

**KY**  
**Part B**

**FFY2016**  
**State Performance Plan /**  
**Annual Performance Report**

The Kentucky Department of Education (KDE) has a vision to ensure each and every student is empowered and equipped with the knowledge, skills and dispositions to pursue a successful future. The KDE partners with districts, schools, and education shareholders to provide service, support and leadership to ensure success for each and every student.

The KDE has developed a Strategic Plan for the years 2017-2022. The KDE has chosen strategies which staff have direct control over. Every member of the KDE staff will be engaged in executing the strategic plan. Key performance indicators are clear and focused on improving the work of the agency and providing the best customer service, support and leadership to our schools and districts.

The Plan's Theory of Action states:

“If the KDE effectively partners with schools, districts, and education shareholders to provide service, support, and leadership, by cultivating conditions for success and creating a culture of collaboration, then we will ultimately achieve our goal of preparing all students for a successful future.”

More detailed information about the KDE Strategic Plan is located at <https://education.ky.gov/districts/tech/kmp/Pages/Strategic-Plan.aspx>.

#### Attachments

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175

#### General Supervision System:

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

The KDE is committed to improving educational outcomes for students with disabilities while continuing to focus on IDEA compliance. The general supervision system identifies and ensures correction of IDEA noncompliance; is making increased proficiency for all students - but especially students with disabilities - a priority; and assists school districts in enabling all students to reach proficiency, graduate from high school and successfully transition to a career or post-secondary education.

The Individuals with Disabilities Education Act (IDEA) requires State Educational Agencies (SEAs) such as the KDE to make annual determinations of school districts' compliance with the IDEA. The KDE historically used compliance data to make district determinations. Since OSEP revised its SEA determinations to include both compliance and educational outcomes, the KDE began including educational outcomes in its district determinations for the first time in FFY 2014. The KDE used its State Identified Measurable Result (SiMR) from its State Systemic Improvement Plan (SSIP) as a factor when issuing determinations for local districts. As noted in the FFY 2015 APR, the KDE updated its Determinations process to include graduation rate.

The KDE's monitoring system includes on-site district visits, desk audits and self-reported compliance data. On-site monitoring visits occur within the KDE's State Consolidated Monitoring (SCM) process. Consolidated monitoring provides the KDE an opportunity to review state and federal programs while looking toward effective implementation and collaboration. Aside from individual program reports, districts are provided consolidated reports that represent an opportunity for collaboration among the districts' federal and state programs. Program monitors identify effective practices during the monitoring process and provide recommendations for addressing common concerns. In addition to SCM, the Division of Learning Services (DLS) conducts individual monitoring on an as-needed basis, when district-specific concerns arise around the IDEA.

The DLS annually collaborates with other KDE divisions to conduct SCM activities. During the visits, the DLS verifies the district's self-reported data and issues citations for findings of IDEA noncompliance. The DLS has embraced the federal focus on Results Driven Accountability by including compliance indicators that affect student outcomes - such as progress monitoring of annual goals and benchmarks - as part of its compliance monitoring indicators. FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR) 12/27/2017 Page 1 of 5 Attachments.

Additional information regarding the KDE State Consolidated Monitoring Process is located at <http://education.ky.gov/federal/progs/scmi/Pages/default.aspx>

The DLS conducts additional district on-site visits outside of SCM when areas of support or need are identified.

The KDE also conducts annual desk audits for compliance indicators within the State Performance Plan (SPP) and Annual Performance Report (APR). For example, disproportionate representation (Indicators 9 and 10). Prior to the desk audit, the KDE collects and validates data related to disproportionate representation. Identified districts provide student due process files for review. If needed, the KDE issues citations for noncompliance, works with

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districts to develop Corrective Action Plans and verifies correction of noncompliance in accordance to *OSEP Memorandum 09-02*.

The Kentucky Preschool Program Review is a monitoring process intended to create an oversight system leading to improved teaching and learning in Kentucky’s preschool programs. Preschool programs are monitored on a five-year cycle, with additional monitoring as part of the SCM process or on an as-needed basis.

The Kentucky Preschool Program is collaborating with the Cabinet of Health and Family Services to complete work within the federally funded Race to the Top Grant. One component of this grant includes rating all child care centers and state-funded preschool sites with 1-5 stars. This program, currently called the KY All STARS Tiered Quality Rating and Improvement System, provides parents and stakeholders with information regarding the program’s overall quality to allow for informed decisions regarding early education. The Kentucky Department of Education is responsible for implementing grant activities within state-funded preschool sites. The KDE is currently working on combining the Preschool Program Review and the KY All STARS Quality Rating and Improvement System into one process.

KDE has developed procedures for IDEA financial audits. Audits occur on an annual basis and provide assistance to district finance officers related to Maintenance of Effort; technical assistance on MUNIS (the KDE accounting system), including expenditures with allocations, personnel and payroll reports; and a review of financial documents, files and records.

The KDE has a dispute resolution system to resolve conflicts between parents of students with disabilities and local school districts. The DLS and the Office of Legal, Legislative and Communication Services oversee the KDE's due process hearings, state written complaints and mediation. Additional information regarding dispute resolution is located at [https://education.ky.gov/specialed/excep/Pages/Dispute\\_Resolution\\_Process.aspx](https://education.ky.gov/specialed/excep/Pages/Dispute_Resolution_Process.aspx).

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**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.

The KDE provides schools and districts with technical assistance through a variety of initiatives and resources, many of which are described below.

The KDE established the Novice Reduction for Gap Closure workgroup, along with webpage support. As Kentucky's Commissioner of Education has identified novice reduction as a moral imperative, the purpose of the workgroup is to address proficiency of Kentucky's gap populations by reducing novice performance on the state-wide assessment, known as the Kentucky Performance Rating for Educational Progress (K-PREP). Information on the webpage assists districts by providing information, resources and tools designed to reduce the number of students scoring at the novice level on the K-PREP and to improve overall student achievement. The group is working to reduce novice performance in the state, including a large percentage of students with disabilities.

Additional information regarding the KDE's Novice Reduction Plan is located at <https://education.ky.gov/school/stratclsgap/Pages/gettingitright.aspx>.

Kentucky's Educational Cooperative Network (cooperatives) enhances the educational opportunities and outcomes of students by providing regional leadership and delivering specialized services in partnership with the KDE, local school districts, Institutions of Higher Education and other service providers. The cooperatives serve as a regional collaborative forum to enhance quality education, to provide a wide range of support services and to model innovative practices for the benefit of students.

