mediations agreements related to due process complaints	1
SY 2020-21 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/03/2021	2.1.b.i Mediations agreements not related to due process complaints	4

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

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky's parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky's historical indicator data and the projections for when the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky's progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any

feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

**Historical Data**

Baseline Year	Baseline Data
2017	66.67%

FFY	2015	2016	2017	2018	2019
Target >=	61.00%-85.00%	61.00%-85.00%	61.00% - 85.00%	61.00% - 85.00%	61.00%-85.00%
Data	40.00%	37.50%	66.67%	100.00%	75.00%

**Targets**

FFY	2020	2021	2022	2023	2024	2025
Target >=	66.67%	66.67%	67.71%	68.75%	70.84%	75.00%

**FFY 2020 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
1	4	5	75.00%	66.67%	100.00%	Met target	No Slippage

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

The baseline was set to 2017 due to updates made to the location of the KDE's dispute resolution webpage. Data collected in years following the location change show increased use of the dispute resolution processes by families of students with disabilities.

As part of the response to COVID-19, the KDE updated guidance regarding dispute resolution processes available under the IDEA. Due to prolonged temporary transition of the KDE to fully remote telework, updated provisions came into effect on March 16, 2020 to provide continuation of services for those parties involved in the dispute resolution process. Updated provisions can be found on the KDE dispute resolution webpage at <https://education.ky.gov/specialed/Documents/COVIDDspResProcUpd.docx>.

**16 - Prior FFY Required Actions**

None

## **16 - OSEP Response**

The State has revised the baseline for this indicator, using data from FFY 2017, and OSEP accepts that revision.

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

The State reported fewer than ten mediations held in FFY 2020. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

## **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 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

**Updated Data:** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2, 2022, 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 2020 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, 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, 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 2020 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 2021). 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 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

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 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) 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)?

To increase the percentage of students with disabilities performing at or above proficient in middle school math, specifically at the 8th grade level, with emphasis on reducing novice performance, by providing professional learning, technical assistance and support to elementary and middle school teachers around implementing, scaling and sustaining Positive Behavioral Interventions and Supports (PBIS) and evidence-based practices in math.

#### 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)

NO

#### 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.

Kentucky's Theory of Action may be found at <https://education.ky.gov/specialed/excep/instrresources/Documents/SSIPTheoryofAction.pdf>.

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

NO

#### If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

##### TZ Scale-Up--

Phase III:5 (p. 41) described plans for mutually selecting additional regions and districts to participate as a TZ during the summer of 2021. Based on feedback from stakeholders (regions, districts), this timeline was adjusted, due to the pandemic, to allow current TZs to focus on the competency drivers by providing virtual training and coaching. As in-person instruction resumed, scaling continued across the TZ.

Cohort 1: mutually selected three additional Building Implementation Teams (BITs)

Cohort 2: mutually selected four additional BITs in Spring 2021

Cohort 3: began the installation process with two District Implementation Teams (DITs) that were mutually selected during FFY19 and are installing BITs

Cohort 4: One region mutually selected to join the TZ. This region is currently installing a RIT and will begin exploring with districts in Spring 2022.

##### State Management Team (SMT)--

The SMT, which consists of executive leaders within the KDE, adjusted meeting frequency and duration based on stakeholder feedback and State Capacity Assessment (SCA) data. Meeting monthly did not allow enough time between meetings to gather sufficient data to facilitate meaningful conversations. However, the SMT determined the team would like to increase the duration of meetings to review data, make decisions and support removing implementation barriers to impact the SiMR.

##### State Design Team (SDT)--

The SDT, which is a representative group of stakeholders from across the state, is continuing to co-create a PBIS Practice Profile. The team attempted to continue regular meetings. However, due to the ongoing pandemic the meeting schedule was adjusted. Once the PBIS Practice Profile is completed, team members will be repurposed to create the District Data Implementation Team. This team will focus on the development of behavior implementation data within the current data dashboard.

### 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	8.26%

#### Targets



FFY	2020	2021	2022	2023	2024	2025
Target>= =	8.26%	10.41%	12.56%	14.70%	16.85%	19.00%

**FFY 2020 SPP/APR Data**

Number of Children with IEPs Scoring At or Above Proficient Against 8th Grade Level Math 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 2019 Data	FFY 2020 Target	FFY 2020 Data	Status	Slippage
404	4,893		8.26%	8.26%	N/A	N/A

**Provide the data source for the FFY 2020 data.**

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

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

The SiMR uses the KSA data to measure the percentage of students with disabilities performing at or above proficiency in math at the eighth-grade level. Proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. The SiMR data and target are aligned with Indicator 3B for eighth-grade mathematics.

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

YES

**Describe any additional data collected by the State to assess progress toward the SiMR.**

Capacity Assessments--

Capacity Assessment data are used to inform the system of support at all levels (State, Region, District, School). Implementation teams use these data to develop/refine action plans to improve infrastructure to support the effective use of evidence-based practices (EBP).

Active Implementation Frameworks (AIF) Training Outcome Data--

TZ implementation teams at the regional and district level receive training in implementation science fundamentals during the installation phase. A series of pre/post knowledge quizzes and post-training participation surveys are collected.

Evidence-Based Trainings Outcome Data--

Districts are responsible for the provision of EBP trainings for administrators and teachers. DITs are encouraged to collect math training component worksheets that align training development to adult learning strategies and the Kentucky Math Practice Profile. Participants in the training complete the Math Training Efficacy survey. When appropriate, math trainings also include a pre/post knowledge assessment.

