STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

For reporting on
FFY 2021

Kentucky

PART B DUE February 1, 2023

U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Kentucky Department of Education (KDE) presents Kentucky's federal fiscal year (FFY) 2021 State Performance Plan and Annual Performance Report (SPP/APR). The Individuals with Disabilities Education Act (IDEA) of 2004 requires state education agencies (SEAs) to meet the requirements of the IDEA and education programs throughout the state to provide a free appropriate public education (FAPE) to all students with disabilities. The KDE's Office of Special Education and Early Learning (OSEEL) is responsible for monitoring compliance with federal and state requirements (20 U.S.C. Sec. 1400) with a 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 of each local education agency (LEA) in meeting the requirements of the IDEA for FFY 2021.

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 North Star
include the following priorities:
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. Attracting, recruiting and retaining high-quality staff
6. Improving diversity, equity, inclusion, and belonging

The KDE relies upon the SPP/APR, including the State Systemic Improvement Plan (SSIP), as the essential components in its work to ensure compliance with the IDEA, in providing a FAPE to students with disabilities and in improving 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, the funding for these state schools 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 uses the SPP/APR to evaluate the state's efforts in implementing and achieving the requirements of the IDEA. Kentucky engaged with a broad range of stakeholders to set rigorous measurable annual targets. Stakeholder groups 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 connecting the feedback from the classrooms with the SEA. Kentucky designed this mechanism to ensure support is provided to improve student performance in mathematics and in meeting 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 of 1973 Section 504, Kentucky has a regulatory framework to provide structure for LEA implementation of the IDEA Part B requirements available at https://apps.legislature.ky.gov/law/kar/TITLE707.HTM.

Integrated Onsite and Offsite Monitoring Activities-
The KDE's monitoring activities include visits to LEAs, desk reviews, annual determinations, monitoring of correctional facilities and evaluating LEA self-reported data. The KDE monitors compliance and student results by focusing upon areas most likely to improve student outcomes. During FFY 2021, monitoring visits are part of the KDE's State Consolidated Monitoring (SCM) process which involves monitoring of all federal programs. SCM provides the KDE with an opportunity to review state and federal programs. Staff members from various KDE offices identify and recognize effective practices within the LEA while also providing recommendations for improvements or corrective actions for addressing noncompliance. The KDE also conducts individually-focused monitoring on an as-needed basis when concerns specific to an LEA arise. The KDE uses a risk assessment formula to identify the LEAs with the most significant risk of noncompliance with the requirements of the IDEA. The KDE further triangulates data to determine the LEAs that must be monitored as a result of risk.

The KDE conducts annual desk reviews for the IDEA compliance indicators and reports this data within its APR. Prior to performing a desk review, the KDE collects and validates data related to the indicator. The LEAs identified by the KDE then provide student due process files for review. If noncompliance is identified within an LEA, the KDE issues a written notice to the LEA for its noncompliance. Then the KDE works with the LEA in determining the root cause of noncompliance, developing an appropriate corrective action plan (CAP) and verifying correction(s) of the LEA's exhibited noncompliance in accordance with the Office of Special Education Programs (OSEP) Memorandum 09-02.

In FFY 2021, the KDE examined all general supervision processes for effectiveness. Based on feedback from stakeholders, including local superintendents, directors of special education (DoSE), technical assistance providers and the KDE monitoring team, the KDE revised its general supervision processes. To increase transparency, collaboration and effectiveness, the KDE developed Differentiated Monitoring and Tiered Engagement

(DMTE). DMTE encompasses all monitoring activities and includes a tiered support system with universal engagement for every LEA. DMTE differentiates monitoring and support for each LEA based on the LEA's unique strengths and areas for improvement. This new monitoring system will be in effect for FFY 2022. The new monitoring manual can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

Kentucky's Improvement, Correction and Sanctions-
Through Kentucky's system of monitoring, the state identifies noncompliance present in its LEAs. Findings of noncompliance result in corrective action plans (CAPs) for the LEAs. The CAPs are used to correct noncompliance and to improve outcomes for students with disabilities. When sanctions are necessary, the KDE applies these sanctions consistently across the LEAs as specified in 07 KAR 1:380, Section 3, which can be found at https://apps.legislature.ky.gov/law/kar/707/001/380.pdf.

Effective Dispute Resolution-
Kentucky has dispute resolution processes in place to resolve disagreements between parents of students with disabilities and LEAs. The KDE investigates formal written complaints and collaborates with the Office of Legal Services (OLS) on due process hearings, expedited due process hearings and mediation. More information on KDE's dispute resolution processes can be found at 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 Kentucky's 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 financial 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 the state and local governments and contains provisions for determining indirect cost rates for grantees and subgrantees of federal grants.

The KDE's Office of Financial Operations (OFO) tracks and manages federal title funds for the agency. The KDE's OSEEL and OFO work collaboratively. The KDE 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, the KDE organizes regular reconciliation meetings with the OSEEL and OFO to monitor the expenditure of these funds throughout the period of availability. The OSEEL and the OFO reconcile funds for each area of expenditure. Staff from both offices ensure the funds are spent appropriately, timely and as budgeted.

Data Collection and Data Analysis-
Kentucky collects data to meet reporting requirements, target LEA support and measure the effectiveness of an LEA's compliance with requirements of the IDEA. The KDE reports statewide special education data publicly, and this information can be accessed at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

To ensure data is consistently entered statewide, the KDE implements data standardization to establish practices and procedures for consistency and comparability across different student databases. Data standards dedicated to students with disabilities provide LEAs with a set of guidelines for entering data into Kentucky's Student Information System utilizing the platform Infinite Campus (IC). The data standards provide a series of screenshots and explanations of the data elements required for state and federal reporting. Kentucky's data standards meet the Federal Reporting Requirements under section 618 of the IDEA. The data standards include data collection for: Child Count, Special Education Exit Report, Special Education Behavior/Safe Schools Report and the SPP/APR. Kentucky's data standards are located at https://education.ky.gov/districts/tech/sis/Documents/Standard-Special_Education-Processes.pdf.

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.

Kentucky's Special Education Technical Assistance Network supports the efforts and initiatives of the KDE in building the capacity of LEAs to serve students who receive special education and related services. Each year under Part B of IDEA, the U.S. Department of Education (USED) awards federal funds to all states under Section 611 (Grants to States) and Section 619 (Preschool). Of these funds, states allocate a substantial portion to their LEAs, and they award smaller amounts for what the IDEA refers to as "Other Activities". The KDE uses the amount it sets aside for "Other Activities" to fund a statewide network of technical assistance (TA) providers. Kentucky's statewide TA network provides related support to its LEAs with the intention of expanding services and programs at the local level for the purpose of improving student performance and outcomes. A full list of TA providers may be found at https://education.ky.gov/specialed/Pages/techassist.aspx.

As part of the statewide TA network, the KDE provides technical assistance through nine Special Education Regional Technical Assistance Centers (SERTACs) and five early childhood Regional Training Centers (RTCs). These service providers are located throughout the state and provide Kentucky's LEAs with professional development and specialized instructional support.

The focus of the SERTACs is improving educational opportunities and outcomes of students with disabilities by providing regional leadership and delivering specialized services. The SERTACs work in partnership with the KDE, LEAs, institutions of higher learning and other service providers. The SERTACs 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. The SERTACs employ consultants in areas such as literacy, math and behavior. These consultants assist with building LEA capacity and support teachers working with students with disabilities.

All of Kentucky's local school districts are eligible to receive TA at no cost to the LEA through the SERTACs. These services align with the KDE initiatives to meet the federal requirements of the IDEA and the priorities established by the OSEP.

The early childhood RTCs provide a range of services for the early childhood programs, including regional trainings and workshops, on-site consultations, a lending library of materials and annual statewide and regional collaborative institutes. The RTCs are dedicated to promoting high-quality learning environments and continuous quality improvement for children with disabilities in state-funded preschool settings.

Additional information on Kentucky's SERTACs and RTCs may be found at https://education.ky.gov/specialed/Pages/techassist.aspx.

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 SERTACs in a limited number of LEAs known as Transformation Zones (TZ). Using continuous improvement cycles, these regions are supporting the participating LEAs in reaching the goals

of Kentucky's SiMR.

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

The most recent monitoring guidance, including the updated Compliance Record Review, may be found at https://education.ky.gov/specialed/excep/forms/Documents/Compliance_Record_Review.pdf. The KDE developed this guidance to assist Kentucky's LEAs in conducting accurate student due process record reviews.

Through monitoring of its LEAs, Kentucky places an emphasis on improving documentation and implementation of Individual Education Programs (IEPs). The KDE has developed additional guidance around IEPs including: a guide for determining Specific Learning Disability (SLD) eligibility, an IEP and Lesson Plan Development Handbook and an IEP Development Guide. These guidance documents are available at https://education.ky.gov/specialed/excep/forms/Pages/IEP-Guidance-and-Documents.aspx.

In addition, the KDE has created guidance documents on other relevant topics such as special transportation in Kentucky, IEP progress monitoring, specially designed instruction (SDI) and related services. Those resources may be found at https://education.ky.gov/specialed/excep/forms/Pages/Guidance-Documents.aspx.

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 TA for LEAs through web-based training on how to determine and document participation in the alternate assessment aligned with alternate academic achievement standards (AA-AAAS). Kentucky's SERTACs facilitate access to this virtual training. The KDE posts its guidance documents for determining and documenting AA-AAAS participation at https://education.ky.gov/specialed/excep/instresources/Pages/Kentucky-Alternate-Assessment-Participation-Waiver-.aspx.

The KDE also partners with HDI for Indicators 8 and 14. For Indicator 8, the HDI develops the parent survey and analyzes the responses to the survey. The HDI then provides the data to the KDE for Indicator 8 reporting.

For Indicator 14 the Kentucky Post School Outcomes Center (KYPSO), a department within the HDI, develops and oversees the administration of the Youth One Year Out (YOYO) Former Student Interview. The KYPSO provides information to Kentucky's LEAs regarding programs and practices to support students' secondary transition and provides Indicator 14 data to the KDE. More information about KYPSO may be found at https://www.kypso.org/.

The KDE recognizes students with disabilities in Kentucky continue to be disproportionately affected by the COVID-19 pandemic. The KDE utilizes American Rescue Plan (ARP) state-level funding to assist LEAs in providing support to students. The KDE has used ARP funds to support transition age students with opportunities that will aid them in achieving postsecondary goals (ARP-Transition). In addition, the funds are used to enhance efforts at identifying students in preschool through second grade who have experienced the greatest loss of instruction due to the COVID-19 pandemic (ARP-Early Learning).

The ARP-Transition project includes activities on Student-Focused Planning, Student Development, Interagency Collaboration, Family Engagement and Program Structure. The project places a focus upon student support, school climate, cultural relevancy, empowerment and family preparation. Collaboration in the project involves partnerships with service agencies such as The Office of Vocational Rehabilitation for purposes of facilitating effective post-school transitions.

The ARP-Early Learning work focuses on supporting Kentucky's youngest learners in overcoming the effects of the COVID-19 pandemic. ARP early learning projects address kindergarten readiness, early literacy, family and community engagement, social and emotional well-being, and teacher leadership. These projects include the delivery and measurement of evidenced-based, high-leveraged teacher practices that will result in opportunity and gap closures. With these measures in place, the number of students inappropriately identified for special education by the third grade will be reduced.

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 the OSEP since the late 1990s. In partnership with personnel from the University of Kentucky, the University of Louisville, Kentucky's Parent Training and Information Center, known as Kentucky Special Parent Involvement Network (KY-SPIN) and professional learning providers across the state, the Kentucky SPDG addresses two primary goals:

Goal 1: To improve the capacity of 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.

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

In 2020, the KDE was awarded 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 , Kentucky's 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/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 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/DoSE certification.
3. Increase capacity-Expand and enhance the existing state network to ensure 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).

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions

include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

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

YES

Number of Parent Members:

12

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 were critical partners in setting targets. Individual parents of students with disabilities, staff from the KY-SPIN and advocacy organizations were included in stakeholder engagement activities. The KY-SPIN engaged with parents 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 KDE's public reporting web page. To solicit further feedback, target setting information was provided to every LEA's DoSE through the statewide listserv, allowing local directors to solicit parent feedback. Additionally, parent members of Kentucky's SAPEC were given the opportunity to actively engage in target setting.

In FFY 2021,   the KDE provided the SAPEC with a yearly update on the SPP/APR and SSIP progress which included analysis and evaluation of the data. The SAPEC had the opportunity to provide feedback to the KDE during an open public forum and through an electronic feedback form. The feedback form allowed members of the SAPEC to ask additional clarifying questions, suggest improvement strategies and provide input on indicator data. Feedback from the SAPEC included the request for additional information about current targets and progress for Indicator 17(SSIP).

Moreover, the KDE gave the SAPEC the opportunity to provide feedback on Indicators 8 and 14. During an in-person meeting, the KDE shared changes around representativeness for Indicators 8 and 14 with members of the SAPEC. The SAPEC had the opportunity to provide input around which demographic category (age, gender, disability, regional area), in addition to race/ethnicity, the KDE should include in the analysis of data for Indicators 8 and 14. The SAPEC members could express feedback during the meeting in addition to submitting feedback through an electronic form. Members of the SAPEC, in addition to the KDE, agreed to analyze Indicator 8 and 14 results by regional area.

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.

The KDE has identified a Family Engagement consultant to partner with stakeholders including parent groups, Kentucky Collaborative for Families and Schools (KYCFS), KY-SPIN, LEAs and SERTACs to increase response rate and representativeness. The KDE has analyzed parent participation data and identified the need to build the capacity of underrepresented groups particularly families in the southeast and south-central regions of Kentucky as well as Hispanic families. The KDE is working with SERTACs on a plan to increase engagement within these underrepresented groups as well as a plan to increase community partnerships. One activity the KDE implemented to increase the representativeness of diverse families was adapting the Indicator 8 survey to include the additional languages of Swahili, Amish and Somali in addition to the English and Spanish versions that are already used. This gives more families of students with disabilities the opportunity to increase parental involvement. The KDE will continue to provide technical assistance and support to LEAs, SERTACs and other stakeholders accordingly. This includes strategies that relate to specific barriers identified by underrepresented SERTAC regions and racial/ethnic groups across the state.

Soliciting Public Input:

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

For FFY 2020 target setting, the KDE sought and obtained public input through various mechanisms, including virtual meetings with stakeholders, virtual and in-person meetings with the SAPEC and online surveys. Engagement activities took place from August of 2021 and continued through January 2022.

In FFY 2021, the KDE reset targets for Indicator 3. Stakeholder input was obtained through email, in person meetings and an online survey. Engagement activities for target setting took place in August of 2022 and continued through January of 2023.

The KDE continually engages with the SAPEC to improve practices for students with disabilities. The SAPEC meets quarterly to analyze data, discuss the state's progress, identify barriers and discuss improvement strategies.

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 and indicator data for each LEA publicly on its website. This data is 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. Information is disseminated broadly through the TA Network including the SERTACs and RTCs. In addition, the KDE communicates improvement strategies, data analysis and timelines through a variety of communications including a weekly emailed update titled News You Can Use, a quarterly newsletter and a bi-monthly Dialogue with Directors call with the state director of special education.

For FFY 2020 target setting, online surveys were distributed to stakeholders in October 2021 and remained open until January 2022.

Additionally, the KDE publicly released the results of the target setting activities on its public reporting web page in January 2022 which can be found at 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 2020 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2020 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The KDE publicly reports the performance of Kentucky 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 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=2020.

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 2021 SPP/APR, use data from 2020-2021), and compare the results to the target. Provide the actual numbers used in the calculation.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	81.85%

FFY	2016	2017	2018	2019	2020
Target >=	79.60%	79.60%	79.60%	79.60%	81.85%
Data	71.89%	74.42%	74.83%	75.49%	81.85%

Targets

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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.