Each cooperative has a special education division supported by the KDE with IDEA discretionary funds. The cooperatives employ special education consultants to support transition, students with low incidence disabilities and special education initiatives and the Kentucky Academic Standards (KAS). Literacy and math specialists, who have special education expertise, are hired by the cooperatives to build district capacity in supporting teachers working with students with disabilities. These efforts are intended to lead all students, including students with disabilities, toward gaining greater access to, and making progress in the content of the KAS.

The special education divisions of the cooperatives have developed Regional Systemic Improvement Plans (RSIPs) that align with the KDE's State Systemic Improvement Plan (SSIP). The SSIP and RSIPs will enable Kentucky to deliver the needed differentiated technical assistance and support to improve educational results and outcomes for students with disabilities. They also support schools and districts in their comprehensive improvement planning. More information can be found by visiting the following link:

<http://education.ky.gov/comm/about/Pages/Kentucky-Education-and-Special-Education-Cooperatives.aspx>

The KDE provides guidance documents to school districts to assist in compliance with the IDEA. The *Compliance Record Review Document* was developed by the DLS and its partners to assist school district personnel in conducting accurate student due process record reviews. The Document and other information and resources on monitoring are located at <http://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx>

The KDE also provides guidance documents to support the development and creation of *Individual Education Programs* (IEPs) in Kentucky. The *IEP*

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Guidance Document, the Specific Learning Disability Guidance Document and the IEP and Lesson Plan Development Handbook are resources available to educators and other interested parties across the Commonwealth. Additional information is located at:

<http://education.ky.gov/specialed/excep/forms/Pages/IEP-Guidance-and-Documents.aspx>

To assist the KDE with reaching its goals for students with disabilities, the Kentucky Post School Outcomes Center (KYPSO) develops and oversees the administration of the Youth One Year Out (YOYO) Former Student Interview. The YOYO is a longitudinal investigation of the post-school outcomes of Kentucky youth with educational disabilities during their final year of high school and one year after their high school exit. The KYPSO provides information regarding programs and practices to support secondary transition. KYPSO data are used for SPP Indicator 14. Additional information is located through the following link: <http://www.kypso.org/>

The KDE contracts with the Kentucky Early Childhood Data System (KEDS) to collect data for SPP Indicator 7. The KDE offers frequent, ongoing technical assistance (TA) from the KDE's School Readiness branch, the Kentucky Early Childhood Regional Training Centers (RTCs) and the KEDS staff. TA provided to school districts includes phone calls, email and web training in the appropriate use of assessment tools and publishers' data entry systems. Validity measures are discussed with district preschool coordinators at regional meetings with districts implementing plans to measure the accuracy of assessment data at the local level. Guidance documents for the appropriate use of assessment measures and data collection are maintained, disseminated through training and posted on the KEDS website.

Additional information is located at:

<http://mediaportal.education.ky.gov/tag/keds/>

The KDE has contracted with the State Implementation and Scaling-up of Evidence-Based Practices (SISEP) Center, an OSEP-funded TA center. SISEP is assisting the KDE with Implementation Science principles embedded in the SSIP, including coaching practices, which are a critical part of the KDE's SSIP.

Additional information is located at:

<http://sisep.fpg.unc.edu/>

[https://education.ky.gov/specialed/excep/instresources/Pages/State-Systemic-Improvement-Plan-\(SSIP\).aspx](https://education.ky.gov/specialed/excep/instresources/Pages/State-Systemic-Improvement-Plan-(SSIP).aspx)

Kentucky's Student Information System (KSIS), known as Infinite Campus (IC), provides data for many purposes, including policy making, budgetary planning and educational program management and improvement. The KSIS enterprise system supports the state's 175 school districts (173 local school districts, plus Kentucky School for the Blind and Kentucky School for the Deaf) by providing a secure and seamless integration of data collection needed by school districts and the KDE.

The authoritative source for student data is IC. IC includes student demographics, attendance, behavior, health, grades, grade point average (GPA), graduate courses and teacher-student class rosters. It includes program participation for special education, gifted and talented, Title I, Title III, Family Resource and Youth Services Centers, free and reduced meal status, preschool programs and migrant programs. It also includes information on schools, districts, superintendents, principals and teachers. Additional information regarding the KSIS is located at: <http://education.ky.gov/districts/tech/sis/Pages/default.aspx>

**Attachments**

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**Professional Development System:**

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

Professional Learning is defined by 704 KAR 3:035 as learning that aligns with standards and goals, focuses on content and pedagogy, occurs collaboratively, is facilitated by educators, focuses on continuous improvement and is on-going.

Kentucky has professional learning standards to support the preparation of Kentucky's students for college and careers. To do so requires an effective and continuously improving education system and workforce. To achieve this, Kentucky is establishing a comprehensive system of professional learning for its education workforce. Guidance was created by the KDE for personnel providing training and development. The guidance highlights the regulatory definition of professional learning, as well as Kentucky's Professional Learning Standards. Additional information is located at:

<http://education.ky.gov/teachers/PD/Pages/default.aspx>

The State Personnel Development Grant (SPDG) is a competitive grant awarded to Kentucky by OSEP since the late 1990's. The 2012 SPDG was a five-year grant, with OSEP granting a no-cost extension for KDE to continue its work into 2018. The long-term goal of the KDE's 2012 SPDG is to improve outcomes for students with disabilities by providing evidence-based practices and resources to Kentucky's teachers of students with disabilities through

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

its partnerships with the University of Louisville and the University of Kentucky.

The five outcomes targeted by the KDE in the 2012 SPDG were:

- Better prepare all students with disabilities to reach proficiency and graduate from high school ready for college and careers through increased academic (reading and math) achievement and closing existing achievement gaps.
- Improving post-secondary outcomes for Kentucky's students with low incidence disabilities.
- Building the instructional capacity of Kentucky's teachers to increase academic achievement for students with low incidence disabilities.
- Improving communication and educational services to students with low incidence disabilities.
- Sustaining project efforts after the life of the SPDG.

In addition to the universities with initiatives that support the grant's five outcomes, the KDE also partners with KY-SPIN, Kentucky's Parent Training and Information Center (PTI); the Multiple and Severe Disabilities (MSD) Consortium, a group of university professors who train students in Kentucky universities' low incidence programs; and an outside evaluator.

Additional information about Kentucky's 2012 SPDG is located at:

<https://www.hdi.uky.edu/spdg>

<http://louisville.edu/education/splash>

Kentucky was recently awarded a 2017 SPDG grant that is centered around Multi-Tiered Systems of Support (MTSS).