EBP Fidelity Instrument Training Data--

Kentucky supports the use of two teaching fidelity measures. Districts receive training and coaching when installing the Kentucky Mathematics Innovation Tool (KMIT) or the Observation Tool for Instructional Supports and Systems (OTISS) to normalize scoring within the TZ and to ensure districts' inter-rater reliability. Post-training participant surveys are collected.

EBP Fidelity Data (OTISS or KMIT)--

In Kentucky, districts have the option to use the OTISS or the KMIT to measure fidelity of EBP implementation. As schools returned to in-person instruction in Fall 2021, regions were able to return to the original face-to-face observation infrastructure.

Student Mathematics Benchmark data (Universal Screener)--

Districts are encouraged to submit benchmark data and analysis three times per year using a mathematics universal screener. Baseline data for Fall 2021 is being used to track progress within the TZ. Districts are expected to continue collection and analysis in Winter 2021 and Spring 2022.

Annual Linked Teaming Coaching Survey--

The Annual Linked Teaming Coaching Survey is a common survey given to each level of the linked teaming infrastructure that is collected annually (Fall 2021) to assess the system of support. Of 365 survey requests sent out, 143 were returned for a 39% response rate.

**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)**

YES

**Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.**

Previously called the Kentucky Performance Rating for Educational Progress, Kentucky students now take the KSA to meet federal and state testing requirements. The KSA was developed by Kentucky teachers, aligns to the Kentucky Academic Standards in each content area and is administered online with only a small percentage of accommodated students taking the assessment on paper. With the state-wide change in assessment, it is difficult for implementation teams to use longitudinal data for decision making. Teams will receive training and support on using additional data (benchmark, fidelity, capacity) to support decision making to impact the SiMR. Stakeholders considered the changes to the state assessment and the resetting of baseline data addresses this concern.

Several RIT members gave specific feedback on the Annual Linked Teaming Coaching Survey about changes to some data collection components and asking that the dashboards be more user-friendly. In response, the State Transformation Specialists (STs) created a Data Dashboard Guidance document that was offered for initial draft review at the November 2021 All TZ Meeting. Also, the Annual Linked Teaming Coaching Survey results

included several BIT members commenting that some teachers were not receiving walkthrough data or consistent feedback on that data. The STSs shared this feedback with the RITs who plan to guide DITs in doing a root cause analysis of this concern during Spring 2022 meetings.

The Annual Linked Teaming Coaching Survey was collected in late-Fall of 2021, limiting the opportunity to fully unpack data results with all stakeholders. While some inconsistencies exist between the opinions of participants at each level of the linked-teaming infrastructure, consistency will be pursued through additional data analysis discussions and professional development at the All TZ meetings.

The smaller scope of TZ-based work limits the n-size of surveys, capacity assessments and fidelity measures. Generalizability of findings is inhibited by these small n-sizes. Successful rounds of scale-up have diminished the low n-size for many instruments and future trend analysis is expected to be more stable.

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

YES

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

KSA--

For the 2020-2021 KSA, students were required to participate with a trained facilitator for the administration of the assessment. Participation on the KSA was lower due to COVID-19 and in-person testing requirements. Comparisons with previous years are not appropriate because of the number of test takers, changes to the assessment and modified instructional settings (See additional information in Section C for more details). To mitigate the impact of COVID-19 and in-person teaching requirements, the KDE released the KSA Administration Guidance 2020-2021 School Year (<https://education.ky.gov/comm/Documents/2020-2021%20Assessment%20Guidance%20Document.pdf>) to support districts in developing a plan to test students, including those participating in virtual learning.

Training Data--

Training data within the data dashboard is limited. Although there has been a focus on the competency drivers, staff shortages have hindered participation in the trainings offered to improve the use of EBP in the classroom. Teacher recruitment and retention has been affected by the COVID-19 pandemic. As a result, district operations have been impacted and staff have taken on additional duties. This has limited the ability to plan and collect training effectiveness data. To mitigate the impact of COVID-19, trainings have been postponed or adapted to accommodate the needs of districts due to the demands placed on them by the COVID-19 pandemic. These training adaptations have been conducted under the technical assistance of the linked-teaming infrastructure (primarily the RITs and DITs) to best ensure the continued use of EBPs.

Capacity data--

On the Annual Linked Teaming Coaching Survey, many BIT members described barriers to school action plans. The survey was collected in the late Fall and captured the sentiments of teams at that time and are not representative of this entire SSIP phase. Evaluators analyzed participant responses and coded comments by theme. These themes help generate questions for the system of support. The most frequent theme of feedback was educators feeling overwhelmed: i.e., "There is so much going on this year that I feel like I can't do anything really well." Amid being overloaded, many participants expressed that schools can't find the "time to plan and effectively implement" the SSIP strategies. A few BITs also shared that a lack of onsite instructional coaching support was a barrier. The ability of implementation teams across the linked teaming structure to schedule and conduct capacity assessments every six months has also been impacted. The SCA took an extra four months to collect, several Regional Capacity Assessments (RCA) were delayed and three districts and seven schools were unable to complete a capacity assessment during this phase. The state focused on teacher training and support, or the competency driver, to mitigate the impact of COVID-19 on the team's capacity to support the implementation of EBPs.