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For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

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The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

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Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,735
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	0
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	392
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	26
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	284

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,735	4,437	81.85%	81.85%	84.18%	Met target	No Slippage

Graduation Conditions

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

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 with 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 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 the conditions of students without disabilities. The KDE identifies the minimum credits required for graduation, and LEAs establish local graduation requirements in policies consistent with state regulation 704 KAR 3:305, located at https://apps.legislature.ky.gov/law/kar/titles/704/003/305/.

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	7.97%

FFY	2016	2017	2018	2019	2020
Target <=	2.11%	1.91%	1.71%	1.71%	7.97%
Data	2.07%	2.01%	1.86%	1.79%	7.97%

Targets

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

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Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets

were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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.

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Revisions to Baseline/Target Setting-
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Ongoing Stakeholder Engagement-
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FFY 2021 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
284	4,437	7.97%	7.97%	6.40%	Met target	No Slippage

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

Kentucky counted students as dropping out if students were 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 unknown 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)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

      A. Participation rate for children with IEPs.

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

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2021	99.41%
Reading	B	Grade 8	2021	98.51%
Reading	C	Grade HS	2021	94.42%
Math	A	Grade 4	2021	99.38%
Math	B	Grade 8	2021	98.54%
Math	C	Grade HS	2021	94.19%

Targets

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

Targets: Description of Stakeholder Input

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Due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3A. The KDE engaged with a group of stakeholders who participated in the target setting for Indicator 3 during the FFY 2020 submission. This group was familiar with Indicator 3 and had been part of discussions and analyzing historical data. The KDE explained to the stakeholder group that the assessment methodology as well as the accountability system had changed for FFY 2021 and therefore baselines and targets should be reconsidered. The stakeholders were sent a copy of notes from the target setting discussions that occurred in FFY 2020 along with a survey to provide input about Indicator 3. Within the survey, stakeholders were asked if they agreed with the originally proposed target growth or if they disagreed now that the assessment and accountability system had changed. If stakeholders disagreed, they were asked to provide further input on why. The KDE then analyzed the responses from stakeholders and determined that the Indicator 3A baseline year would be reset to FFY 2021. Based on stakeholder feedback, targets were not reset for Indicator 3A. Stakeholders decided that the original targets set for Indicator 3A were still appropriate to ensure that students can make reasonable and attainable progress.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

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

Date:

04/05/2023

Reading Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	7,302	6,569	5,428
b. Children with IEPs in regular assessment with no accommodations	2,268	1,140	1,062
c. Children with IEPs in regular assessment with accommodations	4,478	4,767	3,514
d. Children with IEPs in alternate assessment against alternate standards	513	564	549

Data Source:

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

Date:

04/05/2023

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	7,306	6,566	5,426
b. Children with IEPs in regular assessment with no accommodations	2,267	1,139	1,064
c. Children with IEPs in regular assessment with accommodations	4,480	4,767	3,498
d. Children with IEPs in alternate assessment against alternate standards	514	564	549

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

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	7,259	7,302	89.07%	96.50%	99.41%	N/A	N/A
B	Grade 8	6,471	6,569	81.92%	96.50%	98.51%	N/A	N/A
C	Grade HS	5,125	5,428	74.34%	96.50%	94.42%	N/A	N/A

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	7,261	7,306	89.02%	96.50%	99.38%	N/A	N/A
B	Grade 8	6,470	6,566	81.70%	96.50%	98.54%	N/A	N/A
C	Grade HS	5,111	5,426	73.74%	96.50%	94.19%	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.

The public reporting of IDEA B Data webpage https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx provides information regarding the public reporting of special education data, SPP and information regarding Kentucky's IDEA State Application.

To access Math/Reading and Reading/Languages Grades- 3, 4, 5,6,7,8, HS with and without accommodations on the alternate and regular assessments by State/District and Schools.
1. Go to the Kentucky Department of Education's (KDE's) Office of Special Education and Early Learning's (OSEEL's) Public Reporting of Assessment Participation Data for students with disabilities.
(https://education.ky.gov/_layouts/download.aspx?SourceUrl=https://education.ky.gov/specialed/excep/IDEA/Documents/2021_22_ParticipationForSWDs.xlsx)
2. For Math, click on the Math tab. For reading, click on the Reading tab.
3. To select a specific district, click in the column labeled "District" (column A) and filter for the required district.
4. To select a specific school, click in the column labeled "School" (column B) and filter for the required district.
5.   To select the state totals, click in the column labeled "District" (column A) and filter for "State".
6. To select a specific grade, click in the column labeled "Grade" (column C) and filter for the required grade.

Provide additional information about this indicator (optional)

The OSEEL collaborated with the Office of Assessment and Accountability (OAA) to determine changes made to Kentucky's assessment and accountability system. In 2019, Kentucky approved new standards for reading and mathematics. Due to this change, the KDE transitioned to a new testing platform, the Kentucky Summative Assessment (KSA). In addition, the legislature passed a new accountability system that required new measures of "Status" and "Change" as indicators of accountability. However, as a result of COVID-19, the KDE received approval from the USED for a state waiver, which allowed Kentucky to bypass standardized testing for the 2019-2020 school year. At the same time, the KDE was approved to be exempted from certain statewide school accountability requirements. No students participated in the new assessment platform in 2020. In 2021, the USED invited states to request a waiver for the 2020-2021 school year of the accountability and school identification requirements in the Elementary and Secondary Education Act of 1965 (ESEA). A state receiving this waiver was not required to implement and report the results of its accountability system, including calculating progress toward long-term goals and measurements of interim progress or indicators, or to annually, meaningfully differentiate among its public schools using data from the 2020-2021 school year. To meet the requirements outlined in the 2021 waiver, the KDE administered a test that was shorter and limited in standard coverage. Therefore, the 2021-2022 school year was the first full administration of the KSA and the first time the new accountability system was implemented. Given that Kentucky used new standards and a new accountability system in 2021-2022, the baseline for Indicator 3A was reset to FFY 2021. Targets for Indicator 3A remain the same.

3A - Prior FFY Required Actions

None

3A - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

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	2021	26.03%
Reading	B	Grade 8	2021	12.93%
Reading	C	Grade HS	2021	11.84%
Math	A	Grade 4	2021	20.59%
Math	B	Grade 8	2021	11.92%
Math	C	Grade HS	2021	8.53%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	26.03%	27.03%	28.03%	29.03%	30.03%
Reading	B >=	Grade 8	12.93%	13.93%	14.93%	15.93%	16.93%
Reading	C >=	Grade HS	11.84%	12.84%	13.84%	14.84%	15.84%
Math	A >=	Grade 4	20.59%	21.59%	22.59%	23.59%	24.59%
Math	B >=	Grade 8	11.92%	12.92%	13.92%	14.92%	15.92%
Math	C >=	Grade HS	8.53%	9.53%	10.53%	11.53%	12.53%

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations,

agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

Due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3B. The KDE engaged with a group of stakeholders who participated in the target setting for Indicator 3 during the FFY 2020 submission. This group was familiar with Indicator 3 and had been part of discussions and analyzing historical data. The KDE explained to the stakeholder group that the assessment methodology as well as the accountability system had changed for FFY 2021 and therefore baselines and targets should be reconsidered. The stakeholders were sent a copy of notes from the target setting discussions that occurred in FFY 2020 along with a survey to provide input about Indicator 3. Within the survey, stakeholders were asked if they agreed with the originally proposed target growth or if they disagreed now that the assessment and accountability system had changed. If stakeholders disagreed, they were asked to provide further input on why. The KDE then analyzed the responses from stakeholders and determined that the Indicator 3B baseline year would be reset to 2021. In addition, based on stakeholder feedback, Indicator 3B targets were reset to ensure that students can make reasonable and attainable progress.

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

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	6,746	5,907	4,576
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	783	172	142
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	973	592	400

Data Source:

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

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	6,747	5,906	4,562
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	698	163	109
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	691	541	280

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	1,756	6,746	26.26%	26.03%	26.03%	N/A	N/A
B	Grade 8	764	5,907	19.24%	12.93%	12.93%	N/A	N/A
C	Grade HS	542	4,576	11.17%	11.84%	11.84%	N/A	N/A

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	1,389	6,747	18.62%	20.59%	20.59%	N/A	N/A
B	Grade 8	704	5,906	8.26%	11.92%	11.92%	N/A	N/A
C	Grade HS	389	4,562	7.84%	8.53%	8.53%	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.

Steps for finding public reporting of assessment participation and proficiency of students with disabilities with the same frequency and in the same detail as it reports on the assessment of nondisabled children.
1. Go to the KDE's School Report Card for 2022. (https://kyschoolreportcard.com/organization/20?year=2022)
2. Be sure the desired year is selected at the top of the page.
3. Scroll down to Academic Performance (Click the + to expand) > State Assessments (Enrollment).
4. Click on the Download button next to Assessment Performance by Grade.
5. This will generate an Excel spreadsheet that contains all assessment data, including data for students with disabilities.
6. In the spreadsheet, click on the "Sort & Filter" icon in the "Editing" menu. Then click "Filter".
7. To select a certain district, click on the column titled "SCHOOL NAME" (column G), and filter for "---District Total---". Then click on the column titled "DISTRICT NAME" (column E) and filter for the requested district.
8. To select a certain district, click on the column titled "SCHOOL NAME" (column G), and filter for "---State Total---".
9.   To select Math, click on the column titled "SUBJECT" (column O), and filter for "MA".
10. To select Reading, click on the column titled "SUBJECT" (column O), and filter for "RD".
11. To select On Demand Writing, click on the column titled "SUBJECT" (column O), and filter for "WR".
12. To select English Mechanics, click on the column titled "SUBJECT" (column O), and filter for "EM".
13. To select a specific grade, click on the column titled "GRADE" (column N), and filter for the requested grade. Kentucky assesses grades 3 through 8 as well as grades 10 and 11.
14. To select all students with IEPs on the regular assessment, click on the column title "DEMOGRAPHIC" (column P), and filter for "Students with Disabilities/IEP Regular Assessment".
15. To select all students with IEPs with accommodations, click on the column title "DEMOGRAPHIC" (column P), and filter for "Students with Disabilities/IEP with Accommodations".

The State included grades 3 through 8 and 10 in its State Level public reporting for reading and math assessments.

The State included grades 3 through 8 and 10 in its LEA Level reporting for reading and math assessments.

The State included grades 3 through 8, 10 and 11 in its school level reporting for assessments.

Provide additional information about this indicator (optional)

The OSEEL collaborated with the OAA to determine changes made to Kentucky's assessment and accountability system. In 2019, Kentucky approved new standards for reading and mathematics. Due to this change, the KDE transitioned to a new testing platform, the KSA. In addition, the legislature passed a new accountability system that required new measures of "Status" and "Change" as indicators of accountability. However, as a result of COVID-19, the KDE received approval from the USED for a state waiver, which allowed Kentucky to bypass standardized testing for the 2019-2020 school year. At the same time, the KDE was approved to be exempted from certain statewide school accountability requirements. No students participated in the new assessment platform in 2020. In 2021, the USED invited states to request a waiver for the 2020-2021 school year of the accountability and school identification requirements in the ESEA. A state receiving this waiver was not required to implement and report the results of its accountability system, including calculating progress toward long-term goals and measurements of interim progress or indicators, or to annually, meaningfully differentiate among its public schools using data from the 2020-2021 school year. To meet the requirements outlined in the 2021 waiver, the KDE administered a test that was shorter and limited in standard coverage. Therefore, the 2021-2022 school year was the first full administration of the KSA and the first time the new accountability system was implemented. Given that Kentucky used new standards and a new accountability system in 2021-2022, the baseline and targets for Indicator 3B have been reset for the FFY 2021 submission.

3B - Prior FFY Required Actions

None

3B - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State revised its FFY 2021-2025 targets for this indicator, and OSEP accepts those targets.

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

      A. Participation rate for children with IEPs.

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

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2021	27.10%
Reading	B	Grade 8	2021	34.22%
Reading	C	Grade HS	2021	23.32%
Math	A	Grade 4	2021	19.65%
Math	B	Grade 8	2021	20.04%
Math	C	Grade HS	2021	25.50%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	27.10%	28.10%	29.10%	30.10%	31.10%
Reading	B >=	Grade 8	34.22%	35.22%	36.22%	37.22%	38.22%
Reading	C >=	Grade HS	23.32%	24.22%	25.22%	26.22%	27.22%
Math	A >=	Grade 4	19.65%	20.65%	21.65%	22.65%	23.65%
Math	B >=	Grade 8	20.04%	21.04%	22.04%	23.04%	24.04%
Math	C >=	Grade HS	25.50%	26.50%	27.50%	28.50%	29.50%

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

Due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3C. The KDE engaged with a group of stakeholders who participated in the target setting for Indicator 3 during the FFY 2020 submission. This group was familiar with Indicator 3 and had been part of discussions and analyzing historical data. The KDE explained to the stakeholder group that

the assessment methodology as well as the accountability system had changed for FFY 2021 and therefore baselines and targets should be reconsidered. The stakeholders were sent a copy of notes from the target setting discussions that occurred in FFY 2020 along with a survey to provide input about Indicator 3. Within the survey, stakeholders were asked if they agreed with the originally proposed target growth or if they disagreed now that the assessment and accountability system had changed. If stakeholders disagreed, they were asked to provide further input on why. The KDE then analyzed the responses from stakeholders and determined that the Indicator 3C baseline year would be reset to 2021. In addition, based on stakeholder feedback, Indicator 3C targets were reset to ensure that students can make reasonable and attainable progress.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

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

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	513	564	549
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	139	193	128

Data Source:

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

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	514	564	549
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	101	113	140

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	139	513	47.87%	27.10%	27.10%	N/A	N/A
B	Grade 8	193	564	24.42%	34.22%	34.22%	N/A	N/A
C	Grade HS	128	549	25.69%	23.32%	23.32%	N/A	N/A

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	101	514	30.86%	19.65%	19.65%	N/A	N/A
B	Grade 8	113	564	35.40%	20.04%	20.04%	N/A	N/A
C	Grade HS	140	549	21.75%	25.50%	25.50%	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.

Steps for finding public reporting of assessment proficiency of students with disabilities on the alternate assessment with the same frequency and in the same detail as it reports on the assessment of nondisabled children.
1. Go to the KDE's School Report Card for 2022 (https://kyschoolreportcard.com/organization/20?year=2022)
2. Be sure the desired year is selected at the top of the page.
3. Scroll down to Academic Performance (Click the + to expand) > State Assessments (Enrollment).
4. Click on the Download button next to Assessment Performance by Grade.
5. This will generate an Excel spreadsheet that contains all assessment data, including data for students with disabilities.
6. In the spreadsheet, click on the "Sort & Filter" icon in the "Editing" menu. Then click "Filter".
7. Use the filtered spreadsheet generated from the instructions at the top.
8. To select all students who participated in the alternate assessment, click on the column title "DEMOGRAPHIC" (column P), and filter for "Alternate Assessment".
9.   To select Math, click on the column titled "SUBJECT" (column O), and filter for "MA".
10. To select Reading, click on the column titled "SUBJECT" (column O), and filter for "RD".
11. To select On Demand Writing, click on the column titled "SUBJECT" (column O), and filter for "WR".
12. To select English Mechanics, click on the column titled "SUBJECT" (column O), and filter for "EM".
13. To select a certain school, click on the column titled "SCHOOL NAME" (column G), and filter for the requested school.
14. To select a certain district, click on the column titled "SCHOOL NAME" (column G), and filter for "---District Total---". Then click on the column titled "DISTRICT NAME" (column E) and filter for the requested district.
15. To select a certain district, click on the column titled "SCHOOL NAME" (column G), and filter for "---State Total---".
16. To select a specific grade, click on the column titled "GRADE" (column N), and filter for the requested grade. Kentucky assesses grades 3 through 8 as well as grades 10 and 11.