The Regional Training Centers (RTCs) provide a range of services for the early childhood community. This includes regional trainings/workshops, on-site consultations, a lending library of materials and annual statewide and regional collaborative institutes. The RTCs focus on the dissemination and implementation of Kentucky's definition for school readiness, creating and maintaining quality early childhood education environments by using the Early Childhood Environmental Rating Scale, Third Edition (ECERS-3), and providing in-depth professional learning that is tailored to meet the needs of their region. Additional information is located at:

<http://education.ky.gov/curriculum/conpro/prim-pre/Pages/Early-Childhood-Regional-Training-Centers.aspx>

Kentucky has 8 Regional Educational Cooperatives that provide assistance and expertise for the benefit of their member school districts. Each cooperative includes a special education division which provides technical assistance, training, and professional learning as needed by their school districts. Additional information is located at:

<http://education.ky.gov/comm/about/Pages/Kentucky-Education-and-Special-Education-Cooperatives.aspx>

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**Stakeholder Involvement:**  apply this to all Part B results indicators

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

The KDE values shareholder input on targets and the revision of targets for the SPP/APR. Previously the State Advisory Panel for Exceptional Children (SAPEC) provided policy guidance to the KDE with respect to special education and related services for children with disabilities in Kentucky.

In 2017, the SAPEC became the State Advisory Council for Exceptional Children (SACEC). New members were appointed by the governor, which included a variety of individuals and agency representatives with interests in students with disabilities. Membership is comprised of parents of students with disabilities, individuals with disabilities, teachers, representatives of Institutions of Higher Education that prepare special education and related services personnel, state and local education officials, administrators of programs for students with disabilities and other outside agency representatives. The public is invited to participate in open forums when the SACEC has its quarterly meetings across the state.

The SACEC will continue the work of the previous advisory panel which includes providing feedback to the KDE that will assist in setting future targets for the SPP "outcome indicators".

Additional information on the SACEC is located at:

[http://education.ky.gov/CommOfEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](http://education.ky.gov/CommOfEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

### Attachments

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### Reporting to the Public:

How and where the State reported to the public on the FFY 2015 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 2015 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2015 APR in 2017, is available.

The Kentucky Department of Education (KDE) publicly reports the performance of local districts on SPP/APR targets on a KDE webpage. The following link to that webpage provides information regarding the public reporting of Section 618 data, the SPP/APR and information regarding Kentucky's IDEA Part B State Application. See <http://education.ky.gov/specialed/except/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>

The KDE publicly reports for all students including students participating in the Kentucky Alternate Assessment results from the state summative assessment administrations. These results are shared at a school, district and state level for all assessed/accountable content areas by grade and grade range as reported on the statewide School Report Card (SRC). <http://applications.education.ky.gov/SRC/Default.aspx>

Kentucky follows all Family Educational Rights and Privacy Act (FERPA) guidelines when reporting, in doing so some individual grade/grade range performance results are suppressed to protect student identity.

Individual Student Reports (ISR) are shared with districts for distribution to school and parents identifying individual student results. These results are not made public again to adhere to FERPA guidelines.

In the June 28, 2017 letter to OSEP, the Kentucky Department of Education (KDE), Division of Learning Services (DLS) outlined KDE's progress toward implementing a fully operational alternate assessment for science during the 2016-17 school year. The Enclosure D letter informed KDE that OSEP had determined KDE failed to provide sufficient documentation demonstrating that it had conducted a fully operational alternate assessments in science because the cut scores were still undergoing review. Enclosure D specified that KDE must provide documentation demonstrating the state has finalized alternate academic achievement standards in science for students with the most significant disabilities.

As explained in the June 28 letter, KDE began the standards setting process on June 21, 2017. The performance levels were shared with the KDE leadership team and other stakeholders. A routine psychometric smoothing process was completed and in late July a recommendation was made to modify the elementary Alternate K-PREP Science performance levels to improve alignment with middle and high school cut scores. Commissioner Pruitt approved the final cut scores and the standards setting process for the science alternate assessment is now complete. The science cut scores for alternate assessment have been applied to reporting. Scores have been reported to the public.

The data may be found at the following link: <http://openhouse.education.ky.gov/Data>. Then, click on the Assessment Tab.

You also can access the data from KDE's main page on its website under "Initiatives" at <https://education.ky.gov/Pages/default.aspx>. The data is what will appear in the school report card keeping in mind that some data must be suppressed for privacy reasons due to student groups being less than 10.

Please see attachments for more information.

### Attachments

| File Name  | Uploaded By | Uploaded Date     | Remove |
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| <a href="#">osep alt science letter ky pdf.pdf</a>         | Debbie Mays | 1/24/2018 7:16 AM |        |
| <a href="#">title i science issues ltr from ky pdf.pdf</a> | Debbie Mays | 1/24/2018 7:17 AM |        |
| <a href="#">attachments osep corr and jones letter.pdf</a> | Debbie Mays | 1/24/2018 7:17 AM |        |
| <a href="#">attachments rooney letter.pdf</a>              | Debbie Mays | 1/24/2018 7:18 AM |        |
| <a href="#">ky-b grant award letter.pdf</a>                | Debbie Mays | 1/25/2018 3:47 PM |        |
| <a href="#">ky-enclosed-2016b.enclosure d.pdf</a>          | Debbie Mays | 1/26/2018 1:59 PM |        |
| <a href="#">spp-apr public reporting 1-30-2018.docx</a>    | Debbie Mays | 1/30/2018 2:08 PM |        |

### Actions required in FFY 2015 response

### OSEP Response

States were instructed to submit Phase III Year Two of the State Systemic Improvement Plan (SSIP) by April 2, 2018. The State provided the required information.

In the FFY 2017 APR, the State must report FFY data for the State-identified Measurable Result (SIMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities; (2) measures and outcomes that were implemented since the State's last SSIP submission (i.e., April 2, 2018); and (3) a summary of the infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to

**Required Actions**

|  |
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|  |
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**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 1: Graduation**

Monitoring Priority: FAPE in the LRE

Results indicator:

Percent of youth with Individualized Education Programs (IEPs) graduating from high school with a regular high school diploma.

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

**Historical Data**

Baseline Data: 2011

| FFY      | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ |      |        | 66.70% | 71.30% | 75.90% | 80.50% | 85.10% | 85.10% | 85.10% | 74.30% | 76.90% |
| Data     |      | 63.90% | 64.30% | 67.34% | 72.07% | 72.79% | 74.19% | 73.21% | 73.21% | 74.27% | 70.75% |

| FFY      | 2015   |
|----------|--------|
| Target ≥ | 79.60% |
| Data     | 65.99% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016   | 2017   | 2018   |
|----------|--------|--------|--------|
| Target ≥ | 79.60% | 79.60% | 79.60% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE engaged with stakeholders three times in setting new targets for FFY 13 through FFY 18. A description of the indicator was provided to the advisory group with information regarding data and trajectories from the original SPP.