Fidelity Measurement and Student Benchmarks Data--

The BITs shared in the Annual Linked Teaming Coaching Survey several examples of the enduring impact of COVID-19 and the challenges they are facing. Several responses described increased absences of teachers and students this year: i.e., "I have 31 students just in one of my elementary classes. For two weeks, 16 of them were present because of quarantines." A lack of substitute teachers has required BIT members to stay after school to do implementation work and limited opportunities to coach other teachers. BIT members stated that a growing number of students lack motivation and engagement, that students' behavior problems are more severe, often "because of the lack of routine from the past 18 months" and that "the missed year of true schooling has been devastating to student mental health and their skills." Quarantine of staff and students has negatively affected the collection of student benchmark data and teacher fidelity observations. Specifically, there was a large drop in late fall 2021 KMIT and OTISS data submissions. To mitigate the impact of COVID-19, the KDE is continuing to communicate the importance of data collection and analysis. To support quality data collection and analysis at each level of the system (state, region, district, school), the KDE developed a Data Dashboard Guidance document and is conducting usability testing to make improvements.

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

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

<https://education.ky.gov/specialed/except/instrresources/Documents/KySSIPEvalPlan.pdf>

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

NO

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

Scale-up to Additional Regions, Districts and Schools –

The TZ includes a total of seven regions, 10 districts and 30 schools divided into four cohorts based on the year the region joined.

Cohort 1 Regions (n=2): Cohort 1 continued to focus on implementation drivers to build teacher competency and readiness before proceeding with scaling-up activities. Cohort 1 experienced a high rate of turnover at the district and building level. Cohort 1 regions have continued to focus on supporting new implementation team members. Three additional schools joined Cohort 1. One district chose to mutually deselect from the TZ due to staff turnover at the district and school level and the additional demands of the COVID-19 pandemic.

Cohort 2 Regions (n=3): Cohort 2 scaled to four new schools and maintained a focus on implementation drivers to build teacher capacity. A Cohort 2 region began collaboration with the RTCs to bridge support to preschool students. One district from Cohort 2 chose to mutually deselect from the TZ because of staff turnover and the uncertainties associated with the COVID-19 pandemic.

Cohort 3 Regions (n=1): Cohort 3 began installation activities with 2 districts and each district mutually selected with one school. Installation of training

and coaching for the first cohort of districts occurred and building-level teams were selected.

Cohort 4 Regions (n=1): An additional region mutually selected to participate as a TZ. The region focused on the installation of training and coaching from the state team. Cohort 4 completed two RCAs and used the results to action plan and continue building readiness to scale to districts in Spring 2022.

#### Infrastructure Development –

SDT: The SDT reconvened in Spring 2021 with additional members as determined by the SMT and is comprised of stakeholders from across the state agency and regional partners with expertise in PBIS. The team continued to meet to develop a Practice Profile for PBIS. A draft was developed and team members gathered feedback from various stakeholder groups. The team used the stakeholder feedback to make adjustments and will finalize the Practice Profile in Spring 2022.

#### Decision Support Data Systems –

Data Dashboard: Usability testing of the automated Data Dashboard was conducted. Based on stakeholder feedback, the November regional All TZ meeting focused on use of the Data Dashboard and inputting data. A Data Dashboard guidance document was introduced to members of the All TZ to gather feedback. RIT members will replicate this data training with TZ districts.

The SSIP is aligned with the following non-SSIP Infrastructure Development activities:

#### State Personnel Development Grant (SPDG) –

Early Childhood RTCs: The RTCs engaged in installation stage activities with districts mutually selected in the previous SSIP phase to support PBIS in the preschool setting through the Pyramid Model. All RTC members received fidelity measure training using the OTISS and obtained Inter-observer Agreement. Using the OTISS, classroom observations took place to provide coaching to teachers on the use of the Pyramid Model to support PBIS in the preschool classroom.

Kentucky Center for Mathematics (KCM): The KDE collaborated with KCM to develop the Mathematics Teaching Practices (MTP) Training Academy to focus on building teacher competency of EBPs in mathematics and further align the SPDG to support the SSIP and impact the SiMR. Through the online modules, elementary and middle school teachers engaged in using the eight MTPs, as identified by the National Council for Teachers of Mathematics, to improve student outcomes in mathematics and support the goals of the SiMR beyond the TZ. Nearly 100 teachers participated in the MTP Training Academy. Each of the participants developed a capstone project which demonstrated the use of the MTPs in the classroom. The stakeholders at KCM used the capstone projects to assess and communicate achievement. The professional development teachers received during the academy supports the achievement of the SiMR by ensuring more teachers can deliver high-quality mathematics instruction. The academy also helped to build readiness in additional buildings by exposing teachers to the eight MTPs which are used during fidelity observations in the TZ work.

**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.**

Regional Infrastructure (Professional Development, technical assistance; Achievement of the SiMR, sustainability of systems improvement efforts, and scale-up)—

On the Annual Linked Teaming Coaching survey, when asked about key RIT activities, the 20 participants focused on continuing past practices aimed at building implementation capacity, strengthening systems and continuous improvement: “[Our RIT has been engaged in] scaling district and school BITs, updating communication plans, RCA data for continuous improvement, and acclamation of new members with knowledge of systems.” Other members emphasized training activities to bolster teachers’ knowledge and skill around the math innovation. The pandemic had previously disrupted the consistency of implementation team meetings, technical assistance and coaching. While barriers remain, the majority of RIT members shared they had been actively engaged in district and school implementation meetings, providing technical assistance and systems coaching this year.

Related to what has gone well in the current SSIP infrastructure/communication plan, RIT members agreed that communication across the system of support was an area of strength. This communication across the system of support has taken the form of engaging in professional learning communities, having regional monthly meetings, putting space on the agenda, giving timely responses or having “.... contact with teams at all levels.” Several noted support from the STSs: “The STSs are responsive to our communication in a timely manner. They always ask what barriers we have or what support we need.” Several RIT members also referenced the importance of data collection, data sharing and data use as crucial for “analysis and problem-solving.”