Provide additional information about this indicator (optional)

The OSEEL collaborated with the OAA to determine changes made to Kentucky's assessment and accountability system. In 2019, Kentucky approved new standards for reading and mathematics. Due to this change, the KDE transitioned to a new testing platform, the Alternate Kentucky Summative Assessment (AKSA). In addition, the legislature passed a new accountability system that required new measures of "Status" and "Change" as indicators of accountability. However, as a result of COVID-19, the KDE received approval from the USED for a state waiver, which allowed Kentucky to bypass standardized testing for the 2019-2020 school year. At the same time, the KDE was approved to be exempted from certain statewide school accountability requirements. No students participated in the new assessment platform in 2020. In 2021, the USED invited states to request a waiver for the 2020-2021 school year of the accountability and school identification requirements in the ESEA. A state receiving this waiver was not required to implement and report the results of its accountability system, including calculating progress toward long-term goals and measurements of interim progress or indicators, or to annually, meaningfully differentiate among its public schools using data from the 2020-2021 school year. To meet the requirements outlined in the 2021 waiver, the KDE administered a test that was shorter and limited in standard coverage. Therefore, the 2021-2022 school year was the first full administration of the AKSA and the first time the new accountability system was implemented. Given that Kentucky used new standards and a new accountability system in 2021-2022, the baseline and targets for Indicator 3C have been reset for the FFY 2021 submission.

3C - Prior FFY Required Actions

None

3C - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State revised its FFY 2021-2025 targets 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 2021-2022 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

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

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2021	20.11
Reading	B	Grade 8	2021	31.22
Reading	C	Grade HS	2021	33.83
Math	A	Grade 4	2021	18.84
Math	B	Grade 8	2021	24.52
Math	C	Grade HS	2021	29.14

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A <=	Grade 4	20.11	19.61	19.11	18.61	18.11
Reading	B <=	Grade 8	31.22	30.72	30.22	29.72	29.22
Reading	C <=	Grade HS	33.83	33.33	32.83	32.33	31.83
Math	A <=	Grade 4	18.84	18.34	17.84	17.34	16.84
Math	B <=	Grade 8	24.52	24.02	23.52	23.02	22.52
Math	C <=	Grade HS	29.14	28.64	28.14	27.64	27.14

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

Due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3D. The KDE engaged with a group of stakeholders who participated in the target setting for Indicator 3 during the FFY 2020 submission. This group was familiar with Indicator 3 and had been part of discussions and analyzing historical data. The KDE explained to the stakeholder group that the assessment methodology as well as the accountability system had changed for FFY 2021 and therefore baselines and targets should be reconsidered. The stakeholders were sent a copy of notes from the target setting discussions that occurred in FFY 2020 along with a survey to provide input about Indicator 3. Within the survey, stakeholders were asked if they agreed with the originally proposed target growth or if they disagreed now that the assessment and accountability system had changed. If stakeholders disagreed, they were asked to provide further input on why. The KDE then analyzed the responses from stakeholders and determined that the Indicator 3D baseline year would be reset to 2021. In addition, based on stakeholder feedback, Indicator 3D targets were reset to ensure that students can make reasonable and attainable progress.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

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

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	43,009	50,002	46,947
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	6,746	5,907	4,576
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	18,561	21,432	21,013
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,282	647	429
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	783	172	142
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	973	592	400

Data Source:

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

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	43,228	50,196	47,005
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	6,747	5,906	4,562
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	16,108	17,681	17,381
d. All students in regular assessment with accommodations scored at or above proficient against grade level	937	612	323
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	698	163	109
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	691	541	280

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	26.03%	46.14%	16.65	20.11	20.11	N/A	N/A

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B	Grade 8	12.93%	44.16%	30.84	31.22	31.22	N/A	N/A
C	Grade HS	11.84%	45.67%	26.84	33.83	33.83	N/A	N/A

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	20.59%	39.43%	14.71	18.84	18.84	N/A	N/A
B	Grade 8	11.92%	36.44%	18.69	24.52	24.52	N/A	N/A
C	Grade HS	8.53%	37.66%	22.49	29.14	29.14	N/A	N/A

Provide additional information about this indicator (optional)

The OSEEL collaborated with the OAA to determine changes made to Kentucky's assessment and accountability system. In 2019, Kentucky approved new standards for reading and mathematics. Due to this change, the KDE transitioned to a new testing platform, the KSA. In addition, the legislature passed a new accountability system that required new measures of "Status" and "Change" as indicators of accountability. However, as a result of COVID-19, the KDE received approval from the USED for a state waiver, which allowed Kentucky to bypass standardized testing for the 2019-2020 school year. At the same time, the KDE was approved to be exempted from certain statewide school accountability requirements. No students participated in the new assessment platform in 2020. In 2021, the USED invited states to request a waiver for the 2020-2021 school year of the accountability and school identification requirements in the ESEA. A state receiving this waiver was not required to implement and report the results of its accountability system, including calculating progress toward long-term goals and measurements of interim progress or indicators, or to annually, meaningfully differentiate among its public schools using data from the 2020-2021 school year. To meet the requirements outlined in the 2021 waiver, the KDE administered a test that was shorter and limited in standard coverage. Therefore, the 2021-2022 school year was the first full administration of the KSA and the first time the new accountability system was implemented. Given that Kentucky used new standards and a new accountability system in 2021-2022, the baseline and targets for Indicator 3D have been reset for the FFY 2021 submission.

3D - Prior FFY Required Actions

None

3D - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts those revisions for Reading Grade 4, Reading Grade 8, Reading Grade High School, Math Grade 4, Math Grade 8 and Math High School.

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

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2017	5.85%

FFY	2016	2017	2018	2019	2020
Target <=	1.71%	1.14%	1.14%	1.14%	5.88%
Data	3.53%	5.85%	5.88%	2.92%	3.53%

Targets

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an

Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

FFY 2021 SPP/APR Data

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

If yes, the State may only include, in both the numerator and the denominator, LEAs that met the State-established n/cell size. Report the number of LEAs excluded from the calculation as a result of the requirement.
4

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State's minimum n/cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3	169	3.53%	5.88%	1.78%	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 LEA subjected students with disabilities to out-of-school removals (suspensions or expulsions) for more than 10 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.

The out-of-school removal 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 2020-2021 school year, there were 173 LEAs in Kentucky. Of the 173 LEAs, four did not meet the n-size requirement of 50 students with disabilities. Therefore, four LEAS were excluded from the calculation based on the n-size requirement.

For FFY 2021, using 2020-2021 data, three LEAs, out of 169 that met the n-size, had discrepancies that were at least three times higher than the state rate of 0.2%.

Provide additional information about this indicator (optional)

For Indicator 4A, there were 173 LEAs during the 2020-2021 school year. 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 4A compare the disciplinary rates for students with disabilities to the state rate, rather than for students without disabilities. Therefore, the KSB and the KSD are not excluded from the calculations based on the comparison group.

Indicator 4A data were impacted by COVID-19. Many LEAs were providing virtual instruction as an option for students in 2020-2021. Virtual instruction was provided for students when quarantining was necessary. The transition to a virtual instruction environment coupled with inconsistent in-person attendance decreased the number of students who were removed from the classroom. The KDE engaged with LEAs through webinars and technical assistance to provide support for behavior during COVID-19.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 data)

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

The KDE analyzed 618 discipline data for students with disabilities and IDEA December 1 Child Count data to compare the LEA rate of suspensions/expulsions for children with IEPs to the state rate.   The KDE then calculated each LEA's data for significant discrepancy. The KDE conducted desk reviews that aligned with the requirements of 34 C.F.R §300.170(b) for LEAs identified as having a significant discrepancy. The KDE required LEAs to provide additional data and information regarding the LEA's policies, procedures and practices. The KDE completed student-level record reviews of students from each LEA. The KDE reviewed due process files from the 2020-2021 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, PBIS, enrollment records, procedural safeguards and behavior detail reports.

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

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

These six LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 varied and included topics such as the need for additional training around PBIS and additional training for school administrators. Those results were utilized to develop meaningful CAPs. The CAP included action steps to ensure the LEA corrected the root cause of noncompliance and an explanation of how the LEA was implementing the regulatory requirements and improving practices related to discipline. The KDE identified noncompliant policies, procedures and practices in the written 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. Training activities identified on the CAP were provided by KDE approved trainers which included consultants from SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

The KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process to verify that the LEA was implementing the regulatory requirements. The number of records reviewed was determined by the size of the LEA's child count in the specific area. The process for selecting files is documented in the KDE's DMTE manual found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 six 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 2020, six LEAs were identified as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student due process records and issued student-specific corrective action. LEAs developed CAPs to address noncompliance and included the correction of individual student due process files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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 six 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 six of the LEAs corrected all individual cases of noncompliance under OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

4A - Prior FFY Required Actions

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.

Response to actions required in FFY 2020 SPP/APR

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	2.30%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	4.57%	8.00%	4.00%	2.29%	2.30%

Targets

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

FFY 2021 SPP/APR Data

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

YES

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

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
6	0	173	2.30%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

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 by race and ethnicity to out-of-school removals (suspensions or expulsions) for more than 10 days during a school year at a rate that is at least three times higher than the state rate of 0.2% for these types of removals; and
2. The LEA has at least 10 students with disabilities in the racial or ethnic category being examined.

The out-of-school removal rate to determine significant discrepancy 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 in a specific race/ethnicity category enrolled in the LEA. The state compared each LEA's rate for students with disabilities by race/ethnicity to the state's threshold of three times the state's rate for students with disabilities to determine if significant discrepancy(ies) existed. The threshold of three times higher than the state rate of 0.2% is used for all races and ethnicities examined. The same threshold is used across all racial/ethnic categories.

During the 2020-2021 school year, there were 173 LEAs in Kentucky. All 173 LEAs met the n-size.

Provide additional information about this indicator (optional)

For Indicator 4B, there were 173 LEAs during the 2020-2021 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 for students without disabilities. Therefore, the KSB and the KSD are not excluded from the calculations based on the comparison group.

Indicator 4B data were impacted by COVID-19. Many LEAs were providing virtual instruction as an option for students in 2020-2021. Virtual instruction was provided for students when quarantining was necessary. The transition to a virtual instruction environment coupled with inconsistent in-person attendance decreased the number of students who were removed from the classroom. The KDE engaged with LEAs through webinars and technical assistance to provide support for behavior during COVID-19.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 data)

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

The KDE analyzed 618 discipline data for students with disabilities and the IDEA December 1 Child Count to determine if an LEA was suspending/expelling students with IEPs in a specific race/ethnicity category at a higher rate than the state target. The KDE then calculated each LEA's data for significant discrepancy. The KDE conducted desk reviews that aligned with the requirements of 34 C.F.R §300.170(b) for LEAs found as having a significant discrepancy. The KDE required LEAs to provide additional data and information regarding the LEA's policies, procedures and practices. The KDE completed student-level record reviews of students from each LEA. The KDE reviewed due process files from the 2020-2021 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, PBIS, enrollment records, procedural safeguards and behavior detail reports.

For FFY 2021 (using 2020-2021 data), the KDE did not identify any LEA with noncompliance related to Part B requirements in the review of individual student records and LEA policies and procedures.

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

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The four LEAs, with assistance as needed from the SERTACS and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 the problem areas existed.

The results of the root cause analyses varied and included topics such as the need for additional training around PBIS and additional training for school administrators. Those results were utilized to develop meaningful CAPs. The CAP included action steps to ensure the LEA corrected the root cause of noncompliance and an explanation of how the LEA was implementing the regulatory requirements and improving practices related to discipline. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each 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. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process. The number of records reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented in the KDE's DMTE manual which can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 2020 (using 2019-2020 data), four LEAs were identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student due process records and issued student-specific corrective action when 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 SERTACs and the KDE, reviewed student-specific items identified in the written 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 on a quarterly basis.

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.

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 2020

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

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

4B - Prior FFY Required Actions

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.

Response to actions required in FFY 2020 SPP/APR

4B - OSEP Response

4B- Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2016	2017	2018	2019	2020
A	2020	Target >=	71.80%	71.80%	71.80%	71.80%	75.00%
A	74.99%	Data	73.81%	73.43%	73.57%	73.90%	75.00%
B	2020	Target <=	8.70%	8.70%	8.70%	8.70%	8.38%
B	8.38%	Data	8.31%	8.27%	8.48%	8.58%	8.38%
C	2020	Target <=	1.90%	1.90%	1.90%	1.90%	1.55%
C	1.55%	Data	1.72%	1.78%	1.71%	1.82%	1.55%

Targets

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

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In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	Total number of children with IEPs aged 5 (kindergarten) through 21	94,508
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	71,394
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	7,876

Source	Date	Description	Data
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	421
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	309
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	922

Select yes if the data reported in this indicator are not the same as the State's data reported under section 618 of the IDEA.
NO

FFY 2021 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	71,394	94,508	75.00%	74.99%	75.54%	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	7,876	94,508	8.38%	8.38%	8.33%	Met target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements *[c1+c2+c3]*	1,652	94,508	1.55%	1.55%	1.75%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
C	From FFY 2020 to FFY 2021, the percent of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities or homebound/hospital placements increased by 0.20% resulting in slippage. The state investigated potential reasons for the increase by comparing and analyzing data from FFY 2020 to FFY 2021. The KDE further analyzed the data by comparing the increase in the three subgroups (residential, homebound/hospital and separate school). The KDE found that the largest increase (30%) came from students that were placed on Homebound/Hospital instruction. When analyzing data, the KDE also specifically noted LEAs that showed a significant increase in comparison to the rest of the state. The KDE then reached out to those LEAs for input. Those LEAs reported that due to COVID-19, many students received doctors' notes advising the student should not attend school due to medical conditions present with the student or the student's family member. The LEAs also reported many students required surgeries or hospitalizations which resulted in them requiring Homebound/Hospital instruction.

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions
None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

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

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data – 6A, 6B

Part	FFY	2016	2017	2018	2019	2020
A	Target >=	64.00%	64.00%	64.00%	64.00%	76.87%
A	Data	67.36%	69.27%	70.47%	71.24%	76.87%
B	Target <=	6.00%	6.00%	6.00%	6.00%	4.13%
B	Data	4.03%	3.48%	4.52%	3.89%	4.13%

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

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For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

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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%

Part	Baseline Year	Baseline Data
B	2020	4.13%
C	2020	0.27%

Inclusive Targets – 6A, 6B

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

Inclusive Targets – 6C

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

Prepopulated Data

Data Source:

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

Date:

07/06/2022

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	2,953	5,257	2,220	10,430
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	2,268	3,995	1,669	7,932
b1. Number of children attending separate special education class	222	302	119	643
b2. Number of children attending separate school	7	11	5	23
b3. Number of children attending residential facility	1	2	0	3
c1. Number of children receiving special education and related services in the home	11	14	6	31

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

NO

FFY 2021 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	7,932	10,430	76.87%	76.87%	76.05%	Did not meet target	No Slippage
B. Separate special education class, separate school or residential facility	669	10,430	4.13%	4.13%	6.41%	Did not meet target	Slippage
C. Home	31	10,430	0.27%	0.27%	0.30%	Did not meet target	No Slippage

Provide reasons for slippage for Group B aged 3 through 5, if applicable

To understand the slippage better, the state investigated potential reasons for the increase by comparing and analyzing data from FFY 2020 to FFY 2021. A root cause analysis completed by the state identified three factors impacting the data:
1)   Exclusion of five-year-old kindergarten students from Indicator 6 significantly decreased the total number of children without disabilities reported in the denominator;
2)   Overall preschool enrollment declined, including income-eligible preschool students without IEPs, negatively impacting the denominator; and,
3) Two LEAs reported a significant increase of preschool students in Indicator 6B, disproportionately impacting the overall percentage.