The KDE set targets based upon the Cohort Graduation Rate established in the KDE's Elementary and Secondary Education Act (ESEA) Waiver but consulted with stakeholders in aligning the SPP targets with the ESEA Waiver.

**Prepopulated Data**

| Source   | Date       | Description  | Data   | Overwrite Data                     |
|--|------------|--|--------|------------------------------------|
| SY 2015-16 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696) | 10/12/2017 | <a href="#">Number of youth with IEPs graduating with a regular diploma</a>        | 2,798  |                                    |
| SY 2015-16 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696) | 10/12/2017 | <a href="#">Number of youth with IEPs eligible to graduate</a>                     | 3,892  | null                               |
| SY 2015-16 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec C150; Data group 695)             | 10/12/2017 | <a href="#">2014-15 Regulatory four-year adjusted-cohort graduation rate table</a> | 71.89% | Calculate <input type="checkbox"/> |

**FFY 2016 SPP/APR Data**

| Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma | Number of youth with IEPs in the current year's adjusted cohort eligible to graduate | FFY 2015 Data | FFY 2016 Target | FFY 2016 Data |
|---|--|---------------|-----------------|---------------|
| 2,798   | 3,892  | 65.99%        | 79.60%          | 71.89%        |



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Graduation Conditions**

Choose the length of Adjusted Cohort Graduation Rate your state is using: 4-year ACGR

Provide a narrative that describes the conditions youth must meet in order to graduate with a regular high school diploma and, if different, the conditions that youth with IEPs must meet in order to graduate with a regular high school diploma. If there is a difference, explain.

The four-year graduation cohort rate for FFY 2016 is 71.89%.

The four-year graduation rate follows a cohort, or a group of students, who begin as first-time ninth graders in a particular school year and who graduate with a regular high school diploma in four years or less. A "regular high school diploma" means the standard high school diploma awarded to students in a State that is fully aligned with the State's academic content standards. It does not include a GED credential, certificate of attendance or any alternative award. The term "regular high school diploma" also includes a "higher diploma" that is awarded to students who complete requirements above and beyond what is required for a regular diploma. Kentucky schools must provide students with disabilities the opportunity and necessary instructional supports and accommodations to progress through a course of study leading to a diploma. Students with disabilities who earn the required high school credits through successful completion of content area and elective course work are awarded a regular high school diploma. The conditions that students with IEPs must meet in order 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. School districts set their local requirements in their district graduation policy (704 KAR 3:305).

Are the conditions that youth with IEPs must meet to graduate with a regular high school diploma different from the conditions noted above? No

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 2: Drop Out**

Monitoring Priority: FAPE in the LRE

Results indicator:  
Percent of youth with IEPs dropping out of high school.

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

**Historical Data**

Baseline Data: 2011

| FFY      | 2004 | 2005  | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  |
|----------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≤ |      |       | 5.08% | 4.60% | 3.84% | 2.83% | 2.71% | 2.19% | 2.19% | 2.71% | 2.51% |
| Data     |      | 5.48% | 5.00% | 4.24% | 3.23% | 3.10% | 2.59% | 2.71% | 2.71% | 2.70% | 3.00% |

| FFY      | 2015  |
|----------|-------|
| Target ≤ | 2.31% |
| Data     | 2.75% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016  | 2017  | 2018  |
|----------|-------|-------|-------|
| Target ≤ | 2.11% | 1.91% | 1.71% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACCEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE engaged with stakeholders three times in setting new targets for FFY 13 through FFY 18. A description of the indicator was provided to the advisory group with information regarding data and trajectories from the original SPP.

For Indicator 2, the KDE aligned with its Elementary and Secondary Education Act (ESEA) Waiver and set its targets based upon the trajectories established in the KDE's Strategic Delivery Plans. The KDE consulted with stakeholders in aligning to the ESEA waiver and in using KDE trajectories in establishing targets.

Please indicate whether you are reporting using Option 1 or Option 2.

- Option 1
- Option 2

Has your State made or proposes to make changes to the data source under Option 2 when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012?  No

**FFY 2016 SPP/APR Data**

| Number of youth with IEPs who exited special education due to dropping out | Number of students ages 14 - 21 with IEPs. | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|--|----------------|------------------|---------------|
| 509  | 24,585                                     | 2.75%          | 2.11%            | 2.07%         |

- Use a different calculation methodology
  - Change numerator description in data table
  - Change denominator description in data table

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Please explain the methodology used to calculate the numbers entered above.

- LEA exiting data, SEA exiting data, and child count data for students ages 14 – 21 are placed in a spreadsheet called LEA Exiting Data 20xx – 20xx.
- This spreadsheet will calculate exiting reason totals by district and for the state.
- This will also calculate the dropout rate by dividing the number of students who dropped out by the total number of students on the exit report.

\*Indicator 2 data uses lag data which are from the Federal Fiscal Year (FFY) three years prior to reporting.

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

The KDE counted students who were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period. This includes dropouts, runaways, GED recipients, expulsions, status unknown, students who moved but are not known to be continuing in another educational program.

Youth with IEPs, who drop out, are counted the same as all youth who drop out: Youth with IEPs who were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and did not exit special education through any of the previously state means are considered "dropouts".

**Is there a difference in what counts as dropping out for youth with IEPs?** No

**Actions required in FFY 2015 response**

In FFY 2016 SPP/APR, the State must provide a narrative that describes what counts as dropping out for all youth and, if different, what counts as dropping out for youth with IEPs and why there is a difference.

**Responses to actions required in FFY 2015 OSEP response**

The KDE counted students who were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period. This includes dropouts, runaways, GED recipients, expulsions, status unknown, students who moved but are not known to be continuing in another educational program.

Youth with IEPs, who drop out, are counted the same as all youth who drop out: Youth with IEPs who were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and did not exit special education through any of the previously state means are considered "dropouts".