The most successful elements of action plans, according to RIT opinion, have included the support of executive leadership, a focus at all levels to improving teacher practice, use of and expansion of implementation science, clear and consistent communication and coaching infrastructure development. Please see the “additional data that was collected that supports the decision to continue the ongoing use of each evidence-based practice” item for the District and Building Infrastructure information.

#### Transformation Zone (TZ) Scale-up --

During FFY 2020 one region and nine schools mutually selected to participate in the TZ. To support regions in scale-up activities, the STSs met monthly with RITs to provide professional development and technical assistance. Systems intervention training was completed with new TZ regions, districts and schools. Each TZ region reviewed implementation plans to renew focus on the use of infrastructure to support teachers during the pandemic. RITs focused on the sustainability of systems improvement efforts using the frameworks and infrastructure that has been put in place. The linked teaming structure allowed for barriers to be lifted throughout the system of support.

Statewide scaling information was shared with TZ stakeholders at the November All TZ Meeting (see section C for details) to promote readiness for additional growth. Scaling up activities are an integral part of supporting the SiMR.

#### Infrastructure Development –

SDT: The SDT shared a draft PBIS Practice Profile with stakeholders and collected feedback using a survey. Based on the feedback, the SDT made edits to the PBIS Practice Profile and will begin usability testing with select stakeholders in the TZ during FFY 21. The use of a PBIS Practice Profile supports professional development and technical assistance for teachers and coaches using PBIS in the classroom to support the SiMR. The PBIS Practice Profile will support the achievement of the SiMR by creating a tool to clearly describe the essential functions of PBIS in classrooms and operationalize the core components of PBIS.

#### Outcomes --

These outcomes were positive evidence that the implementation teams from all levels of the linked system were able to continue and strengthen the core implementation activities of the SSIP. This was consistent with the SSIP meeting the Evaluation Plan project measures, specifically:

- T.2 100% of districts incorporate SSIP effective training development tools (i.e., SSIP Training Service Delivery Plans and the SSIP Training Fidelity Checklists) into their Mathematics Usable EBPs training process.
- T.3 80% of all SSIP EBP training sessions for teachers are trained with high fidelity to the core components of the Math Practice Profile.
- C.5 Each year, 80% of TZ coaches report the training and support they received had a moderate to large impact on their skills in adherence to the Coaching Practice Profile (an average of 3 and above on a 4-point Likert scale).
- C.6 Each year, 80% of Kentucky (Regional) Educational Cooperative Implementation Team members report that the KDE Implementation Team provided high quality supports to increase their implementation capacity.
- C.7 Each year, 80% of DIT members report that their Kentucky (Regional) Educational Cooperative Implementation Team provided high quality supports to increase their implementation capacity.
- C.8 Biennially, 80% of TZ buildings report that their District provided high quality supports to increase their implementation capacity.
- F.2 Each year, 80% of implementation teams (state, regional, district, and school) within the TZ(s) increase their capacity to implement SSIP Usable EBPs (including AIF) and or maintain a capacity score above 80%.

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

NO

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

The KDE will continue to partner with the SISEP to support the use of active implementation within the linked teaming structure (State, Region, District, School). All planned activities will continue to support effective mathematics instruction to improve educational outcomes for students with disabilities.

Scale-up to Additional Regions, Districts and Schools –

Next Steps: TZs will build capacity throughout the linked teaming structure.

Anticipated outcomes: Mutually select additional regions to include all nine regions across the state. Scale to additional districts to participate in the TZ to impact progress toward the SiMR.

Infrastructure Development –

Next steps: The SDT will complete a practice profile to clearly operationalize PBIS and conduct usability testing to identify improvements within the PBIS Practice Profile.

Anticipated outcomes: Integrate PBIS Implementation Data into the data dashboard to provide teams with the ability to analyze data and make connections to the impact on mathematics outcomes.

Decision Support Data Systems –

Next steps: Provide training and coaching support through the Data Dashboard Guidance document to improve sustainability of practices.

Anticipated outcomes: Increase in use of the Data Dashboard across the TZ.

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

Evidence-based Practices in Mathematics

Active Implementation Framework

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

EBPs in Mathematics--

To meet the goals of the SiMR, the KDE supports districts and regions in the implementation of EBP in mathematics grounded in the eight MTPs using the Kentucky Mathematics Practice Profile. While the KDE does not mandate a specific EBP, districts use the hexagon tool to select a mathematics EBP that is aligned with the ESSA Levels of Evidence and best meets the needs of students.

Active Implementation Frameworks (AIF)-

In 2005, the National Implementation Research Network (NIRN) released a monograph that synthesized implementation research findings across a range of fields. Based on these findings, the evolving field of research and practice evidence, NIRN developed five overarching frameworks referred to as the AIFs. Implementation science, the multi-disciplinary study of methods and strategies to promote use of research findings in practice, seeks to address this by providing frameworks to guide creation of conditions and activities that facilitate use of EBP (<https://nirn.fpg.unc.edu/module-1/rationale>).

**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 district-selected math EBP along with the Kentucky Mathematics Practice Profile support teacher practices in the classroom. The fidelity, training and coaching implementation data within the data dashboard is anchored in the eight MTP. DITs meet monthly to analyze the system of support for teachers to effectively implement EBPs. Districts and coaches use the results of the analysis to provide feedback and support to teachers to impact student outcomes in mathematics and support the SiMR.