Kentucky's data is impacted by the OSEP policy changes to Indicators 5 and 6 implemented in FFY 2020. States are required to report five-year-old students with disabilities enrolled in kindergarten in Indicator 5. Removing these students from the Indicator 6 calculation resulted in slippage. In terms of real numbers, the total number of children with IEPs served in early childhood programs did not increase exponentially. However, in terms of percentages, removing the five-year-old kindergarten students from Indicator 6B resulted in fewer typically developing students to compensate for the number of children served in the Least Restrictive Environment (LRE) of a separate special education class, school or residential facility.

In addition, COVID-19 impacted Kentucky's data for Indicator 6 in that overall preschool enrollment declined during the 2020-2021 school year. The enrollment reduction was much larger for income-eligible children than for students with IEPs. While more preschool students enrolled in state-funded preschool during the 2021-2022 school year, enrollment has not yet returned to pre-pandemic levels. Kentucky is reporting 43.81% fewer students in 2021 than in 2019. Kentucky enrolls students without disabilities in early childhood programs based on income eligibility. For the 2021-2022 school year, 17.52% fewer income-eligible students were enrolled in preschool programs than in the year before the COVID-19 pandemic. This smaller population of income-eligible preschool students provided fewer total students in the denominator for the Indicator 6 calculation. This has impacted the total number of enrolled students that is used for the denominator to calculate Indicator 6. Also, two LEAs had a significant increase in the number of children placed in 6B, and this had a disproportionate impact on the overall percentage.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

> C. Use of appropriate behaviors to meet their needs.

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

Data Source

State selected data source.

Measurement

Outcomes:

> A. Positive social-emotional skills (including social relationships);
> B. Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
> C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

> a. Percent of preschool children who did not improve functioning = [(# of preschool children who did not improve functioning) divided by (# of preschool children with IEPs assessed)] times 100.
> b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
> c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of preschool children with IEPs assessed)] times 100.
> d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers = [(# of preschool children who improved functioning to reach a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.
> e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers = [(# of preschool children who maintained functioning at a level comparable to same-aged peers) divided by (# of preschool children with IEPs assessed)] times 100.

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2016	2017	2018	2019	2020
A1	2013	Target >=	50.00%	50.00%	50.50%	50.50%	30.41%
A1	49.29%	Data	40.10%	48.98%	41.84%	40.18%	30.41%

A2	2013	Target >=	40.00%	40.00%	40.50%	40.50%	37.18%
A2	39.11%	Data	30.60%	44.50%	45.30%	44.50%	37.18%
B1	2013	Target >=	68.00%	68.00%	68.50%	68.50%	57.12%
B1	67.42%	Data	61.16%	67.95%	65.97%	68.40%	57.12%
B2	2013	Target >=	40.50%	40.50%	41.00%	41.00%	39.72%
B2	39.85%	Data	36.31%	45.49%	47.78%	48.45%	39.72%
C1	2013	Target >=	51.50%	51.50%	52.00%	52.00%	42.51%
C1	50.67%	Data	33.49%	55.10%	52.55%	53.18%	42.51%
C2	2013	Target >=	36.50%	36.50%	37.00%	37.00%	35.37%
C2	35.67%	Data	25.33%	42.75%	42.74%	43.05%	35.37%

Targets

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

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The KDE collaborated with the Early Childhood RTCs and the newly formed Preschool Coordinator Advisory group to gain feedback on Indicator 7 and how Kentucky should proceed with implementing the COS process in the 2022-2023 school year.

FFY 2021 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

9,196

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	22	3.19%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	154	22.35%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	326	47.31%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	155	22.50%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	32	4.64%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)*	481	657	30.41%	30.41%	73.21%	Met target	No Slippage
A2. The percent of preschool children who were	187	689	37.18%	37.18%	27.14%	Did not meet target	Slippage

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)*							

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	30	4.35%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	146	21.19%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	313	45.43%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	165	23.95%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	35	5.08%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. *Calculation: (c+d)/(a+b+c+d)*	478	654	57.12%	57.12%	73.09%	Met target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)*	200	689	39.72%	39.72%	29.03%	Did not meet target	Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	15	2.18%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	137	19.88%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	355	51.52%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	154	22.35%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	28	4.06%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the	509	661	42.51%	42.51%	77.00%	Met target	No Slippage

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
time they turned 6 years of age or exited the program. *Calculation:(c+d)/(a+b+c+d)*							
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. *Calculation: (d+e)/(a+b+c+d+e)*	182	689	35.37%	35.37%	26.42%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
A2	From FFY 2020 to FFY 2021 the percent of preschool children who were functioning within age expectations in Outcome A by the time they turned six years of age or exited the program decreased by 10.08 percentage points resulting in slippage. The KDE investigated potential reasons for the slippage and found that constraints to data collection led to a smaller set of data submitted for analysis this year. Kentucky previously contracted with an outside agency to collect data for Indicator 7. During the data collection period, the KDE's contract with the outside agency ended, resulting in a smaller set of available data. In a good faith effort to capitalize on the limited available data during this time of transition, the KDE collaborated with the Early Childhood Technical Assistance Center (ECTA). The KDE and ECTA determined the best way to translate the available data was to use the Work Sampling System (WSS) approach to convert existing data to the Child Outcome Survey (COS) ratings. The data collected for the smaller sample size showed slippage for Summary Statement 2 across all three outcomes. This is likely due to the smaller sample size from previous years and the transfer of the data sample from the WSS to the COS rating scale. The KDE's previous assessment scale ranged from one-seven which allowed students to score a five or six and still reach the outcome expectation. The WSS uses a scale range of one-three which provides fewer opportunities for students to meet the outcome due to the smaller scale size. Due to only having three options, students are less likely to reach the expected outcome using the WSS.
B2	From FFY 2020 to FFY 2021 the percent of preschool children who were functioning within age expectations in Outcome B by the time they turned six years of age or exited the program decreased by 10.72 percentage points resulting in slippage. The KDE investigated potential reasons for the slippage and found that constraints to data collection led to a smaller set of data submitted for analysis this year. Kentucky previously contracted with an outside agency to collect data for Indicator 7. During the data collection period, the KDE's contract with the outside agency ended resulting in a smaller set of data available. In a good faith effort to capitalize on the limited available data during this time of transition, the KDE collaborated with ECTA. The KDE and ECTA determined the best way to translate the available data was to use the WSS to convert existing data to the COS rating scale. The data collected for the smaller sample size showed slippage for Summary Statement 2 across all three outcomes. This is likely due to the smaller sample size from previous years and the transfer of the data sample from the WSS to the COS rating scale. The KDE's previous assessment scale ranged from one-seven which allowed students to score a five or six and still reach the outcome expectation. The WSS uses a scale range of one-three which provides fewer opportunities for students to meet the outcome due to the smaller scale size. Due to only having three options, students are less likely to reach the expected outcome using the WSS.
C2	From FFY 2020 to FFY 2021 the percent of preschool children who were functioning within age expectations in Outcome C by the time they turned six years of age or exited the program decreased by 9.07 percentage points resulting in slippage. The KDE investigated potential reasons for the slippage and found that constraints to data collection led to a smaller set of data submitted for analysis this year. Kentucky previously contracted with an outside agency to collect data for Indicator 7. During the data collection period, the KDE's contract with the outside agency ended resulting in a smaller set of data available. In a good faith effort to capitalize on the limited available data during this time of transition, the KDE collaborated with the ECTA. The KDE and ECTA determined the best way to translate the available data was to use the WSS to convert existing data to the COS rating scale. The data collected for the smaller sample size showed slippage for Summary Statement 2 across all three outcomes. This is likely due to the smaller sample size from previous years and the transfer of the data sample from the WSS to the COS rating scale. The KDE's previous assessment scale ranged from one-seven which allowed students to score a five or six and still reach the outcome expectation. The WSS uses a scale range of one-three which provides fewer opportunities for students to meet the outcome due to the smaller scale size. Due to only having three options, students are less likely to reach the expected outcome using the WSS.

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?	YES
If yes, has your previously approved sampling plan changed?	YES
If the plan has changed, please provide sampling plan	

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

The KDE used all data for students with disabilities obtained from the LEAs that assessed using the WSS. The students in these LEAs represent the state in geographic region, race, gender, and disability. The only LEA in the state that has a population greater than 50,000 is also included in this sample.

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."

A subset of students enrolled in the state-funded preschool program (including 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 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.

Based on incomplete data received from the contracted outside agency, the Work Sampling System (WSS) 5th Edition was selected to gather the most complete set of data. In a good faith effort to capitalize on available data during this time of transition, Kentucky converted available data using the WSS. Kentucky, in collaboration with the ECTA, determined this approach is the best way to convert our existing data with limitations in the COS ratings.

The WSS data was disaggregated to show entry and exit for each eligible student. Next, each item was assigned a score of zero (not age-appropriate functioning) or one (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 analysis. Based on the first-level crosswalk procedure, all item scores were analyzed to determine age-appropriate functioning. Assessment items that were correlated with each Indicator 7 outcome were then examined, and the percentage of items on which the student scored at age level at exit for each outcome was calculated. 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 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 the 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 did not sufficiently 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.

Work Sampling System 5th Edition (WSS; Dichtelmiller, Jablon, Marsden, & Meisels, 2013

Provide additional information about this indicator (optional)

To maximize data quality and usefulness, Kentucky is transitioning from using an outside agency for Indicator 7 data collection to an internal process using the COS and the statewide student information system, IC. As a result of this change, the outside agency provided all available data to the KDE in raw form. Kentucky did not have access to the detailed algorithms needed to convert the raw data received into the performance levels needed for federal reporting on Indicator 7. Given the challenges of converting the data into performance levels, the KDE will report FFY 2021 outcomes based on a subset of the raw data from six LEAs. These LEAs consistently collected and stored data from one assessment, WSS 5th Edition. In addition, the KDE, with support from ECTA, converted WSS item-level data into COS ratings for federal reporting. The six LEAs using the WSS assessment provided the KDE item-level data on all reported students exiting during FFY 2021. This data set is proposed as a sample for federal reporting during FFY 2021 for Indicator 7. These six LEAs are located across the state and include Kentucky's largest LEA. In FFY 2022, the KDE will have access to COS data from all Kentucky LEAs.

The Accessibility Report is attached to the Indicator 7 Sampling Plan. To access the report, open the Sampling Plan PDF document. On the left-hand side, click on the paperclip icon. This will show attachments, specifically, the attached .html document called Kentucky Indicator 7 Preschool Child Outcome Data Sampling Plan.pdf.accreport.html. If the paperclip icon is not visible, an arrow pointing to the right will be visible on the left-hand side of the page about halfway down. This will show several icons including the paperclip.

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State submitted its sampling plan for this indicator with its FFY 2021 SPP/APR. OSEP acknowledges the use of sampling for FFYs 2020 and 2021 is temporary due to limited data aligned to the new procedures for this indicator. OSEP also acknowledges that as of FFY 2022 all districts will be included (i.e., census rather than sampling) in the analysis for this indicator.

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

Report the number of parents to whom the surveys were distributed and the number of respondent parents. The survey response rate is automatically calculated using the submitted data.

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

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Historical Data

Baseline Year	Baseline Data
2013	80.45%

FFY	2016	2017	2018	2019	2020
Target >=	80.75%	80.85%	80.95%	80.95%	80.45%
Data	87.88%	88.94%	89.90%	90.04%	89.10%

Targets

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

FFY 2021 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
14,158	15,373	89.10%	80.45%	92.10%	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 LEAs within the state as part of the process to obtain data for Indicator 8. The email includes a sample parent letter explaining the purpose of the survey as well as a link to the electronic survey. The email requests that LEAs share the survey link and the letter with all parents whose children had IEPs within the LEA.

Sample parent letters along with the electronic survey include translations for English, Spanish and Arabic.

Additionally, the KDE shares 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 with IEPs. While the results can be broken down between the two groups, they are not separate surveys and results are automatically combined.

The number of parents to whom the surveys were distributed.

104,938

Percentage of respondent parents

14.65%

Response Rate

FFY	2020	2021
Response Rate	7.52%	14.65%

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 has identified a Family Engagement consultant to partner with stakeholders including parent groups, KYCFS and KY-SPIN, LEAs and SERTACs to increase response rate and representativeness. The KDE's Family Engagement consultant collaborates with stakeholders to gather input and provide training and support. The KDE continues to partner with stakeholders to emphasize the importance of the survey and to encourage participation. In addition, the KDE will continue to provide technical assistance and support to LEAs, SERTACs and other stakeholders accordingly. This includes strategies that relate to specific barriers identified by underrepresented SERTAC regions and racial/ethnic groups across the state. To increase the response rate from underrepresented SERTAC regions, the KDE will provide targeted support and technical assistance by conducting regular meetings with the SERTAC team to discuss barriers and solutions to family engagement. To increase the response rate from Hispanic families, the KDE will partner with SERTACs and KY-SPIN, to support targeted communication with Hispanic families.

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 regions of the state. Throughout the survey, the KDE routinely provided reports on participation rate data to the SERTAC regions. Following those reports, the SERTACs encouraged participation within the LEAs in their regions. Previous feedback and anecdotal data from the SERTACs and LEAs indicated a need for additional language options for the survey, as well as access to an improved printer-friendly version of the survey, to support families in underrepresented regions and groups. The KDE responded by providing an improved printer-friendly version of the survey and began analyzing data to determine additional languages that may be translated in future surveys.

In order to assess the degree to which nonresponse bias impacted results for Indicator 8, the HDI conducted one-way Analysis Of Variance (ANOVA) tests with a dichotomous variable indicating membership in the under-represented group as an independent variable (i.e., Hispanic vs. non-Hispanic) and the Indicator 8 score as the dependent variable. As noted below, the two under-represented groups were parents of Hispanic/Latino students and parents of students going to school in the Southeast/Southcentral (SESC) region. This method functions as a difference of means test, although it does not compare two sub-groups to one another, but one subgroup to all others.

The Hispanic/Latino group had a mean score of 89% for Indicator 8, while non-Hispanic or Latino group yielded a mean score of 90%. The F-statist for this model was 1.29, yielding a p-value of 0.26. This is not a statistically significant difference. For the underrepresented region (SESC) the mean Indicator 8 score was 90%, which with rounding was equivalent to the non-SESC score. Here the ANOVA model produced an F-statistic of .05, yielding a p-value of 0.82. This is also not statistically significant.

Based on this analysis the KDE found that there was no nonresponse bias for Indicator 8.

Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

Kentucky analyzed representativeness using race/ethnicity and geographical region. The following subgroups were over or underrepresented by more than 3% from population figures:

Race/Ethnicity: Hispanic/Latino (underrepresented by 4%)
SERTAC region: Central Kentucky Educational Cooperative (CKEC) -overrepresented by 9%; Southeast/Southcentral Education Cooperative (SESC)-underrepresented by 8%

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 will continue strategic communication with SERTACs and LEAs. In addition, the KDE will increase engagement with RTCs to ensure communication with preschool program students. The KDE will routinely communicate participation data to the SERTACs and RTCs who then hold regularly scheduled meetings with LEAs in their regions. At these meetings, the SERTACs and RTCs will collaborate with DoSEs on strategies for increasing survey participation among the regions. Announcements and reminders will be strategically shared in the KDE weekly newsletter sent to all DoSEs, SERTACs, RTCs and Preschool Coordinators across the state. Additionally, a revised letter will be sent to all LEAs. The revisions will include improved formatting to provide clearer language on how to send information to parents and will include contact information for the KDE Family Engagement consultant. Furthermore, three new translations (Somali, Swahili, Amish) of the parent letter and survey will be available during the upcoming survey window.