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 3B: Participation for Students with IEPs**

Monitoring Priority: FAPE in the LRE

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

- A. Indicator 3A – Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

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

**Historical Data**

|         | Group Name   | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013   | 2014   |        |
|---------|--------------|---------------|----------|------|------|------|------|------|------|------|------|------|--------|--------|--------|
| Reading | A<br>Grade 3 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      | 99.00% | 99.00% |        |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.79% | 99.95% |
|         | B<br>Grade 4 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.77% | 99.99% |
|         | C<br>Grade 5 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.70% | 99.94% |
|         | D<br>Grade 6 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.66% | 99.89% |
|         | E<br>Grade 7 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.69% | 99.91% |
|         | F<br>Grade 8 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.64% | 99.79% |
|         | G<br>HS      | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 98.00% | 98.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 98.58% | 98.32% |
| Math    | A<br>Grade 3 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      | 99.00% | 99.00% |        |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.81% | 99.95% |
|         | B<br>Grade 4 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.77% | 99.99% |
|         | C<br>Grade 5 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.69% | 99.94% |
|         | D<br>Grade 6 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.64% | 99.89% |
|         | E<br>Grade 7 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.63% | 99.91% |
|         | F<br>Grade 8 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 99.00% | 99.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 99.60% | 99.79% |
|         | G<br>HS      | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 98.00% | 98.00% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 98.18% | 98.44% |

|         | Group Name   | FFY      | 2015   |
|---------|--------------|----------|--------|
| Reading | A<br>Grade 3 | Target ≥ | 99.00% |
|         |              | Data     | 99.92% |
|         | B<br>Grade 4 | Target ≥ | 99.00% |
|         |              | Data     | 99.96% |
|         | C<br>Grade 5 | Target ≥ | 99.00% |
|         |              | Data     | 99.98% |
|         | D<br>Grade 6 | Target ≥ | 99.00% |
|         |              | Data     | 99.93% |
|         | E<br>Grade 7 | Target ≥ | 99.00% |
|         |              | Data     | 99.87% |
|         | F<br>Grade 8 | Target ≥ | 99.00% |
|         |              | Data     | 99.82% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

|      | Group Name   | FFY      | 2015   |
|------|--------------|----------|--------|
|      | G<br>HS      | Target ≥ | 98.00% |
|      |              | Data     | 99.06% |
|      | A<br>Grade 3 | Target ≥ | 99.00% |
|      |              | Data     | 99.92% |
|      | B<br>Grade 4 | Target ≥ | 99.00% |
|      |              | Data     | 99.96% |
|      | C<br>Grade 5 | Target ≥ | 99.00% |
|      |              | Data     | 99.98% |
| Math | D<br>Grade 6 | Target ≥ | 99.00% |
|      |              | Data     | 99.95% |
|      | E<br>Grade 7 | Target ≥ | 99.00% |
|      |              | Data     | 99.88% |
|      | F<br>Grade 8 | Target ≥ | 99.00% |
|      |              | Data     | 99.82% |
|      | G<br>HS      | Target ≥ | 98.00% |
|      |              | Data     | 99.04% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

FFY 2016 - FFY 2018 Targets

|         | FFY            | 2016   | 2017   | 2018   |
|---------|----------------|--------|--------|--------|
| Reading | A ≥<br>Grade 3 | 99.00% | 99.00% | 99.00% |
|         | B ≥<br>Grade 4 | 99.00% | 99.00% | 99.00% |
|         | C ≥<br>Grade 5 | 99.00% | 99.00% | 99.00% |
|         | D ≥<br>Grade 6 | 99.00% | 99.00% | 99.00% |
|         | E ≥<br>Grade 7 | 99.00% | 99.00% | 99.00% |
|         | F ≥<br>Grade 8 | 99.00% | 99.00% | 99.00% |
|         | G ≥<br>HS      | 98.00% | 98.00% | 98.00% |
| Math    | A ≥<br>Grade 3 | 99.00% | 99.00% | 99.00% |
|         | B ≥<br>Grade 4 | 99.00% | 99.00% | 99.00% |
|         | C ≥<br>Grade 5 | 99.00% | 99.00% | 99.00% |
|         | D ≥<br>Grade 6 | 99.00% | 99.00% | 99.00% |
|         | E ≥<br>Grade 7 | 99.00% | 99.00% | 99.00% |
|         | F ≥<br>Grade 8 | 99.00% | 99.00% | 99.00% |
|         | G ≥<br>HS      | 98.00% | 98.00% | 98.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

Kentucky has revised Indicator 3B targets, baseline, and method of reporting to align with the Kentucky Unbridled Learning Assessment and Accountability System. The SAPEC provided feedback on the approval of the alignment of the participation rate for students with disabilities with the Elementary and Secondary Education Act (ESEA) Waiver and all students in Kentucky.

**FFY 2016 SPP/APR Data: Reading Assessment**

| Group Name   | Number of Children with IEPs | Number of Children with IEPs Participating | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--------------|------------------------------|--|----------------|------------------|---------------|
| A<br>Grade 3 | 8,143                        | 8,117                                      | 99.92%         | 99.00%           | 99.68%        |
| B<br>Grade 4 | 7,702                        | 7,694                                      | 99.96%         | 99.00%           | 99.90%        |
| C<br>Grade 5 | 7,011                        | 6,995                                      | 99.98%         | 99.00%           | 99.77%        |
| D<br>Grade 6 | 6,191                        | 6,174                                      | 99.93%         | 99.00%           | 99.73%        |
| E<br>Grade 7 | 5,950                        | 5,936                                      | 99.87%         | 99.00%           | 99.76%        |
| F<br>Grade 8 | 5,712                        | 5,690                                      | 99.82%         | 99.00%           | 99.61%        |
| G<br>HS      | 5,083                        | 4,995                                      | 99.06%         | 98.00%           | 98.27%        |

**FFY 2016 SPP/APR Data: Math Assessment**

| Group Name   | Number of Children with IEPs | Number of Children with IEPs Participating | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--------------|------------------------------|--|----------------|------------------|---------------|
| A<br>Grade 3 | 8,148                        | 8,125                                      | 99.92%         | 99.00%           | 99.72%        |
| B<br>Grade 4 | 7,704                        | 7,696                                      | 99.96%         | 99.00%           | 99.90%        |
| C<br>Grade 5 | 7,015                        | 7,000                                      | 99.98%         | 99.00%           | 99.79%        |
| D<br>Grade 6 | 6,194                        | 6,171                                      | 99.95%         | 99.00%           | 99.63%        |
| E<br>Grade 7 | 5,953                        | 5,934                                      | 99.88%         | 99.00%           | 99.68%        |
| F<br>Grade 8 | 5,715                        | 5,692                                      | 99.82%         | 99.00%           | 99.60%        |
| G<br>HS      | 4,445                        | 4,349                                      | 99.04%         | 98.00%           | 97.84%        |

**Reasons for Group G Slippage**

Math assessment participation data for students in high school with an IEP did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education staff. The data indicated that high school EL participation rates had decreased. The KDE concluded that this drop in EL participation rates in conjunction with instances of misinterpretation of the guidance for the End of Course (EOC) assessments led to a decrease in participation rates for students with an IEP at the high school level.