AIF--

The AIF are intended to impact the SiMR by providing support at each level of the system to increase effective implementation of EBP and achieve improved student outcomes. To accomplish these goals, the formula of success is used to put the frameworks in place by:

1. Usable Innovation: An EBP or program that is intended to improve results is chosen based on need, the best available evidence to achieve the specified goal and is operationalized to be teachable, learnable, doable and measurable.
2. Effective Implementation and Improvement: Teams receive training, coaching and feedback to effectively use the EBP and make improvements based on feedback.
3. Enabling Context: The team actively creates a hospitable environment to ensure an enabling context exists to support implementation and improvement in the use of the EBP.
4. Educationally Significant Outcomes: Successful implementation of the formula of success results in educationally significant outcomes.

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

The latest SCA was administered on November 19, 2021. The total score rose from 85.4% to 91.7% since February of 2021. The largest gain was seen in the Leadership domain (77.8 to 88.9%), but the state also reached 100% in the infrastructure domain. The Communication domain stayed consistent at 88.9%. State capacity has maintained a level above the SISEP recommended benchmark through two phases.

The most recent RCA for Phase III: 6 TZs showed that all six regions' scores have grown or maintained a very high-capacity score during this phase. Two of these regions have not yet met SISEP's recommended 80% benchmark but grew more than 5% within six-months. A seventh region took their original baseline assessment this year (23.2%). The Coaching and Stage-Based Functioning domains had the most demonstrated growth this year.

Seven of the ten districts conducted a District Capacity Assessment (DCA) this phase. Scheduling these assessments within the recommended six-month period has been an enduring challenge for the SSIP given that team members have multiple competing responsibilities and priorities within their districts. All districts showed increases in capacity (an average growth of 13.3%). District capacity was highest in the Data Systems domain (22%).

Six scale-up schools completed their baseline Drivers Best Practice Assessment (DBPA) capacity assessments this year, three are behind schedule, and two more will measure early next phase. Many of the pandemic barriers that paused capacity measurement outlined in the previous phase report have persisted in schools, but 15 of the 19 previous TZ schools were able to use the DBPA this year. Nine of these had a capacity score for both SSIP Phase 5 and 6, two-thirds saw capacity grow this year (average growth was 17% and average decline was 11%). Seven schools saw increased capacity in the Selection domain, five in the coaching domain, and five in Facilitative Administration. The domains of Coaching, Decision-Support Data System and Systems Intervention each had three schools show decreased capacity in the past year. For the six schools without a Phase III:5 capacity assessment, four showed gains since their most recent capacity measure (average growth was 15% and average decline was 15%).

In Kentucky, districts have the option to use the OTISS or the KMIT to measure fidelity of EBP implementation. The OTISS identifies highly effective, research based instructional practices being used during classroom instruction. The OTISS is comprised of seven items based on John Hattie's (2009) work evaluating research behind factors that influence educational achievement (<https://sisep.fpg.unc.edu/blog/observational-tool-instructional-supports-and-systems-empowering-teachers-instructional-leaders>). The KMIT is based on the Kentucky Mathematics Practice Profile which was informed by the eight MTPs as identified by the National Council of Teachers of Mathematics. This data has been historically addressed in previous SSIP phases through project measure C.9: Each year, 80% of TZ School teacher implementation cadres increase their level of implementation and consistency of SSIP EBP instruction. SSIP evaluators usually look at annualized trends but had to modify the approach this phase because data from the two years was not comparable due to pandemic barriers previously discussed in SSIP Phase III:5 ([https://education.ky.gov/specialed/except/instrresources/Documents/KY\\_SSSIP\\_Phase\\_III.pdf](https://education.ky.gov/specialed/except/instrresources/Documents/KY_SSSIP_Phase_III.pdf)).

One TZ district chose to use the OTISS as a fidelity measure this year, eight of its schools restarted data collection this fall after pausing such activities due to pandemic barriers. The SSIP evaluators separated the 292 observations into an early fall (September and October) and a late fall window (November and December) to analyze early growth. Six schools have seen increased fidelity for the math EBP (average of 4%). Overall, the district average increased from 67.9 to 70.6%. The highest average implementation score this fall has been teachers communicating appropriate verbal and/or nonverbal positive feedback towards students (1.85 out of 2). A positive indicator of implementation teams using data to amend action plans, the lowest fidelity items in early fall were the two areas showing the greatest teacher growth in late fall (both increasing by more than 6%).

Five TZ districts have chosen to use the KMIT as a fidelity measure, two were continuing implementation restarted in phase 5 (one beta-tested virtual observations last academic year and have returned to traditional observations) and three others are in early installation. All observations have returned to in-person administration. The SSIP evaluators separated the 532 observations into an early fall (September and October) and a late fall window (November and December) to analyze early growth; three baseline districts are not included because there was not a sufficient n-size in both windows. Seven schools have seen increased fidelity for math EBP (average of 15.3%). The five schools with decreased capacity (average -6.3%) are all scale-up schools this phase. Overall, the two-district average increased from 43.7 to 44.7%. The highest average implementation score this fall has been teachers using "real-world" engaging, high-cognitive-demand tasks that are approached and solved in multiple ways (1.28 out of 2).

#### **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.**

Regions and districts receive training and coaching related to implementation science (the AIF) during the installation phase. One region and one district were engaged in installation phase activities during this reporting year. 56 implementation team members' post-training surveys were collected, with an average of 99% of participants agreeing that the trainings met the expected training outcomes. 84% of participants rated their current knowledge level regarding the specific terms, frameworks, resources and materials discussed at these meetings at or above competent. One team member shared, "I feel optimistic about having a strong direction to fully implement." The region demonstrated a 25% gain on their pre/post knowledge assessment.