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)

8 - Prior FFY 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.

Response to actions required in FFY 2020 SPP/APR

8 - OSEP Response

8 - Required Actions

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

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

Instructions

Provide racial/ethnic disproportionality data for all children aged 5 who are enrolled in kindergarten and 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	1.17%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.57%	0.00%	0.00%	0.00%	1.17%

Targets

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

FFY 2021 SPP/APR Data

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

YES

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

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2	1	171	1.17%	0%	0.58%	Did not meet target	No Slippage

Were all races and ethnicities included in the review?

YES

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

The KDE uses the "risk ratio" methodology to determine disproportionate representation. This methodology identifies LEAs that have disproportionate representation in the identification of students in particular racial or ethnic groups. Disproportionate representation exists under Indicator 9 in the identification of students with disabilities when the following conditions exist:

•   There are at least 30 students in the racial or ethnic group being examined who are enrolled in the LEA;
• There are at least 10 students in the racial or ethnic group being examined who were identified as eligible for special education; and
• The rate at which students in the racial or ethnic group being examined meets or exceeds the threshold of 2.25 times or greater than the rate of students in all other races who are identified.

There were 171 LEAs that met the n-size for Indicator 9. One year of data was used to review LEAs for Indicator 9.

For Indicator 9, data are reviewed in the rate of identification of students individually for each of the seven federal racial or ethnic groups as compared to the rate of identification of students in all other racial or ethnic groups (i.e., the rate of white students compared to the rate of non-white students; rate of Hispanic students to the rate of non-Hispanic students). "Risk" for Indicator 9 means the percentage of the LEAs' students in a specific racial or ethnic group who receive special education and related services.

The percentage is determined by taking the number of students in each specific racial or ethnic group identified as eligible under the IDEA and dividing it by the total number of enrolled students from that racial or ethnic group. These data come from the LEA's December 1 Child Count under the IDEA and the enrollment data for all students as reported on the same year's membership data as of December 1. Below is an example of calculating risk for Asian students in Indicator 9:

•   Sixty-three Asian students are reported on the December 1 Child Count under the IDEA in the Blue County School District.
•   A total of 270 Asian students are enrolled in the Blue County School District.
• The risk for an Asian student identified for special education in the Blue County School District is 63 divided by 270 equals 0.233 or 23.3%. (63 Asian special education students divided by 270 Asian students enrolled in the LEA, multiplied by 100 to obtain a percentage of 23.3%.)

Risk ratio methodology requires that the risk for the specific race or ethnic group is compared to the risk of students not of that race or ethnic group to be identified. Below is an example of calculating the risk of the comparison group (non-Asian students) for Indicator 9:
• Six hundred non-Asian students are reported on the December 1 Child Count under the IDEA in the Blue County School District.
• A total of 6,000 non-Asian students are enrolled in the Blue County School District.
• The risk for non-Asian students identified for special education in the Blue County School District is 600 divided by 6,000 equals 0.100 or 10.0%. (600 non-Asian special education students divided by 6,000 non-Asian students enrolled in the LEA, multiplied by 100 to obtain a percentage of 10.0%.).

The risk ratio methodology compares the risk of students from each racial or ethnic group to the risk of all other students not in the same race or ethnic group enrolled in the LEA. Thus, the risk ratio considers the question: What is the ratio of the risk for a student in a specific racial or ethnic group to be identified for special education services compared to the risk for all other students in the LEA to be identified for special education?

To determine the risk ratio in this example, divide the risk of Asian students identified as eligible for special education (23.3%) by the risk of all other students identified as eligible for special education (10.0%).

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

•   The risk for identifying Asian students from the example above is 0.233 or 23.3%.
• The risk of the comparison group of all non-Asian students is 0.100 or 10.0%.
•   The risk ratio is calculated by dividing the risk of the target group (Asian) by the risk of the comparison group (non-Asian students).
• Thus, 23.3% divided by 10.0% or 0.233 divided by 0.100 results in the risk ratio for Asian students of 2.33. This means Asian students are 2.33 times more likely than non-Asian students to be identified as eligible for special education

In this example, because the LEA has a risk ratio of 2.33 for Asian students, which is greater than the threshold of 2.25, the KDE must examine data from the LEA specific to the identification of students for special education to determine if the disproportionate representation is the result of inappropriate policies, procedures or practices. If the KDE determines 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 and related services that is the result of inappropriate identification.

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. The KDE notified districts that were identified as having disproportionate representation in specific racial/ethnic categories. Any LEA identified with disproportionate representation with a risk ratio of 2.25 or greater was selected for a desk review. Following the LEA notification, the KDE conducted desk reviews of student due process records and reviewed evaluation and eligibility determinations per racial and ethnic groups. Additionally, the KDE reviewed LEA policies, procedures and practices as part of the desk review.

The KDE used the Compliance Record Review document to determine if the students had been appropriately identified under the IDEA. When the KDE found, through the desk review, that students had been inappropriately identified, the KDE cited the LEA as having disproportionate representation due to inappropriate identification. The KDE's Compliance Record Review Document can be found at https://education.ky.gov/specialed/excep/forms/Documents/Compliance_Record_Review.pdf.

Out of 171 LEAs, two LEAs were identified as having disproportionate representation and were reviewed. Based on the KDE's desk review findings, one LEA was cited 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. Two LEAs were excluded from the calculation. The KSB and the KSD were excluded from the denominator because there is no comparison group for these schools as all students attending the KSB and the KSD are students with disabilities.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
2	2	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The two LEAs, with assistance as needed from the SERTACS and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 varied and included topics such as inexperienced staff and the need for additional staff training. 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 in disproportionate identification of students in specific disability categories. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each 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. Training activities identified on the CAP were provided by KDE approved trainers which included consultants from the SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.
To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process. The number of records reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting due process records is documented in the KDE's DMTE manual which can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 two 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 2020, two LEAs were identified as having noncompliant practices under Indicator 9. The KDE reviewed all identified student due process records and issued a written Report of Findings including student-specific corrective action when 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 SERTACs and the KDE, reviewed student-specific items identified in the written 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 on a quarterly basis.

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 two LEAs 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 two LEAs corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

9 - Prior FFY Required Actions

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.

Response to actions required in FFY 2020 SPP/APR

9 - OSEP Response

9 - Required Actions

Because the State reported less than 100% compliance for FFY 2021 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. The State must demonstrate, in the FFY 2022 SPP/APR, that the district identified in FFY 2021 with disproportionate representation of racial and ethnic groups in special education and related services that were 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 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance (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 2021.

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	3.51%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	2.86%	7.43%	4.00%	5.23%	3.51%

Targets

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

FFY 2021 SPP/APR Data

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

YES

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

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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
18	0	171	3.51%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

The KDE uses the "risk ratio" methodology to determine disproportionate representation. This methodology identifies LEAs that have disproportionate representation in the identification of students in particular racial or ethnic groups in a certain disability category. Disproportionate representation exists under Indicator 10 in the identification of students in a specific disability category in a particular race or ethnic group when the following conditions exist:
• There are at least 30 students in the racial or ethnic group being examined who are enrolled in the LEA;
• There are at least 10 students in the racial or ethnic group with a specific disability category being examined who were identified as eligible for special education; and
•   The rate at which students in the racial or ethnic group with a specific disability category being examined meets or exceeds the threshold of 2.25 times or greater than the rate of students in all other races and specific disability categories who are identified.

There were 171 LEAs that met the n-size for Indicator 10. One year of data was used to review LEAs for Indicator 10.
For Indicator 10, data are reviewed in the rate of identification of students individually for each of the seven federal racial or ethnic groups who are also identified as a child with a specific disability category as compared to the rate of identification of students in all other racial or ethnic categories who are also identified as a child with a specific disability category (i.e., rate of white students with Autism compared to the rate of non-white students with Autism; rate of Hispanic students with Autism to the rate of non-Hispanic students with Autism). "Risk" for Indicator 10 means the percentage of an LEA's students in a specific racial or ethnic category who receive special education and related services in specific disability categories. The percentage is determined by taking the number of students in each specific racial or ethnic group who are receiving special education and related services in specific disability categories who are identified as eligible under the IDEA and dividing it by the total number of enrolled students from that racial or ethnic group. These data come from the LEA's December 1 Child Count under the IDEA and the enrollment data for all students as reported on the same year's membership data as of December 1.

Below is an example of calculating risk for Asian students with Autism in Indicator 10:
• Sixty-three Asian students with Autism are reported on the December 1 Child Count under the IDEA in the Blue County School District.
• A total of 270 Asian students are enrolled in the Blue County School District.
•   The risk for an Asian student with Autism identified for special education in the Blue County School District is 63 divided by 270 equals 0.233 or 23.3%. (63 Asian special education students with Autism divided by 270 Asian students enrolled in the LEA, multiplied by 100 to obtain a percentage of 23.3%.)

Risk ratio methodology requires that the risk for the specific race or ethnic group is compared to the risk of students not of that race or ethnic group to be identified.

Below is an example of calculating the risk of the comparison group (non-Asian students) for Indicator 10:
• Six Hundred non-Asian students with Autism are reported on the December 1 Child Count under the IDEA in the Blue County School District.
• A total of 6,000 non-Asian students are enrolled in the Blue County School District.
• The risk for non-Asian students identified with Autism in the Blue County School District is 600 divided by 6,000 equals 0.100 or 10.0%. (600 non-Asian special education students with Autism divided by 6,000 non-Asian special education students enrolled in the LEA, multiplied by 100 to obtain a percentage of 10.0%.).

The risk ratio methodology compares the risk of students from each racial or ethnic group who are identified as a child with a specific disability category to the risk of all other students not in the same race or ethnic group who are identified as a child with the same specific disability category enrolled in the LEA. Thus, the risk ratio considers the question: "What percentage of an LEA's students are falling within a specific racial or ethnic group who are receiving special education and related services in specific disability categories?"

To determine the risk ratio, divide the risk of Asian students identified as eligible for special education (23.3%) in the category of Autism by the risk of all other students identified as eligible for special education (10.0%) in the category of Autism.

Below is an example of risk ratio comparison for Indicator 10:
• The risk for identifying Asian students with Autism from the example above is 0.233 or 23.3%.
• The risk of the comparison group of all non-Asian students with Autism is 0.100 or 10.0%.
• The risk ratio is calculated by dividing the risk of the target group (Asian students with Autism) by the risk of the comparison group (non-Asian students with Autism).
• Thus, 23.3% divided by 10.0% or 0.233 divided by 0.100 results in the risk ratio for Asian students with Autism of 2.33. This means Asian students are 2.33 times more likely than non-Asian students to be identified as eligible for special education in the category of Autism.

In this example, because the LEA has a risk ratio of 2.33 for Asian students with Autism, which is greater than the threshold of 2.25, the KDE must examine data from the LEA, specific to the identification of students for special education, to determine if the disproportionate representation is the result of inappropriate policies, procedures or practices. If the KDE determines the disproportionate identification of Asian students with Autism is due to inappropriate policies, procedures or practices, the LEA is identified under Indicator 10 as having disproportionate representation of Asian students with Autism in special education and related services that is the result of inappropriate identification.

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.

The KDE analyzed LEA child count data located in the statewide student information system. The KDE notified districts that were identified as having disproportionate representation of specific racial/ethnic groups within a specific disability category. Any LEA identified with disproportionate representation with a risk ratio of 2.25 or greater was selected for a desk review. Following the LEA notification, the KDE conducted desk reviews of student due process records and reviewed evaluation and eligibility determinations per racial and ethnic groups. Additionally, the KDE reviewed LEA policies, procedures and practices as part of the desk review.

The KDE used the 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 review, 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 can be found at https://education.ky.gov/specialed/excep/forms/Documents/Compliance_Record_Review.pdf.

Out of 171 LEAs, 18 LEAs were identified as having disproportionate representation and were reviewed. Based on the KDE's desk review findings, the KDE did not identify any LEA with noncompliance for disproportionate representation due to inappropriate identification.

Provide additional information about this indicator (optional)

For this indicator, there are 171 LEAs. Two LEAs were excluded from the calculation. The KSB and the KSD are excluded from the denominator because there is no comparison group for these schools as all students attending the KSB and the KSD are students with disabilities.

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
6	6	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The six LEAs, with assistance as needed from the SERTACS and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 varied and included topics such as inexperienced staff and the need for additional staff training. 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 in disproportionate identification of students in specific disability categories. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each 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. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process. The number of records reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented in the KDE's DMTE manual which can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 six 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 2020, six LEAs were identified as having noncompliant practices under Indicator 10. The KDE reviewed all identified student due process records and issued a written Report of Findings which included 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 SERTACs and the KDE, reviewed student-specific items identified in the written 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 on a quarterly basis.

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 six LEAs 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 all six LEAs corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

10 - Prior FFY Required Actions

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.

Response to actions required in FFY 2020 SPP/APR

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

> a. # of children for whom parental consent to evaluate was received.
> b. # of children whose evaluations were completed within 60 days (or State-established timeline).
> Account for children included in (a), but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.
>
> Percent = [(b) divided by (a)] times 100.

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.43%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.76%	99.43%	99.91%	97.30%	98.79%

Targets

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

FFY 2021 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,409	2,404	98.79%	100%	99.79%	Did not meet target	No Slippage

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

5

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.

1-10 days over- 1 student
11-20 days over- 1 student
21-30 days over-
31-40 days over- 1 student
41-50 days over
50+ days- 2 students

Reasons for delays included the need for additional training of case managers and training of LEA staff on the monitoring of timelines.

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.

For Indicator 11, all LEAs reviewed their data for compliance and submitted self-reported data. The KDE randomly reviewed student records for 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students initially evaluated during the 2021-2022 school year were randomly selected for desk reviews conducted by the KDE. Reviewers used the Compliance Record Review Document and the state data information system to access student due process records to determine whether a student's file was compliant with Indicator 11. Following the desk reviews, the KDE issued a written Report of Findings addressed to the LEA's superintendent and DoSE. The report included notification of IDEA noncompliance discovered during the review and the requirement that the noncompliance is corrected as soon as possible but in no case more than one year from identification. If noncompliance was identified during the review, the KDE required a CAP and provided technical assistance and support to the LEA.

The KDE did not conduct desk reviews for LEAs that self-reported noncompliance with Indicator 11. Instead, the KDE issued a written report to the LEA based on the self-reported noncompliance, required a CAP and provided technical assistance and support to the LEA.

For FFY 2021, the KDE received self-reported data from all LEAs. Two LEAs self-reported noncompliance. Additionally, the KDE reviewed random records from LEAs that self-reported 100% compliance. Through desk reviews, one additional LEA was cited for noncompliance. In total, three LEAs (representing five students) had due process records identified as noncompliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
25	25	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The 17 noncompliant LEAs (representing 25 students), with assistance from SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 varied and included topics such as the need for additional training with case managers and LEA special education staff on the monitoring of timelines. 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 written Report of Findings for each LEA. Each 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. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process. The number of records reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented in the KDE's DMTE manual which can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 LEAs identified for FFY 2020 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 2020, 17 LEAs (representing 25 students) were identified as having noncompliant practices under Indicator 11. The KDE reviewed all identified student due process records and issued a written Report of Findings which included student-specific corrective action when necessary. 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 from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but no more than one year from the date of the notification of noncompliance. LEAs were required to submit CAP status reports to the KDE 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 25 cases 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 all 17 LEAs (representing 25 students) corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring 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 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	93.74%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.91%	99.41%	99.36%	91.52%	87.57%

Targets

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

FFY 2021 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	2,593
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	259

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,062
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.	204
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	63
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	2,062	2,067	87.57%	100%	99.76%	Did not meet target	No Slippage

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

5

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
11-25 days
26-100 days- 3 students
101+ days- 2 students

The reason for delay was late referrals from the service coordinator in Kentucky's Early Intervention System.