**Public Reporting Information**

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

Kentucky School Report Card:

<http://applications.education.ky.gov/SRC/>

**Actions required in FFY 2015 response**

none

**OSEP Response**

In its FFY 2016 SPP/APR submission, Kentucky Department of Education (KDE) was required to provide documentation demonstrating that it had reported to the public on the participation and performance of children with disabilities on statewide assessments, including alternate assessments, with the same frequency and in the same detail as it reported on the assessment of nondisabled children, as required by IDEA section 612(a)(16)(D) and 34 CFR §300.160(f). The State provided the required information.

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 3C: Proficiency for Students with IEPs**

Monitoring Priority: FAPE in the LRE

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

- A. Indicator 3A -- Reserved
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level and alternate academic achievement standards.

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

**Historical Data**

|         | Group Name   | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013   | 2014   |        |
|---------|--------------|---------------|----------|------|------|------|------|------|------|------|------|------|--------|--------|--------|
| Reading | A<br>Grade 3 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      | 41.40% | 48.80% |        |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 35.28% | 34.38% |
|         | B<br>Grade 4 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 41.40% | 48.80% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 33.28% | 31.64% |
|         | C<br>Grade 5 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 41.40% | 48.80% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 31.53% | 30.21% |
|         | D<br>Grade 6 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 33.50% | 41.80% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 23.63% | 23.55% |
|         | E<br>Grade 7 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 33.50% | 41.80% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 24.70% | 21.29% |
|         | F<br>Grade 8 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 33.50% | 41.80% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 18.98% | 18.33% |
|         | G<br>HS      | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 29.00% | 37.90% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 15.48% | 16.45% |
| Math    | A<br>Grade 3 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      | 35.90% | 43.90% |        |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 26.22% | 25.95% |
|         | B<br>Grade 4 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 35.90% | 43.90% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 27.95% | 24.82% |
|         | C<br>Grade 5 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 35.90% | 43.90% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 26.75% | 23.62% |
|         | D<br>Grade 6 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 32.10% | 40.60% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 19.36% | 16.94% |
|         | E<br>Grade 7 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 32.10% | 40.60% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 17.29% | 14.51% |
|         | F<br>Grade 8 | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 32.10% | 40.60% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 15.41% | 14.93% |
|         | G<br>HS      | 2013          | Target ≥ |      |      |      |      |      |      |      |      |      |        | 28.90% | 37.80% |
|         |              |               | Data     |      |      |      |      |      |      |      |      |      |        | 12.70% | 13.92% |

|         | Group Name   | FFY      | 2015   |
|---------|--------------|----------|--------|
| Reading | A<br>Grade 3 | Target ≥ | 56.10% |
|         |              | Data     | 36.00% |
|         | B<br>Grade 4 | Target ≥ | 56.10% |
|         |              | Data     | 36.29% |
|         | C<br>Grade 5 | Target ≥ | 56.10% |
|         |              | Data     | 33.60% |
|         | D<br>Grade 6 | Target ≥ | 50.10% |
|         |              | Data     | 25.20% |
|         | E<br>Grade 7 | Target ≥ | 50.10% |
|         |              | Data     | 25.31% |
|         | F<br>Grade 8 | Target ≥ | 50.10% |
|         |              | Data     | 20.39% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

| Group Name |              | FFY      | 2015   |
|------------|--------------|----------|--------|
|            | G<br>HS      | Target ≥ | 45.80% |
|            |              | Data     | 14.60% |
| Math       | A<br>Grade 3 | Target ≥ | 51.90% |
|            |              | Data     | 27.20% |
|            | B<br>Grade 4 | Target ≥ | 51.90% |
|            |              | Data     | 29.29% |
|            | C<br>Grade 5 | Target ≥ | 51.90% |
|            |              | Data     | 28.20% |
|            | D<br>Grade 6 | Target ≥ | 49.10% |
|            |              | Data     | 20.30% |
|            | E<br>Grade 7 | Target ≥ | 49.10% |
|            |              | Data     | 17.81% |
|            | F<br>Grade 8 | Target ≥ | 49.10% |
|            |              | Data     | 15.51% |
|            | G<br>HS      | Target ≥ | 46.10% |
|            |              | Data     | 14.41% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY     |                | 2016   | 2017   | 2018   |
|---------|----------------|--------|--------|--------|
| Reading | A ≥<br>Grade 3 | 63.40% | 70.70% | 78.00% |
|         | B ≥<br>Grade 4 | 63.40% | 70.70% | 78.00% |
|         | C ≥<br>Grade 5 | 63.40% | 70.70% | 78.00% |
|         | D ≥<br>Grade 6 | 58.50% | 66.80% | 75.10% |
|         | E ≥<br>Grade 7 | 58.50% | 66.80% | 75.10% |
|         | F ≥<br>Grade 8 | 58.50% | 66.80% | 75.10% |
|         | G ≥<br>HS      | 55.70% | 63.70% | 71.70% |
| Math    | A ≥<br>Grade 3 | 60.00% | 68.00% | 76.00% |
|         | B ≥<br>Grade 4 | 60.00% | 68.00% | 76.00% |
|         | C ≥<br>Grade 5 | 60.00% | 68.00% | 76.00% |
|         | D ≥<br>Grade 6 | 57.60% | 66.10% | 74.60% |
|         | E ≥<br>Grade 7 | 57.60% | 66.10% | 74.60% |
|         | F ≥<br>Grade 8 | 57.60% | 66.10% | 74.60% |
|         | G ≥<br>HS      | 55.60% | 63.60% | 71.60% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE consulted with stakeholders three times in setting new SPP targets for FFY 13 through FFY 18. A description of each indicator was provided to the advisory group with information regarding data and trajectories from the original SPP. Feedback was provided and used to assist in determining targets for FFY 13 - FFY 18.