When installing the KMIT or the OTISS, districts receive training and coaching to normalize scoring across the TZ and to ensure district's inter-rater reliability. Three districts engaged in KMIT training during Phase III, Year Six, with 100% of participants agreeing that the trainings met the expected training outcomes. A district team member shared, "This will be a great tool and process to lead us in the right direction for improvement. The practice scoring and follow-up discussions really enhanced my own learning."

Eleven schools from four districts provided math training component data for inclusion on the data dashboard. These math trainings used an average of three adult learning strategies, with the majority giving teachers opportunities to practice with the trainer. An average of seven of the eight math practices in the SSIP Math Practice Profile were incorporated into the trainings. 76 teachers and administrators completed the post-training Math Training Efficacy survey, with an average of 96% of participants agreeing that the trainings met the expected training outcomes. The participants were in highest agreement that the content would help them be more efficient and effective at meeting the mathematical needs of students. Four of the trainings included a pre/post knowledge assessment, with the average participant score rising from 7 to 73%.

Seventeen schools have collected and shared Fall 2021 universal screening benchmark data for inclusion on the data dashboard. Currently the school average for students meeting benchmark is 25.5%, which is similar to the average of all fall benchmarks collected during previous phases (23.4%). Given previous pandemic barriers discussed in last year's report, this will be the first spring in two years for measuring student growth using universal screening benchmark data.

District Infrastructure data collected through the Annual Linked Teaming Coaching Survey--

When asked on the Annual Linked Teaming Coaching survey about key DIT activities, the 42 participants focused on data activities, capacity building and teacher supports. Data collection has focused on teacher observations (OTISS and KMIT), capacity measurement at both the district and school levels and "using data to drive decisions." Capacity building has included implementation meetings, installing new support activities, completing innovation/initiative inventories, creating templates for coaching and updating service delivery plans. Teachers have received adapted or modified ongoing mathematics professional development, fidelity observations, coaching and have participated in learning communities.

In response to survey items related to what has gone well in the current SSIP infrastructure/communication plan, participants primarily focused their responses on how strong the communication has been throughout the tiered support infrastructure, “We appreciate the coordination and communication between the state, regional, and local levels.” Several DIT members expressed that they had seen better communication across systems, “Communication is improving - with DIT members being more visible in the process.” Many DITs expressed that the clarity of both the communication and infrastructure plans was important to SSIP buy-in, “roles and responsibilities are clearly defined and mission is clear” and “[we have] improved understanding of purpose of the project and roles/responsibilities.”

DITs most frequently cited coaching infrastructure as the most successful element of action plans this year. Districts responded that they felt coaching was improving through effective coaching strategies and coaching planning. DITs expressed they felt successful in supporting schools and were proud about existing schools improving instruction and new schools being onboarded. The gains this year were mostly attributed to collecting feedback, making data-based decisions and having “clear steps on the action plan and staff member responsible [to] understand their tasks to complete.”

School Infrastructure data collected through the Annual Linked Teaming Coaching Survey--

When asked on the Annual Linked Teaming Coaching survey about key BIT activities, the 81 participants focused on the importance of implementation meetings, using data to make decisions, taking time to reflect during action planning and supporting teachers. Teacher observation walkthroughs were the activity most often written about on this year’s survey, “My coach has met with teacher teams to review KMIT and share expectations.”

In identifying what has gone well in the current SSIP infrastructure/communication plan, many BIT members emphasized that communication was clear and consistent in their schools, “Consistent communication and clarity on expectations.” Responses made it clear that meeting together was important to being successful in implementation. School teams were pleased with the coaching they were receiving as well as the coaching they were supporting in the buildings, “I love that they are coming in the building to provide feedback” and “I appreciate the feedback and discussions with a coach to review the data.” BIT members shared a great deal about the data tools being used, the significant steps district teams have taken to streamline data sharing and the role of data when making decisions, “Love the walkthrough being sent as an email, I love the action plan specifics and how we are going to meet our goals” and “I appreciate how the data looks at systemic changes for our department/school versus teacher specific information.”

When asked what they thought were the most successful elements of action plans this year, responses were highly evident of successful implementation both in the building and in the classroom. Communication is improved, action planning is strategic, some schools are seeing all staff embrace the work and “teachers have begun to attempt to implement [math EBP] activities and concepts.” The majority of BIT members expressed attributes consistent with well-functioning and collegial meetings that are focused on continuous improvement through “unity and commitment to the plan.” One BIT member shared, “teachers having feedback in the discussion and Coaches being able to help teachers”, while another wrote “teachers are making the changes that are being suggested and seeing the results in their walkthrough data.”

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

Regions will continue to provide training and coaching to districts on the effective implementation of the AIF and math EBP. Districts will collect fidelity data to inform the system of support for teachers. The KDE will continue emphasizing the use of the AIFs, which includes the SSIP universal EBP resources and supporting regions to add additional districts and schools to work toward achieving the goals of the SiMR. The KDE anticipates seeing an improvement in implementation team capacity assessment scores and improved evidence of EBP fidelity in the classroom KMIT and OTISS, which will lead to better student outcomes in the TZ regions.