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.

For Indicator 12, all LEAs reviewed their data for compliance and submitted self-reported data to the KDE via an electronic spreadsheet through a secure server. The KDE randomly reviewed student records for 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of student due process records were randomly selected for desk reviews conducted by the KDE. Reviewers used the Compliance Record Review Document and the state data information system   to access student due process records to determine whether a student's file was compliant with Indicator 12. Following the desk reviews, the KDE issued a written Report of Findings addressed to the LEA's superintendent and DoSE. The report included notification of IDEA noncompliance discovered during the review and the requirement that the noncompliance is corrected as soon as possible but in no case more than one year from identification. If noncompliance was identified during the review, the KDE required a CAP and provided technical assistance and support to the LEA.

The KDE did not conduct desk reviews for LEAs that self-reported noncompliance with Indicator 12. Instead, the KDE issued a written report to the LEA based on the self-reported noncompliance, required a CAP and provided technical assistance and support to the LEA.

For FFY 2021, the KDE received self-reported data from all LEAs. One LEA self-reported noncompliance. Additionally, the KDE reviewed random due process records from LEAs that self-reported 100% compliance. Through desk reviews, no other LEAs were cited for noncompliance. In total, one LEA (representing five students) had due process records identified as noncompliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
228	228	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The 23 noncompliant LEAs (representing 228 students), with assistance from SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 varied but included reasons such as staffing shortages and the need for more timely communication among LEAs and service coordinators with Kentucky's Early Intervention System. 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 written 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. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process. The number of records reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented in the KDE's DMTE manual which can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 23 LEAs identified for FFY 2020 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 2020, 23 LEAs (representing 228 students) were identified as having noncompliant practices under Indicator 12. The KDE reviewed all identified student due process records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. 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 from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but no more than one year from the date of the notification of noncompliance. LEAs were required to submit CAP status reports to the KDE 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 228 cases 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 all 23 LEAs (representing 228 students) corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	92.95%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	97.37%	99.40%	93.94%	96.74%	94.52%

Targets

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

FFY 2021 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
2,203	2,248	94.52%	100%	98.00%	Did not meet target	No Slippage

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

State monitoring

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

For Indicator 13, all LEAs reviewed their data for compliance and submitted self-reported data to the KDE. The KDE randomly reviewed student records for 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students aged 16 or older with IEPs, during the 2021-2022 school year, were randomly selected for desk reviews conducted by the KDE. Reviewers used the Compliance Record Review Document and the state data information system to access student due process records to determine whether a student's file was compliant with Indicator 13. Following the desk reviews, the KDE issued a written Report of Findings addressed to the LEA's superintendent and DoSE. The report included notification of IDEA noncompliance discovered during the review and the requirement that the noncompliance is corrected as soon as possible but in no case more than one year from identification. If noncompliance was identified during the review, the KDE required a CAP and provided technical assistance and support to the LEA.

The KDE did not conduct desk reviews for LEAs that self-reported noncompliance with Indicator 13. Instead, the KDE issued a written report to the LEA based on the self-reported noncompliance, required a CAP and provided technical assistance and support to the LEA.

For FFY 2021, the KDE received self-reported data from all LEAs. Six LEAs self-reported noncompliance. Additionally, the KDE reviewed random records from LEAs that self-reported 100% compliance. Through desk reviews, nine LEAs were cited for noncompliance. In total, 15 LEAs (representing 45 students) had due process records that were identified as noncompliant.

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)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
124	124	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The 21 LEAs (representing 124 students), with assistance as needed from the SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written 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 varied and included reasons such as staff confusion around the regulatory requirements for Indicator 13, which included language around students being invited to the meeting, as well as students' preferences and interests considered if they were not in attendance. 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 written 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. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. 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 no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.
To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records, known as the review of updated data, as part of the CAP process. The number of records reviewed was determined by the size of the LEA's child count in the area reviewed. The process for selecting files is documented in the KDE's DMTE manual which can be found at https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf.

If any record was found noncompliant during the review of updated data, 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 review of updated data 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 21 LEAs identified for FFY 2020 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 2020, 21 LEAs (representing 124 students) were identified as having noncompliant practices under Indicator 13. The KDE reviewed all identified student due process records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. 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 from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE required all student-level noncompliance to be corrected as soon as possible but no more than one year from the date of the notification of noncompliance. LEAs were required to submit CAP status reports to the KDE 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 124 cases 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 all 21 LEAs (representing 124 students) corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

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

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2021, the State must report on the status of correction of noncompliance identified in FFY 2021 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2022 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2021 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2022 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2021, although its FFY 2021 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2021.

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

I. *Definitions*

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

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

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

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

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

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

II. *Data Reporting*

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

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

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

> 1. Enrolled in higher education within one year of leaving high school;
> 2. Competitively employed within one year of leaving high school (but not enrolled in higher education);
> 3. Enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed);
> 4. In some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).

"Leavers" should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, "leavers" who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, "leavers" who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

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

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

III. *Reporting on the Measures/Indicators*
Targets must be established for measures A, B, and C.

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2018	Target >=	25.50%	25.50%	25.50%	25.50%	17.15%
A	16.98%	Data	18.09%	17.96%	16.98%	17.77%	17.15%
B	2018	Target >=	55.60%	55.80%	56.00%	56.00%	53.75%
B	54.23%	Data	59.39%	59.51%	54.23%	52.19%	53.75%
C	2018	Target >=	66.30%	66.50%	66.70%	69.96%	64.79%
C	69.76%	Data	68.87%	69.49%	69.76%	68.05%	64.79%

FFY 2020 Targets

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

Targets: Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations,

agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

FFY 2021 SPP/APR Data

Total number of targeted youth in the sample or census	4,687
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	2,934
Response Rate	62.60%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	469
2. Number of respondent youth who competitively employed within one year of leaving high school	999

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)							74
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).							539

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Enrolled in higher education (1)	469	2,934	17.15%	17.15%	15.99%	Did not meet target	Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,468	2,934	53.75%	53.75%	50.03%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	2,081	2,934	64.79%	64.79%	70.93%	Met target	No Slippage

Part	Reasons for slippage, if applicable
A	From FFY 2020 to FFY 2021, the percent of youth who are no longer in secondary school, who had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving school decreased by 1.16% resulting in slippage. The KDE investigated potential reasons for the decrease by comparing and analyzing data from FFY 2020 to FFY 2021. The KDE found that slippage for this indicator was driven by the COVID-19 pandemic. Higher education enrollment rates have decreased across all populations, including students with disabilities. In addition, the increase in the number of respondents in "other education" or "other employment" was sufficiently large enough to offset the slippage in respondents enrolling in higher education. It is likely many students who could have enrolled in higher education instead found non-higher education opportunities or noncompetitive employment.
B	From FFY 2020 to FFY 2021, the percent of youth who are no longer in secondary school, who had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed decreased by 3.72% resulting in slippage. The KDE investigated potential reasons for the decrease and found that slippage for this indicator was driven by changes in employment opportunities following the COVID-19 pandemic. There were a higher than usual number of survey responses indicating respondents were "searching for the right fit" in a job or changing jobs repeatedly. Several comments referenced the pandemic as causing limited job openings or limited work hours at respondents' places of employment.

Please select the reporting option your State is using:

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

Response Rate

FFY	2020	2021
Response Rate	57.83%	62.60%

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 subgroup that was not representative of its population was respondents from the Greater Louisville Education Cooperative (GLEC), underrepresented by 8%. This group includes Kentucky's largest LEA which is diverse in race, ethnicity and socioeconomic status. To increase the response rate for the underrepresented group, the HDI spotlighted Kentucky's second largest LEA, similar in demographics to the GLEC subgroup. This LEA had a 98% response rate for the 21-22 school year. During a recorded question and answer session, staff from the LEA shared strategies they utilized to increase their response rate over the last 10 years. Strategies discussed included training school personnel most familiar with the student on how to conduct the interview, training school personnel in the soft skills of interviewing, creating specific timelines to conduct the interviews, ensuring that phone calls came from phone numbers that students and families would recognize and adapting the Summary of Student Performance form students receive upon graduation to include any of the student's social media accounts and a list of friends in the school who are not yet graduating. A recording of the session can be found at https://www.youtube.com/watch?v=HXJigDmL284. The KDE plans to continue spotlighting LEAs with high response rates to model best practices for LEAs with low response rates, particularly for underrepresented groups.

Throughout the reporting window, the KDE will continue to monitor LEAs' response rates and provide regular updates to the LEAs. Additional support and technical assistance will be provided to LEAs with the lowest response rates throughout the reporting window. The KDE will work with SERTACs to develop and share strategies to support LEAs to increase response rates, particularly within the underrepresented geographic region. The SERTACs hold regularly scheduled meetings with the DoSEs in their regions. These meetings include regular updates about response rate data. In addition, the KDE will share regular updates in their communications with LEAs including weekly News You Can Use and a bi-monthly Dialogue with the Director.

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 62.60%, which is almost a five percentage point gain from the previous year. This represents 2934 respondents out of a total population of 4687 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 subgroup that was not representative of its population was respondents from GLEC, underrepresented by 8%.

To test for nonresponse bias for Indicator 14, the HDI employed a series of t-tests to compare the means of 14A, 14B, and 14C for GLEC, the underrepresented subgroup. The HDI created a dichotomous variable indicating whether a response came from a former student in the GLEC region or not.

For 14A, the mean was 15% for GLEC respondents and 16% for non-GLEC respondents. This yields an insignificant p-value of $p=0.61$. For 14B the mean was 39% for GLEC respondents and 51% for non-GLEC respondents. This yields a p-value of $p<.01$. Nonresponse bias did contribute to results for 14B, and the statewide rate is inflated due to this. For 14C GLEC respondents, the mean was 72%, while for non-GLEC respondents the mean was 71%. This yields a p-value of $p=0.67$, which is not statistically significant.

Based on this analysis, the KDE found that nonresponse bias impacted the results for Indicator 14B, but not for 14A or 14C.

To address nonresponse bias, the questions on the survey remained the same as the previous year. Questions were composed using feedback from LEAs, parents, students and other stakeholders. In addition, all interviewers were directly trained by the HDI. Interviewers were unable to access the survey without first completing a training quiz. Additional training and support were also provided by the HDI if requested by an interviewer, LEA or SERTAC

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

The 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. The KDE has full population data for students aged 14-21 with IEPs who exited special education and compares this to the demographics of respondents. One geographic region of the state was underrepresented. In all other areas, respondents were representative of the population. See representativeness table below:

Category	Population %	Respondent %	Representativeness
RACE			
White	81%	78%	-3%
Black	11%	13%	2%
Hispanic	4%	5%	1%
REGION			
CKEC	17%	19%	2%
GRREC	16%	17%	0%
KEDC	7%	7%	0%
KVEC	7%	9%	2%
NKCES	9%	9%	0%
OVEC	8%	6%	-2%
SESC	14%	17%	3%
WKEC	9%	10%	1%
GLEC	14%	6%	-8%

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 2021 data is representative of the demographics of youth who exited secondary school with an IEP, except for underrepresentation in a single geographic region. The KDE will collaborate with SERTACs to develop and share strategies to support LEAs within that geographic region to increase response rates. The SERTACs hold regularly scheduled meetings with DoSEs in their regions. These meetings include

regular updates about response rate data. In addition, the KDE will share regular updates in their communications with LEAs including weekly News You Can Use and a bi-monthly Dialogue with the Director.

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

For Indicator 14, the KDE 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 compares 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)

14 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether the FFY 2021 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2020 SPP/APR

14 - OSEP Response

14 - Required Actions

In the FFY 2022 SPP/APR, the State must report whether the FFY 2022 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results Indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements. (20 U.S.C. 1416(a)(3)(B))

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1 Number of resolution sessions	10
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1(a) Number resolution sessions resolved through settlement agreements	5

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

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

Historical Data

Baseline Year	Baseline Data
2017	45.45%

FFY	2016	2017	2018	2019	2020
Target >=	70.00%-80.00%	70.00% - 80.00%	70.00% - 80.00%	70.00%-80.00%	45.45%
Data	82.35%	45.45%	34.62%	35.71%	75.00%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	45.45%	46.02%	46.59%	47.73%	50.00%

FFY 2021 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
5	10	75.00%	45.45%	50.00%	Met target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	9
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	3
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	6

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

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation

Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

Historical Data

Baseline Year	Baseline Data
2017	66.67%

FFY	2016	2017	2018	2019	2020
Target >=	61.00%-85.00%	61.00% - 85.00%	61.00% - 85.00%	61.00%-85.00%	66.67%
Data	37.50%	66.67%	100.00%	75.00%	100.00%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	66.67%	67.71%	68.75%	70.84%	75.00%

FFY 2021 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3	6	9	100.00%	66.67%	100.00%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

The State reported fewer than ten mediations held in FFY 2021. 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 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

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

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

- Data Analysis;

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

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

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

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

- Infrastructure Development;

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

- Evaluation.

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

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

B.   Phase III Implementation, Analysis and Evaluation

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

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

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

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

Additional Implementation Activities

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

17 - Indicator Data

Section A: Data Analysis

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

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 (EBP) 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.

https://education.ky.gov/specialed/excep/instresources/Documents/SSIPTheoryofAction.pdf

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2021	11.92%

Targets

FFY	2021	2022	2023	2024	2025
Target>=	11.92%	12.92%	13.92%	14.92%	15.92%

FFY 2021 SPP/APR Data

Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
704	5,906	8.26%	11.92%	11.92%	N/A	N/A

Provide the data source for the FFY 2021 data.

Same data 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 Kentucky Summative Assessment (KSA) data to measure the percent of students with disabilities performing at or above proficiency in math at the eighth-grade level. The 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. Student outcome data is analyzed in conjunction with implementation data at each level of the system (state, region, district, school).

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 is collected twice per year and 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 EBP.

Active Implementation Frameworks (AIF) Training Outcome Data--
Transformation Zone (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 as training occurs. The data is used to improve the quality of training and meet the learning needs of participants.

EBP training outcome data--
Districts are responsible for the provision of EBP training for administrators and teachers. District Implementation Teams (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 training also includes a pre/post-knowledge assessment. Data is collected as training occurs. The data is used in conjunction with fidelity, coaching and capacity data to make informed decisions on how best to support teachers.

EBP Fidelity Data [Observation Tool for Instruction Supports and Systems (OTISS) or Kentucky Mathematics Innovation Tool (KMIT)]--
In Kentucky, districts have the option to use the OTISS or the KMIT to measure fidelity of EBP implementation. Data is collected at least three times per year. Implementation teams triangulate implementation data (coaching, training, capacity) with fidelity data to inform the system of support for teachers.

Student Mathematics Benchmark Data--
Districts are encouraged to submit benchmark data and analyze it three times per year using mathematics benchmark data. Baseline data for Fall 2022 is being used to track progress within the TZ. Districts are expected to continue collection and analysis in Winter and Spring 2023.

Linked-Teaming Coaching Survey--
A common survey given to each level of the linked teaming infrastructure is collected annually to assess the system of support. In 2022, two rounds of this survey were collected, one in Spring 2022 and another in Fall 2022. In the Spring survey, of the 370 survey requests sent, 79 were returned for a 21.3% response rate which varied by respondent type (e.g., 43% RIT, 35% DIT, and 12% Building Implementation Team (BIT)).

A Fall Survey was also conducted. Of the 343 survey requests sent for this survey, 122 were completed for a 35% response rate which varied only slightly by respondent type (38% RIT, 36% DIT, 33% BIT).