Would you like to use the assessment data below to automatically calculate the actual data reported in your FFY 2013 APR by the grade groups you provided on the Reporting Group Selection page? yes

Would you like the disaggregated data to be displayed in your final APR? yes

Data Source: SY 2016-17 Assessment Data Groups - Reading (EDFacts file spec C178; Data Group: 584) Date: 12/14/2017

| Reading proficiency data by grade   |      |      |      |      |      |      |   |    |    |    |      |
|---|------|------|------|------|------|------|---|----|----|----|------|
| Grade   | 3    | 4    | 5    | 6    | 7    | 8    | 9 | 10 | 11 | 12 | HS   |
| a. Children with IEPs who received a valid score and a proficiency was assigned                                 | 8117 | 7694 | 6995 | 6174 | 5936 | 5690 | n | n  | n  | n  | 4995 |
| b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level          | 1245 | 815  | 592  | 396  | 242  | 183  |   |    |    |    | 193  |
| c. IEPs in regular assessment with accommodations scored at or above proficient against grade level             | 1709 | 1487 | 1530 | 1328 | 1051 | 913  |   |    |    |    | 457  |
| d. IEPs in alternate assessment against grade-level standards scored at or above proficient against grade level |      |      |      |      |      |      |   |    |    |    |      |
| e. IEPs in alternate assessment against modified standards scored at or above proficient against grade level    |      |      |      |      |      |      |   |    |    |    |      |
| f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level   | 201  | 254  | 306  | 223  | 163  | 210  |   |    |    |    | 172  |

Data Source: SY 2016-17 Assessment Data Groups - Math (EDFacts file spec C175; Data Group: 583) Date: 12/14/2017

| Math proficiency data by grade  |      |      |      |      |      |      |   |    |    |    |      |
|---|------|------|------|------|------|------|---|----|----|----|------|
| Grade   | 3    | 4    | 5    | 6    | 7    | 8    | 9 | 10 | 11 | 12 | HS   |
| a. Children with IEPs who received a valid score and a proficiency was assigned                                 | 8125 | 7696 | 7000 | 6171 | 5934 | 5692 | n | n  | n  | n  | 4349 |
| b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level          | 1148 | 781  | 505  | 291  | 186  | 144  |   |    |    |    | 65   |
| c. IEPs in regular assessment with accommodations scored at or above proficient against grade level             | 1222 | 1228 | 1207 | 926  | 763  | 686  |   |    |    |    | 304  |
| d. IEPs in alternate assessment against grade-level standards scored at or above proficient against grade level |      |      |      |      |      |      |   |    |    |    |      |
| e. IEPs in alternate assessment against modified standards scored at or above proficient against grade level    |      |      |      |      |      |      |   |    |    |    |      |
| f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level   | 158  | 152  | 189  | 194  | 164  | 191  |   |    |    |    | 182  |

FFY 2016 SPP/APR Data: Reading Assessment

| Group Name   | Children with IEPs who received a valid score and a proficiency was assigned | Number of Children with IEPs Proficient | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--------------|--|---|----------------|------------------|---------------|
| A<br>Grade 3 | 8,117  | 3,155                                   | 36.00%         | 63.40%           | 38.87%        |
| B<br>Grade 4 | 7,694  | 2,556                                   | 36.29%         | 63.40%           | 33.22%        |
| C<br>Grade 5 | 6,995  | 2,428                                   | 33.60%         | 63.40%           | 34.71%        |
| D<br>Grade 6 | 6,174  | 1,947                                   | 25.20%         | 58.50%           | 31.54%        |

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

| Group Name   | Children with IEPs who received a valid score and a proficiency was assigned | Number of Children with IEPs Proficient | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--------------|--|---|----------------|------------------|---------------|
| E<br>Grade 7 | 5,936  | 1,456                                   | 25.31%         | 58.50%           | 24.53%        |
| F<br>Grade 8 | 5,690  | 1,306                                   | 20.39%         | 58.50%           | 22.95%        |
| G<br>HS      | 4,995  | 822                                     | 14.60%         | 55.70%           | 16.46%        |

**Reasons for Group B Slippage**

Reading assessment proficiency data for students with an IEP in fourth grade did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. Data from the analysis indicated, although not on target there was a decrease in the achievement gap between students with an IEP and all other students. The KDE is focusing on K-3 initiatives to help strengthen reading performance for all students by grade 4. Fourth grade is identified as a pivotal year moving from a primary, emergent reader focus to an intermediate, fluent reader focus. With the change in focus, students not reading commensurate with grade level receive less whole group regular education instruction at the foundational level.

**FFY 2016 SPP/APR Data: Math Assessment**

| Group Name   | Children with IEPs who received a valid score and a proficiency was assigned | Number of Children with IEPs Proficient | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--------------|--|---|----------------|------------------|---------------|
| A<br>Grade 3 | 8,125  | 2,528                                   | 27.20%         | 60.00%           | 31.11%        |
| B<br>Grade 4 | 7,696  | 2,161                                   | 29.29%         | 60.00%           | 28.08%        |
| C<br>Grade 5 | 7,000  | 1,901                                   | 28.20%         | 60.00%           | 27.16%        |
| D<br>Grade 6 | 6,171  | 1,411                                   | 20.30%         | 57.60%           | 22.87%        |
| E<br>Grade 7 | 5,934  | 1,113                                   | 17.81%         | 57.60%           | 18.76%        |
| F<br>Grade 8 | 5,692  | 1,021                                   | 15.51%         | 57.60%           | 17.94%        |
| G<br>HS      | 4,349  | 551                                     | 14.41%         | 55.60%           | 12.67%        |

**Reasons for Group B Slippage**

Math assessment proficiency data for students with an IEP in fourth grade did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. Data from the analysis indicated, although not on target there was a decrease in the achievement gap between students with an IEP and all other students.

Through the State Systemic Improvement Plan (SSIP) the KDE and Regional Education Cooperatives have remained focused on student performance in middle school mathematics. Although impact from the SSIP has not yet been realized across grade levels the data indicates that student performance at the 8th grade level did increase by more than 2%.

The KDE continues to focus on the goals of the 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 evidence-based practices in math."

**Reasons for Group C Slippage**

Math assessment proficiency data for students with an IEP in fifth grade did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. Data from the analysis indicated, although not on target there was a decrease in the achievement gap between students with an IEP and all other students.

Through the State Systemic Improvement Plan (SSIP) the KDE and Regional Education Cooperatives have remained focused on student performance in middle school mathematics. Although impact from the SSIP has not yet been realized across grade levels the data indicates that student performance at the 8th grade level did increase by more than 2%.

The KDE continues to focus on the goals of the 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 evidence-based practices in math."

Math assessment proficiency data for students with an IEP in HS did not meet target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. Data from the analysis indicated, although not on target there was a decrease in the achievement gap between students with an IEP and all other students.

Through the State Systemic Improvement Plan (SSIP) the KDE and Regional Education Cooperatives have remained focused on student performance in middle school mathematics. Although impact from the SSIP has not yet been realized across grade levels the data indicates that student performance at the 8th grade level did increase by more than 2%.

The KDE continues to focus on the goals of the 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 evidence-based practices in math."