### **Section C: Stakeholder Engagement**

#### **Description of Stakeholder Input**

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders. The KDE held multiple stakeholder engagement meetings. To accommodate for COVID-19 and to ensure the health and safety of staff and participants, meetings were held virtually. Virtual participation allowed for a broader range of stakeholder participation with representation from the various geographic regions of the state. Stakeholder groups included a wide variety of participants – parents of students with disabilities, Kentucky’s parent training and information center staff, educators, LEA administrators, state agency partners, disability-focused advocates, affiliated agency staff and disability organizations. Selection criteria of stakeholders was designed to ensure feedback was solicited from a representative group. This included consideration of urban and rural, diverse ethnicities, disabilities and socioeconomic backgrounds.

Prior to stakeholder engagement meetings, the KDE contracted with a statistician to analyze historical indicator data and to develop visual representations of the data. As part of this work, the KDE developed a proposal of three potential targets for each indicator which were rigorous and achievable mathematically.

Stakeholder engagement meetings were organized to support the process for obtaining input and advice. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into more targeted groups separated by content (indicators). Impartial facilitators and data experts assisted stakeholders as they reviewed and provided feedback for each indicator. An assigned notetaker documented stakeholder input during discussions. During stakeholder engagement meetings, participants were provided with Kentucky’s historical indicator data and the projections for where the state would be in FFY 2025 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the approach to target setting. Stakeholders were told they would be selecting the end target (FFY 2025) for a given indicator and that the state would then calculate intervening targets.

Stakeholders were provided with three potential targets for each indicator and worked collaboratively to recommend a target. Additionally, stakeholders were given the opportunity to propose a target outside of the three potential targets initially provided. In several instances, stakeholders utilized this opportunity to recommend other targets for consideration. As part of the discussion around data, stakeholders engaged with the KDE in conversations about evaluating Kentucky’s progress on each indicator. Additionally, stakeholders discussed barriers for each indicator along with suggested improvement ideas and strategies to mitigate any identified barriers. During the conclusion of each stakeholder engagement meeting, participants engaged in a whole group discussion and summary of the input from the targeted group discussions.

Following each target setting meeting, participating stakeholders were encouraged to broadly share the information presented and to provide any feedback received to the KDE. To provide the opportunity for broader stakeholder engagement the KDE created and distributed surveys on the public reporting website. Stakeholders choosing to participate in the survey were provided the opportunity to engage with the KDE on the evaluation of progress, potential barriers and suggested improvement strategies. This allowed for more extensive input from a larger and more diverse group of individuals throughout the state. The KDE was able to examine input data when considering proposed targets and planning improvement activities.

Another avenue for capturing feedback was Kentucky's State Advisory Panel for Exceptional Children (SAPEC) which provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky.

The SAPEC meets a minimum of quarterly, and each meeting includes an open forum in which the public is invited to participate. The SAPEC intentionally schedules open forum meetings that will be accessible for parents and families to attend. The Panel has established family and parent engagement as a priority and continues to seek parent friendly locations for upcoming open forums and meetings.

The KDE engaged the SAPEC to discuss target setting. The SAPEC was provided with historical data and provided the targets proposed by the stakeholder group for each indicator. The SAPEC also engaged with target setting related to the SSIP and the SiMR. Results Driven Accountability and previous SiMR targets were discussed. The proposed potential new SiMR targets and the change in alignment to Indicator 3B 8th grade mathematics was presented. Members of the SAPEC shared no concerns with alignment to Indicator 3B 8th grade mathematics.

Another stakeholder engagement activity occurred with regional partners serving LEAs. The All Transformation Zone (All TZ) consists of Regional Implementation Teams (RITs) from across the state. RIT members were invited to join biannual meetings and provide feedback to the KDE regarding the implementation of activities to support the SiMR. At an All TZ meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025 targets). Members of the All TZ indicated the proposed SiMR target is rigorous and achievable, and the KDE should consider aligning to Indicator 3B 8th grade mathematics.

Prior to setting SPP targets, the KDE considered input and feedback from all stakeholder engagement activities. The statistician supported the selection of targets for intervening years based on the stakeholder's recommended target for FFY 2025. The new targets were distributed and posted on KDE's public reporting webpage located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

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

As described in Phase II, the KDE uses a Linked Teaming Structure consisting of implementation teams at all levels of the system (state, region, district and school) to create an "enabling context" or a system that effectively removes barriers to achieving the goals of the SiMR.

The KDE also uses a Practice Policy Communication Cycle. This allows barriers encountered in practice to be rapidly communicated through the linked teaming structure to the highest level required for a solution. Stakeholder input reaches multiple levels of the system to inform practice and influence policy. (<https://sisep.fpg.unc.edu/news/sisep-enotes-may-2015>)

Stakeholder activities within reporting period--

During District Data Integration Team meetings, KDE Data Managers, KDE Technology Staff and STSs determined how to update the Data Dashboard based on needs reported from stakeholders throughout the linked teaming structure. Meetings were held virtually as needed.

The All TZ Meetings continued to be held virtually. Based on feedback from regional partners, meetings were held biannually (May and November). During the May meeting, usability testing team updates were provided to regional partners. Feedback was collected through online surveys and used during future usability testing team meetings. The STSs also shared the updated regional implementation plan and data requirements. A feedback survey was sent to participants following the meeting. The November All TZ meeting focused on gathering feedback on the SiMR target alignment, the use of data, rationales for data pieces and the Data Dashboard Guidance document. A feedback survey was sent to participants following the meeting.

RIT meetings were held on a virtual platform every month. During meetings, implementation celebrations and barriers were shared. The STSs also provided training and coaching on the AIF.