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.
In order to gauge the effectiveness of the system of support within the TZ, project measures were identified as part of the evaluation plan developed in 2015. As the work of the TZ has evolved, some measures are no longer relevant and others do not fit within the current system. The following items caused data quality concerns during this SSIP cycle:
AIF Training Effectiveness Data - One region and one district completed the AIF training effectiveness survey since the last SSIP submission. The small n-size of these responses impacts the ability to measure training effectiveness across the state.

EBP Training Effectiveness Data - Since the last SSIP submission, two districts submitted data measuring the efficacy and impact of four training events. This is a small n-size and is not a representative sample of the TZ.

To address these data quality concerns, the KDE worked with the external evaluator to develop a plan to update the evaluation plan during the next SSIP cycle.

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

Section B: Implementation, Analysis and Evaluation
Please provide a link to the State's current evaluation plan.
https://education.ky.gov/specialed/excep/instresources/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:
Below is a brief description of infrastructure improvement strategies:

Scale-up to Additional Regions, Districts and Schools –

The TZ includes a total of 7 regions, 11 districts and 41 schools divided into 4 cohorts based on the year the region joined. Regions, districts and schools engage in a mutual selection process to determine readiness to participate within the TZ.

Cohort 1 Regions (n=2): One region from cohort 1 moved its focus to sustainability and scaling of systems implementation to an additional building and one new district. One district from another cohort 1 region chose to mutually deselect from the TZ due to staff turnover at the district and school levels. This region conducted exploration with other districts, but none chose to mutually select.
Cohort 2 Regions (n=3): Cohort 2 engaged in exploration activities and scaled to eight new schools. Teams focus on implementation drivers to build teacher capacity. Cohort 2 also mutually selected with an additional district. One region in Cohort 2 had a school mutually deselect, two schools merged to become one school and eight schools paused the work during the fall semester to onboard new principals.

Cohort 3 Regions (n=1): Cohort 3 began installation activities with 3 additional schools in one existing district. Installation of training and coaching continued for the first cohort of districts and building-level while building teams were established at the new TZ schools.

Cohort 4 Regions (n=1): Cohort 4 mutually selected one district and engaged in installation stage activities by establishing two building teams in that district. They have explored with a second district and worked to build readiness in that district. Cohort 4 paused their TZ work following the devastating flooding that occurred in Eastern Kentucky in July. During the months of August and September, the region supported districts in reopening schools and ensuring students had access to basic needs. The region restarted TZ work in October and held BIT meetings at the end of November.

Infrastructure Development –
State Design Team (SDT): The SDT completed a Practice Profile for PBIS in the classroom. The KDE began the review process of the PBIS Practice Profile.

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.

A goal of the TZ work is to build a multi-tiered system of training, coaching and technical assistance (short-term outcomes). Using a linked teaming structure, data is discussed through implementation teams at all levels of the system (state, region, district, school) to sustain improvement in math EBPs and scale-up. It is anticipated these successes in short-term outcomes will lead to achievement of the SiMR.

One method used to assess whether short-term outcomes are achieved is an annual Linked Teams Coaching survey. At two points during the past year (Spring and Fall), this survey was administered to Building, District, and Regional Implementation teams to assess the multi-tiered supports provided. According to results from the Spring and Fall surveys, the following progress measures were achieved:

Each year, 80% of Kentucky RIT members report the KDE State Implementation Team (SIT) provided high-quality support to increase their implementation capacity (supported by Linked Teams Coaching Survey data).

Each year, 80% of DIT members report their Kentucky RIT provided high-quality support to increase their implementation capacity (supported by Spring Linked Teams Coaching Survey data).

The Fall survey collected data about participants' tenure in the SSIP TZ work. Overall, nearly a quarter (22%) of respondents had only been involved in SSIP-related work 6 months or less; 43% had been involved for 3 or more years. In the spring survey, DIT members tended to rate the coaching and support received at the highest of three implementation levels in the spring survey and the lowest levels in the fall survey; respondents at both time points rated their supports favorably. Eight questions were asked about supports received and their influence on student outcomes with a 4-point Likert response scale (1=strongly disagree to 4=strongly agree). For DIT members, mean responses in the spring were high: with scores averaging 3.75 out of 4 (94%) and 97% of respondents rating questions at an average of 3 or 4 (agree or strongly agree). Ratings were lower for DIT members in the fall survey, with mean responses averaging 3.36 out of 4 and with 72% of respondents rating questions at an average of 3 or 4 (agree or strongly agree).

RIT members rated their support favorably at both time points. Mean responses in the spring survey averaged 3.40 out of 4 (85%) and 80% of respondents reported average scores of 3 or 4. In the Fall survey, mean responses averaged 3.54 out of 4 and 94% of respondents rated questions at an average of 3 or 4 (agree or strongly agree).

BIT members reported the lowest levels of training and support in the spring, with an average of 3.17 out of 4 rating (79%), though the majority (63%) of participants rated questions at an average of 3 or 4 (agree or strongly agree). In the Fall survey, mean responses averaged a score of 3.24 out of 4 and 73% of respondents rated questions at an average of 3 or 4 (agree or strongly agree).

In the Spring survey, members from all levels showed the highest agreement with the statement related to District, Regional and State team members supporting their confidence to use capacity assessment data to create implementation action plans. Fall survey data showed diverse experiences across levels. DIT members voiced most agreement with the statement about increased confidence using capacity assessment data, but also highest agreement (average 3.44 of 4) that the RIT used feedback that has increased their capacity to meet district SSIP goals. BIT members showed most agreement that DIT members' use of observation and guided reflection (average 3.34 of 4) and their support of improvement cycles (average 3.35 of 4) supported their ability to meet SSIP goals. RIT members in the Fall survey demonstrated the SIT's support in their use of Implementation Science and application of Implementation Drivers (average 3.69 of 4).

For each level, the lowest level of agreement was issued for the statement "Our SSIP efforts have improved math outcomes for students with disabilities" in both the Spring and Fall Surveys. For RIT members, this was tied with the question about monthly calls with the SIT members being an efficient use of their time to increase capacity to meet regional goals (3.5 out of 4). Responses to open-ended questions highlighted challenges related to re-calibrating efforts after COVID-related disruptions and staff turnover. Members also highlighted feeling motivated by the growth they observed in both students and teachers. It is anticipated that as capacity builds and instructional supports are hard wired into schools' operations, the short-term outcomes related to infrastructure building will eventually influence the targeted math outcomes.

Capacity assessments are collected 2 times per year for members of implementation teams at each level (school, district, region, state). They are used to assess the following progress measure; Each year, 80% of implementation teams (state, regional, district, and school) within the TZ(s) increase their capacity to implement SSIP Usable EBPs (including Active Implementation Frameworks (AIFs). This progress measure was met for BITs and RITs. Among BITs, 82% increased capacity in the Total domain; among RITs, 86% increased capacity in the Total domain compared to the last assessment.

Among DITs, 71% grew in Total but 86% grew in at least one domain. The State Implementation Team decreased capacity, but all domains remained at high capacity (>75%).

Outcomes-
When looking at participants of the SSIP's evaluation data collection activities, the following progress measures were met during the reporting period. This provides evidence the state's implementation strategy has been effective at supporting participating teachers in the implementation of evidence-based mathematics practices.

100% of all SSIP EBP training sessions for teachers are trained with high fidelity.

Each year, 70% of TZ teachers report the training and support they received had a moderate to large impact on their knowledge of the SSIP EBP (an average of 3 and above on a 4-point Likert scale).

Each year, 70% of TZ teachers report the training and support they received had a moderate to large impact on their skills to use the SSIP EBP in their instruction (an average of 3 and above on a 4-point Likert scale).

Each year, 80% of TZ coaches report the training and support they received had a moderate to large impact on their knowledge of the SSIP EBP Practice Profile (an average of 3 and above on a 4-point Likert scale).

Each year, 80% of TZ coaches report the training and support they received had a moderate to large impact on their skills to coach the SSIP EBP practices (an average of 3 and above on a 4-point Likert scale).

TZ Scale-up-
During FFY 2021, three districts and 14 schools mutually selected to participate in the TZ. The KDE worked with regions to identify the level of support needed based on their implementation stage. Three regions chose to receive targeted support from the KDE while four regions chose to continue intensive support. Regions worked with the KDE to identify components of sustainability that were strong facilitators of scale-up and which components were the greatest barriers. The linked teaming structure allowed for barriers to be lifted up through the system of support. Developing a tiered support system promotes achievement of the SiMR because it creates capacity to bring on more districts and impact more students. Restructuring the SIT to focus on sustainability and scale-up was also identified as a need. Scale-up activities are integral to supporting the SiMR.

Infrastructure Improvement-
The Kentucky Mathematics Toolkit to Support Students with Disabilities, which includes the Kentucky Math Practice Profile and KMIT, was released universally across the state. Any district has access to the tools to improve teacher practice in the classroom and improve student outcomes.

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

Describe each _new_ (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.
SIT--
Restructuring the SIT to focus on sustainability and scale-up for systems improvement efforts was identified as a need by stakeholders. The intermediate outcomes of the SIT were adjusted and include conducting a data and infrastructure analysis to determine successes, challenges and improvement strategies.

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 Kentucky Department of Education will continue to work with the Scaling-up of Evidence-based Practices Center (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.

SIT--
Next Steps: The SIT will meet and focus on the adjusted intermediate outcomes to support capacity, sustainability and scaling of the TZ.
Anticipated Outcomes of the SIT:
- Identify successes, challenges and improvement strategies on the communication process between districts, regions and the state;
-conduct a data inventory to identify areas of success and potential gaps;
-create a system to provide training for state, region and district support (onboarding, fidelity, coaching, innovations, data use, and systems); and
-develop a sustainability and scaling process.

Scale-up to Additional, Regions, Districts and Schools--
Next steps: TZs will build capacity through 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 the progress toward the SiMR.

Infrastructure Improvement--
Next Steps: Online training modules will be developed to support more widespread use of the mathematics toolkit.
Anticipated outcomes: More teachers across the state will use effective mathematics teaching practices and support improved outcomes for students.

List the selected evidence-based practices implement in the reporting period:
EBP in Mathematics that align to the Kentucky Mathematics Practice Profile.
Active Implementation Frameworks (AIF).

Provide a summary of each evidence-based practices.
EBP in Mathematics--
To meet the goals of the State-identified Measurable Result, the KDE supports districts and regions in the implementation of EBP in mathematics grounded in the eight mathematics teaching practices 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 Every Student Succeeds Act Levels of Evidence and best meets

the needs of students.

Active Implementation Frameworks--
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 Active Implementation Frameworks. Implementation science, the multi-disciplinary study of methods and strategies to promote the use of research findings in practice, seeks to address this by providing frameworks to guide the creation of conditions and activities that facilitate the 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.

EBP in Mathematics--
The district-selected math EBP along with the Kentucky Mathematics Practice Profile supports teacher practices in the classroom. The fidelity, training, and coaching implementation data within the data dashboard is anchored in the eight mathematics teaching practices. 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.

AIFs--
The AIFs are intended to impact the SiMR by providing support at each level of the system to increase the effective implementation of EBP and achieve improved student outcomes. To accomplish these goals, the formula for 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.

State Level--
The SISEP-supported state capacity assessment was administered on November 9, 2022, approximately one year since the previous assessment on November 19, 2021. Although the assessment showed declines across all domains, ranging from 12% (Leadership and Communication and Engagement) to 25% (Infrastructure and Resources), all domains registered scores at or above 75%.

Region Level--
Among the seven participating regions, all completed capacity assessments in the first half of 2022; four also completed capacity assessments in Fall 2022. Each region's assessment responses for each domain were compared to their most recent capacity assessment: For four regions, Fall 2022 data were compared to their Spring 2022 responses; for the remaining three regions, Spring 2022 data were compared to their 2021 responses to monitor growth. Six regions (86%) showed growth in the Total domain; all seven regions (100%) showed growth in at least one domain. Across all domains, the one with the highest growth per site by far was Stage-Based Functioning, with an average growth of 478%, owing to gains in three regions. Four regions (57%) reported declines in at least one domain, the greatest (average decline of 22%) being Action Planning, owing primarily to declines from three regions. Across all regions, average scores remained above 75% for 8 domains, but fell below 70% for three: Action Planning, Coaching, and Systems Intervention.

District Level--
Of the 11 participating districts, 9 completed a 2022 capacity assessment for a participation rate of 91%. Eight districts had either prior or present-year baseline data with which to compare; the other two districts completed their baseline capacity assessments this year. An additional district is in the early stages of installation and completed its baseline assessment in November 2022 as well. Among the 7 districts with baseline data, 5 (71%) showed growth in the Total domain and 6 showed growth in at least one domain (86%). Two (29%) experienced declines in at least one domain. The most growth occurred for Coaching, owing primarily to significant growth from a site that increased capacity in this domain from 0% to 50%. The Fidelity domain also saw an average increase of 57% across sites. The domains with the greatest declines overall were Systems Intervention, with an average 14% decline, and Selection, with an average decline of 4% across all sites with baseline and current data. Across all sites completing capacity assessments during the reporting period, domain scores varied widely across sites, but generally trended lowest for Coaching (36%) and Decision Support Data Systems (42%) and highest for Fidelity (73%) and Leadership (66%)

School/Building Level--
A total of 26 schools (60%) completed a Drivers Best Practice Assessment during the reporting period, representing 8 (73%) of the 11 participating districts and 5 (71%) of the 7 participating regions. Among those, 17 had baseline data with which to compare. Among schools with baseline data, 14 (82%) demonstrated growth in the Total domain;16 (94%) grew in at least one domain, with an average growth of 31% across domains. The greatest increases in capacity were reported for the Systems Intervention (656% average growth) and Selection (36% average growth) domains. Although individually, 10 sites (58.8%) reported a decline in at least one domain, when averaged across all sites with baseline data, Kentucky observed a net gain in capacity across all domains. Across all 26 sites completing capacity assessments, average scores for each domain remained high: Domains of Selection and Systems Intervention showed average scores between 65.4-65.8%; all other domain scores ranged from 79.1% to 89.1%.

Fidelity of EBP Implementation (KMIT and OTISS)--
In Kentucky, districts have the option to use the OTISS or the KMIT to measure the 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 Mathematics Teaching Practices as identified by the National Council of Teachers of Mathematics. These data have 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.

OTISS--

One district with 11 cohorts from 9 schools used the OTISS tool to meet the EBP fidelity metric. 100% of schools regularly reported OTISS data during the reporting period, with one beginning in September 2022 and all others beginning in Spring 2022. For the analysis, if two cohorts merged, the separate baselines of each cohort were averaged for a baseline score. If a new cohort was added, its initial OTISS assessment was used as baseline. Ten of the cohorts had >1 month of data; among them, 7 (70%) showed growth in the Total domain (average of all domains) from their baseline observation to their final observation.

Annualized trends from January to November 2022 showed an average growth of 5% across all OTISS practices. Declining scores were observed for two practices: Clear instruction (-8%) and Engages students (-7%); otherwise growth was seen across all other practices with the highest being for Adjusts to Responses (17% growth). Average ratings for each domain throughout the reporting period ranged from 61% (or 1.22 out of 2) for Engages Students to 91% (1.81 out of 2) for Provides Feedback.

KMIT--
Overall, 26 schools (76% of TZ schools) representing 8 districts (73%), and 6 regions (86%) submitted KMIT data. Annualized trends across schools from January to December 2022 demonstrated an average growth of 76% across all practices. Averaging the observations across all schools using the KMIT, the highest scores were recorded for the practice of Implementing Tasks (60% or 1.2 out of 2) and the lowest average score was for the practice of Establishing Goals (39% or 0.78 out of 2). The practices demonstrating the most growth during the reporting period included Posing Questions (230%) and Elicit Student Thinking (189%). When averaging scores for each practice across all schools, no declining scores were registered across any of the practices.