Usability Testing teams meet monthly, or as needed, to engage in Plan-Do-Study-Act cycles. The teams are composed of regional TZ partners who serve as liaisons between the team and respective regional cooperatives. During this phase, the team members took the practice profiles to the RITs to obtain feedback. Based on the provided feedback, adjustments were made to the tools.

The 2021 Kentucky Council for Exceptional Children Conference was held in-person and open to special education teachers, DoSEs and regional cooperative staff. During the conference, a session was offered to share the MTPs Training Academy and show how the academy supports the SiMR through professional learning.

The SDT held virtual meetings monthly, or as needed, to develop a PBIS Practice Profile and identify behavior strategies to impact the goal of the SiMR. The team consists of cross agency representatives as well as regional partners.

2021 SISEP Active States Forum was held virtually in June. The forum is held annually and includes STSs and implementation team members from SISEP Active States. During the conference, the KDE presented on scale-up during COVID-19 and the consultancy protocol.

SISEP Active States Community of Practice is composed of STSs and implementation team members from SISEP Active states. The meetings are held each quarter. Meeting topics included Cultivating Leadership and Fidelity Data.

The SAPEC has a variety of members including parents and educators of students with disabilities. The panel meets quarterly with a SSIP update given annually.

The Annual Linked Teaming Coaching Survey is a common survey given to each level of the linked teaming infrastructure annually (Fall 2021) to assess the system of support. The SSIP Evaluators provide a report to the SMT.

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

YES

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

The Annual Linked Teaming Coaching survey allowed for feedback on the current SSIP infrastructure/communication plan. The RITs shared that the lasting impacts of the COVID-19 pandemic have been quite challenging for their districts and schools. One respondent said, "We thought this year would be better than last year, but we repeatedly hear that it is actually worse for educators as far as stress and workload." One school team has had to keep teachers after school ends to conduct SSIP work because they cannot find substitute teachers to provide coverage during the day. Many RIT members shared concerns that scale-up will be stunted because of teacher fatigue and personnel shortages, "District's teachers are overloaded with their duties. There is a shortage of teachers, and the district cannot locate teachers to hire."

In terms of what teams identified as confusing in the current SSIP infrastructure/communication plan, DIT members had nothing to share on the Annual Linked Teaming Coaching survey except for concerns that were pandemic related. "At this time, I don't believe anything is confusing and we understand what is going on. In our last DIT meeting, we were able to communicate the need for coaching strategies and our timeline was adjusted." Several participants expressed their excitement that they were able to begin meeting again and tackle action planning after COVID-19 had halted so much of the work last year. Yet, the DITs shared that the lasting impacts of the COVID-19 pandemic have been very hard on their districts and schools, "The pandemic has set us back, but we are reengaging." According to respondents, the hardest thing to overcome has been carving out time for SSIP activities as all educators deal with an "overwhelming amount of change."

BIT responses to the Annual Linked Teaming Coaching survey item related to what has been confusing in the current SSIP infrastructure/communication plan included a few topics (expressed by three to five members) such as obstacles feeling comfortable with the SSIP language/acronyms, challenges related to team turnover and that the "end goal" isn't well defined.

To address the concerns expressed by stakeholders, the state used the competency driver to support teachers. A focus was placed on staff selection to ensure the higher than usual rates of implementation team member turnover did not significantly impact the progress and support available to teachers. The KDE worked with RITs on coaching service delivery plans so teachers would have access to quality feedback as students returned to the classroom. The SMT will continue to follow up on all larger systems barriers throughout the TZ. The state also continued to work with regions on scaling so when districts were ready, the AIF could continue to be used to support districts and teachers.

### **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.**

An anticipated barrier for the SiMR includes changes to the state-wide assessment that is used to measure growth toward the SiMR. The Office of Assessment and Accountability (OAA) within the KDE has indicated these changes may impact the ability of future tests to be compared to those administered in previous years. To address this barrier, support will be provided to RITs and DITs on developing a plan for analyzing benchmark data. Teams will also receive training on triangulating multiple forms of data (benchmark, fidelity, training) for decision making to address possible state-wide assessment gaps in student outcomes.

An additional anticipated barrier is the impact of COVID-19 fatigue on the continued participation of some TZ members. Since the onset of the COVID-19 pandemic, two districts have mutually deselected and one district chose to pause the TZ to focus on COVID-19-specific barriers. Additionally, TZ regions have faced challenges during exploration with districts reporting a lack of capacity to commit to the TZ work. To address this barrier, regions will provide professional learning opportunities focused on implementation drivers and leveraging the Linked Teaming Structure to support overcoming challenges.

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

The KSA is the measure used for the SiMR. In FFY 2020, the KDE's OAA took into consideration the limited amount of in-person instructional time students had and worked internally and with test vendors to provide flexible testing windows and to reduce the amount of time for assessment administration where possible. The KDE also requested and was granted a waiver for the 2020-2021 school year of accountability and school identification requirements in the ESEA of 1965. Remote proctoring with students taking assessments at home without a trained administrator was not an option on state assessments for the 2020-2021 school year.

Due to the requirement that students test in person; the data collected is not representative of those students who were unable to attend in person during the testing window. The most important reason for administering state assessments in FFY 2020 was to gain a clearer picture of the pandemic's impact on student learning, including for the most vulnerable groups. (<https://education.ky.gov/comm/Documents/2020-2021%20Assessment%20Guidance%20Document.pdf>)

## **17 - Prior FFY Required Actions**

None

## **17 - OSEP Response**

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

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## **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:**

Veronica Sullivan

#### **Title:**

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#### **Submitted on:**

04/28/22 10:47:26 AM