As of December 19, 2022, 23 schools had at least two months of KMIT observations in order to assess within site growth. Among those 23 schools, 17 (74%) demonstrated overall growth (growth in their average score across practices).

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.

Active Implementation Training Efficacy and Impact--
Participant evaluation results from five AI training events were received. Two (N=6) for a new region that has not yet begun full implementation, and three (N=26) for a new district that underwent its installation phase in Spring 2022. Participants responded to seven questions on a 4-point scale (1=strongly disagree, 4=strongly agree); an eighth question asked participants to rate their current knowledge of the terms and frameworks discussed during meetings on a scale of 1(beginner) to 4 (expert). For individual questions, average ratings ranged from 3.53 (88%) for 'How would you rate your current knowledge level regarding the specific terms, frameworks, resources, and materials discussed at these meetings' to 4 (100%) 'the event achieved the session goals goals and objectives' and 'the event was of high quality'. Across participants, 94% self-rated their current knowledge of terms and frameworks at 'competent' (score of 3 or 4). Pre/post test was only completed by the two participants in the first regional AIF training. Nonetheless, their responses revealed that participants' awareness of AIF increased by 33% (75% for pre-test, 100% for post-test).

Math Training Efficacy and Impact--
Participant evaluation results from 4 Math training events across 2 districts within the Cohort 1 region were recorded during the reporting period, all from Fall 2022. 36 participants responded to 7 questions on a 4-point scale (1=strongly disagree, 4=strongly agree); an eighth question asked respondents to rate their current knowledge of mathematical practices from 1 (beginner) to 4 (expert). Average ratings ranged from 3.88 (97%) to 4 (100%). 86% of participants self-rated their current knowledge of mathematical practices as 'competent' (score of 3 or 4). Average pre/post-test results for the 4 training sessions revealed a 185% increase in knowledge gained by training participants, from an average score of 29.25% on the pre-test to an average score of 83.25% on the post-test.

Student benchmark data--
Fifteen schools submitted student benchmark data at some point during the reporting period, some of which reported data separately for different cohorts. When aggregating cohorts for each period (Winter 2022, Spring 2022, Fall 2022), the average percentage of students meeting benchmarks rose from Winter to Spring 2022 (31.91% to 47.13%), but fell in Fall 2022 (23.91%). In Spring 2022, 100% of teams reported that students with disabilities showed growth and 93.3% reported that benchmark goals were met by students with disabilities. These percentages rose from the 82.35% and 76.47% that were reported respectively in Winter 2022. When asked the question of whether goals had been set for students with disabilities, 15 of the 16 teams (93.75%) reporting in Fall 2022 said "Yes."

Five schools had some change in cohort structure during the reporting period, with some cohorts merging or separating. For the within-cohort analysis, Kentucky retained separate cohorts when possible, using the "merged" score for pre or post data as appropriate for each individual cohort. Kentucky was able to assess Winter 2022 to Spring 2022 growth for 14 cohorts and Winter 2022 to Fall 2022 growth for 16 cohorts. While 13 (93%) of reporting teams saw growth in the percentage of students meeting the benchmark from Winter 2022 to Spring 2022, only 1 (6%) saw growth from Winter 2022 to Fall 2022.

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 AIFs and math EBPs. 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 SSIP universal EBP resources and supporting regions to add additional districts and schools to work toward achieving the goals of the SiMR (scale-up efforts). 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 Transformation Zone regions.

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.

Kentucky Planning Team (KPT)--
The KPT, which consists of the State Transformation Specialist (STS), OSEEL leadership and the SISEP partner will take over the function of the State Management Team (SMT) as described in FFY 20. The SMT was established when special education was housed within the Division of Learning Services. Since that time, OSEEL was created which elevated special education to its own office. With that change, OSEEL leadership now has executive authority to make decisions pertaining to the work of the SSIP. The function of the members of the SMT from outside of OSEEL can now be facilitated by OSEEL leadership.

Evaluation Plan--
The KPT will work with the external evaluators to conduct a data analysis and gather stakeholder input. Based on the data analysis and feedback from stakeholders, the KPT will determine the next steps for the evaluation plan.

Section C: Stakeholder Engagement
Description of Stakeholder Input

Target Setting for FFY 2020-2025-
As part of the new SPP package, the KDE engaged with a broad range of stakeholders to set new targets. Due to COVID-19 restrictions, the KDE met with stakeholders virtually. Virtual participation allowed for a broader range of stakeholders to participate and allowed for more representation from each geographical region of the state. Stakeholder groups included parents of students with disabilities, KY-SPIN staff , educators, LEA staff, state agency partners, disability-focused advocates, affiliated agency staff, disability organizations and Kentucky's State Advisory Panel for Exceptional Children (SAPEC). The KDE designed its selection of stakeholders to include feedback from a representative group. This included consideration of urban and rural regions, diverse ethnicities, disabilities and socioeconomic backgrounds.

The KDE scheduled and organized stakeholder meetings to obtain input and advice. The goal of the stakeholder meetings was to present participants with historical data for each indicator, improve stakeholders' understanding of the indicators and gather input from stakeholders about future targets. Participants were informed about the process, expectations and desired outcomes of the stakeholder meetings through PowerPoint presentations, agendas, meeting notes and visual representations. An impartial facilitator led a whole group explanation of the indicators before breaking stakeholders into smaller groups where they reviewed and provided feedback about the indicators. During stakeholder engagement meetings, participants were provided with visual representations of Kentucky's historical indicator data as well as the proposal of three potential targets. An expert statistician identified the potential targets for the KDE's future focus. The KDE also gave stakeholders the opportunity to propose a target outside of the three potential targets developed by the KDE.

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 an opportunity for broader stakeholder engagement, the KDE created surveys and posted them to the public reporting website. This allowed for more extensive input from a larger and more diverse group of individuals throughout Kentucky. The surveys also provided stakeholders the opportunity to provide input on progress, potential barriers and suggested improvement strategies.

Indicator 17-
The KDE also involved the SAPEC with target setting related to the SSIP and the SiMR. Results Driven Accountability (RDA) and previous SiMR targets were discussed. The SAPEC was presented with potential new SiMR targets as well as the change in alignment to Indicator 3B 8th grade mathematics. Members of the SAPEC expressed no concerns with the alignment to Indicator 3B 8th grade mathematics.

Also involved in the target setting process for Indicator 17 were the All-Transformation Zones (All-TZ). The All-TZs consist of Regional Implementation Teams (RITs) from across the state that serve Kentucky LEAs. RIT members were invited to join biannual meetings to 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 for FFY 2020-2025, the KDE considered input and feedback from all stakeholder engagement activities. The new targets were distributed and posted on the KDE's public reporting page located at https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx.

Revisions to Baseline/Target Setting-
For FFY 2021, due to recent changes in Kentucky's assessment and accountability system, the KDE sought broad stakeholder input to reset the baseline and targets for Indicator 3. A detailed description of the stakeholder engagement is provided in the Indicator 3 Description of Stakeholder Input section.

Ongoing Stakeholder Engagement-
The KDE continues to engage with stakeholders to analyze data, develop improvement strategies and evaluate progress.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The SAPEC meets quarterly. Each meeting includes an open forum in which the public is invited to participate. The KDE solicits feedback from various stakeholders, including parents and educators, to increase the capacity to support activities around improving student outcomes. Additional information on the SAPEC can be found at https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx.

The SAPEC was provided with an update on the SPP/APR progress data. SAPEC members, parents and the community was given an opportunity to provide feedback, seek clarification, or provide suggestions during an open public forum and an electronic survey.

Additionally, the OSEEL convenes a Special Education Advisory Group for Infinite Campus (SEAGIC). SEAGIC is charged with ensuring that Kentucky's student information system addresses the special education needs of both Kentucky LEAs and the OSEEL. This group ensures the mechanisms are in place in IC to capture and maintain data. The SEAGIC meets several times throughout the year with representatives from IC to provide input and design forms, reports and navigation enhancements within the product. The SEAGIC is comprised of state and local personnel with both programmatic and technical knowledge of special education laws, regulations and program requirements.

The KDE provides a variety of opportunities for stakeholders within Kentucky LEAs to engage with state personnel. Annually, the KDE presents a professional development opportunity, known as the DoSE Institute. The institute is a three-day conference for Kentucky DoSEs. Targeted sessions include opportunities for participants to build their knowledge of the SPP/APR and the indicators as well as other information related to the IDEA. Also, the institute provides opportunities to network with other DoSEs and state leaders as well as ask questions or provide feedback to the KDE staff.

In addition, the KDE produces a brief, weekly email update for LEAs, SERTAC directors, regional TA providers, gifted and talented directors, DoSEs and other special education staff. The News You Can Use email provides important upcoming dates, updates on initiatives within the KDE and any timely information that may impact special education students and families as well as LEAs. The KDE also provides an opportunity for DoSEs to engage in direct conversation with the state director of special education on a bi-monthly basis in a virtual Dialogue with the Director.

The KDE works to incorporate feedback, develop resources and implement improvement strategies. Based upon feedback, the KDE created an Indicator Guide for Kentucky's stakeholders. It is a non-regulatory guide designed to provide an overview of the 17 Indicators in the SPP/APR. The guide includes a definition of each indicator, key vocabulary terms specific to that indicator, and a brief explanation of how the KDE collects data for each indicator. The KDE's Indicator Guide is located at https://education.ky.gov/specialed/excep/IDEA/Documents/SPP_Indicator_Guide.pdf.

As part of the stakeholder engagement process, the KDE reached out to and engaged with a broad range of stakeholders throughout FFY 2021.

Stakeholder Input--
The KDE uses a Practice to Policy Communication Cycle to gather input and remove barriers through the linked teaming structure with regions, districts and schools within the TZ. Feedback reported through the linked teaming structure indicated staff turnover within implementation teams has increased. As a result, there is a need to consider turnover and its impact on scale-up and sustainability. Streamlining processes was posed as a potential solution to support scale-up.

Additionally, the KDE presented on the Kentucky Mathematics Toolkit to Support Students with Disabilities and information on the SSIP, SiMR and TZ during several events throughout the state. Stakeholders included special education directors, teachers, preschool coordinators and regional staff. The KDE received feedback that the tools were helpful and could immediately be used within districts.

The KDE engaged in All TZ meetings with RITs from across the state. RITs provided input on restructuring the SIT to focus on scale-up and sustainability.

The Usability Testing teams conducted training on the data practice profile with TZ districts. Feedback received from the training included suggestions for clarifying language within the practice profile and emphasizing the connection between academic and implementation goals.

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--
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, four regional teams shared the work they had done over the past year and all regions participated in identifying facilitators and barriers to scaling. The STS also shared updated training materials and data dashboard forms. A feedback survey was sent to participants following the meeting. The November All TZ meeting continued to focus on sustaining and scaling the TZ work. A feedback survey was sent to participants following the meeting.

RITs received monthly updates from the STS and those in intensive support had monthly meetings, both in person and virtually. During meetings, implementation celebrations and barriers were shared. The STS also provided training and coaching on the Active Implementation Frameworks.

Usability Testing teams meet as needed to develop training. Training on the practice profiles occurred during FFY 2021. The teams are composed of regional TZ partners who serve as liaisons between the team and respective regional partners. Based on stakeholder feedback, the training sessions and materials are being updated.

The 2022 OSEEL DoSE institute was held in person for all directors across the state. During the conference, a session was offered to share the Kentucky Mathematics Toolkit to Support Students with Disabilities along with information on the SSIP, SiMR and TZ.

The 2022 Kentucky Council for Exceptional Children Conference was held in person and open to special education teachers, directors of special education and SERTAC staff. During the conference, a session was offered to share the Kentucky Mathematics Toolkit to Support Students with Disabilities along with information on the SSIP, SiMR and TZ.

The 2022 SISEP Active States Forum was held in person and 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 a problem of practice and participated in problem-solving with other active states.

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 Building Teams, Communication Plans and Defining Sustainability.

The SAPEC provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The panel meets quarterly with an SSIP update given annually.

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

YES

Describe how the State addressed the concerns expressed by stakeholders.

Stakeholders identified the need to focus on sustainability and scale-up for systems improvement efforts. To respond to stakeholder feedback, the SIT will focus on scale-up and sustainability by reviewing successes, challenges and improvement strategies.

Based on the feedback provided from the TZ districts during the Data Practice Profile training, the Data Usability Testing team met to update the materials. The team will continue to update the training and practice profile as additional input from stakeholders is received.

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.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2021, and OSEP accepts that revision.

The State revised its FFY 2021-2025 targets 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:

Carol Ann Morrison

Title:

Director of the Division of IDEA Monitoring and Results

Email:

carol.morrison@education.ky.gov

Phone:

(502) 564-4970 ext. 4123

Submitted on:

04/27/23 8:31:25 AM

Determination Enclosures

RDA Matrix

2023 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination[1]

Percentage (%)	Determination
89.58%	Meets Requirements

Results and Compliance Overall Scoring

	Total Points Available	Points Earned	Score (%)
Results	24	19	79.17%
Compliance	20	20	100.00%

2023 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Performance (%)	Score
Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments	92%	2
Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments	90%	2
Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	30%	2
Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	84%	1
Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	23%	0
Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	86%	1

Math Assessment Elements

Math Assessment Elements	Performance (%)	Score
Percentage of 4th Grade Children with Disabilities Participating in Regular Statewide Assessments	92%	2
Percentage of 8th Grade Children with Disabilities Participating in Regular Statewide Assessments	90%	2
Percentage of 4th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	42%	1
Percentage of 4th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	90%	1
Percentage of 8th Grade Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	16%	0
Percentage of 8th Grade Children with Disabilities Included in Testing on the National Assessment of Educational Progress	85%	1

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[1] For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the *Individuals with Disabilities Education Act* in 2023: Part B."

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	6	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma**	84	2

*Due to privacy concerns the Department has chosen to suppress this calculation.

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

2023 Part B Compliance Matrix

Part B Compliance Indicator[2]	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2020	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	YES	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	0.58%	YES	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	0.00%	YES	2
Indicator 11: Timely initial evaluation	99.79%	YES	2
Indicator 12: IEP developed and implemented by third birthday	99.76%	YES	2
Indicator 13: Secondary transition	98.00%	YES	2
Timely and Accurate State-Reported Data	95.24%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			2
Specific Conditions	None		
Uncorrected identified noncompliance	None		

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[2] The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at: https://sites.ed.gov/idea/files/2023_Part-B_SPP-APR_Measurement_Table.pdf

Data Rubric

FFY 2021 APR[3]

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

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[3] In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

		618 Data[4]		
Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 4/6/22	1	0	1	2
Personnel Due Date: 11/2/22	1	1	1	3
Exiting Due Date: 11/2/22	1	0	1	2
Discipline Due Date: 11/2/22	1	1	1	3
State Assessment Due Date: 12/21/2022	1	1	1	3
Dispute Resolution Due Date: 11/2/22	1	1	1	3
MOE/CEIS Due Date: 5/4/22	1	1	1	3
			Subtotal	19
618 Score Calculation			**Grand Total** (Subtotal X 1.23809524) =	23.52

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[4] In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.23809524 points is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation	
A. APR Grand Total	26
B. 618 Grand Total	23.52
C. APR Grand Total (A) + 618 Grand Total (B) =	49.52
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	52.00
D. Subtotal (C divided by Denominator*) =	0.9524
E. Indicator Score (Subtotal D x 100) =	95.24

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

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APR and 618 -Timely and Accurate State Reported Data

DATE: February 2023 Submission

SPP/APR Data

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

Part B 618 Data

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

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

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

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

Dispute Resolution

How the Department Made Determinations

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

https://sites.ed.gov/idea/how-the-department-made-determinations/