### Public Reporting Information

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

Kentucky School Report Card: <http://applications.education.ky.gov/SRC/>

For assessment data, go to:

<http://applications.education.ky.gov/SRC/DataSets.aspx>, click on "2016-17", under "Assessment", click "Grade".

For Science Assessment Data please see the School Report Card site: <http://applications.education.ky.gov/SRC/>

1. Select "Visit our website by clicking here" on the page
2. To review scores, select "View Card" in the State Report Card Box
3. Select "Assessment" on the row of blue tabs on page (second from left)
4. Scroll down assessment page to locate science: for science the only scores posted are for alternate
5. To see high school scores select K-PREP End of Course tab instead of K-PREP, scroll to "Biology" and see category for "disability- Alternate only".

For additional information:

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

### Actions required in FFY 2015 response

none

### OSEP Response

In its FFY 2016 SPP/APR submission, Kentucky Department of Education (KDE) was required to provide documentation demonstrating that it had reported to the public on the participation and performance of children with disabilities on statewide assessments, including alternate assessments, with the same frequency and in the same detail as it reported on the assessment of nondisabled children, as required by IDEA section 612(a)(16)(D) and 34 CFR §300.160(f). The State provided the required information.

### Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4A: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Results indicator: Rates of suspension and expulsion:

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

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

**Historical Data**

Baseline Data: 2009

| FFY      | 2004 | 2005   | 2006  | 2007  | 2008  | 2009  | 2010  | 2011  | 2012  | 2013  | 2014  |
|----------|------|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Target ≤ |      |        | 9.04% | 7.95% | 6.82% | 5.68% | 4.55% | 3.41% | 2.27% | 2.29% | 2.29% |
| Data     |      | 11.23% | 9.04% | 7.38% | 7.39% | 7.39% | 0.56% | 0.56% | 0.56% | 0.57% | 0%    |

| FFY      | 2015  |
|----------|-------|
| Target ≤ | 1.71% |
| Data     | 0.58% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016  | 2017  | 2018  |
|----------|-------|-------|-------|
| Target ≤ | 1.71% | 1.14% | 1.14% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE consulted with stakeholders last year to set a statewide *static* rate for out-of-school removals greater than 10 days for students with disabilities and lower the 'n' size.

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 5

| Number of districts that have a significant discrepancy | Number of districts that met the State's minimum n-size | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 6   | 170   | 0.58%          | 1.71%            | 3.53%         |

**Reasons for Slippage**

The Indicator 4A slippage is due to Kentucky's change in the definition of "significant discrepancy." The FY 2016 definition requires the KDE to review small districts for significant discrepancy in suspensions and expulsions, which is a significant change from past practice. This has resulted in more districts being reviewed under Indicator 4A. An explanation of the KDE's actions in changing this definition follows:

The KDE became aware when reviewing its suspension/expulsion data that a number of small Kentucky districts had students with disabilities removed for greater than 10 days in a school year, yet were not reviewed for significant discrepancy under 4A. The previous definition of "significant discrepancy" stated:

"First, KDE determines if a district suspends/expels students with disabilities more than 10 days at a rate three times greater than the statewide static rate of 0.2% for these types of removals.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

If a district meets the first criteria, KDE then determines if the second criteria - suspending/expelling more than five students with disabilities over 10 days - is met. If both parts of the criteria are met, the district has met the significant discrepancy standard under Indicator 4A."

Thus, under the previous definition, KDE reviewed policies, procedures and practices only for districts that have met the significant discrepancy definition. Small districts were not examined for significant discrepancy in FFY 2015 due to the "five student 'n' size" requirement. As set out in Kentucky's FFY 2015 APR (see Indicator 4A, page 20), 10 small districts were not reviewed for significant discrepancy because they had less than 5 students suspended for 10 or more days, which means their policies, procedures and practices were not reviewed by the KDE.

In FFY 2016, the KDE conducted student-level record reviews as part of the review of policies, procedures and practices for all six districts identified as having significant discrepancy. This year's review of the six districts with students suspended or expelled in excess of 10 days revealed noncompliant practices within all six districts. Changes to Kentucky's definition of significant discrepancy resulted in a higher number of districts being reviewed in FFY 2016 to determine compliance with Indicators 4A and 4B, which resulted in more districts being found to have significant discrepancy, due to noncompliant policies, procedures or practices.

The KDE issued reports to all six districts citing them for noncompliance with Indicators 4A. In the past, no districts would have been cited.

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

The rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in each LEA compared to the rates for nondisabled children in the same LEA

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

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

- The district suspends/expels students with disabilities for greater than 10 days during a school year at a rate that is three times or greater than the *statewide static rate of 0.2%* for these types of removals during that year; and
- The district has at least two students with disabilities who are subject to out-of-school removals for greater than 10 days

With the prior definition of "significant discrepancy," many small Kentucky districts were not examined for significant discrepancy due to the "five student 'n' size" requirement. As set out in Kentucky's FY 2015 APR (see Indicator 4A, page 20), 10 small districts were not reviewed for significant discrepancy because they had less than 5 students suspended for 10 or more days, which means their policies, procedures and practices were not reviewed by the KDE.

The KDE is in Year Two of gradually lowering the 'n' size of Indicator 4A from the previous calculation of 10 for FY 2014 to zero over the course of three years. This is allowing the KDE to consider the suspension/expulsion rates of smaller districts while continuing to focus on districts with the largest numbers of students with disabilities removed for greater than 10 days.

The significant discrepancy rate is calculated for each school district based on its local discipline data and number of students with IEPs. It is calculated on the total number of district students with disabilities subject to out-of-school removals greater than 10 days, divided by the total number of district students with disabilities.

'N' size: Kentucky uses a minimum 'n' size of 50 or more students with disabilities enrolled in the district. Five districts were excluded from the calculation, based on the 'n' size requirement.

For FFY 2016, using 2015-16 data, 10 districts of 170 had discrepancies that were three times or more than the state rate and met the first of two criteria for significant discrepancy. Of those 10, six districts also met the second criteria for significant discrepancy – that of suspending/ expelling two or more students with disabilities for greater than ten days. As a result, six Kentucky districts met both criteria for determining significant discrepancy. The policies, procedures and practices were reviewed and all six districts were cited by the KDE for non-compliance with the IDEA.

The *static* state average comparison rate set for Kentucky is very low at 0.2%. Of the 10 districts exceeding the state rate:

- four districts suspended only one student for more than 10 days in the school year
- one district suspended two students for more than 10 days in the school year
- two districts suspended three students for more than 10 days in the school year
- one district suspended four students for more than 10 days in the school year
- one district suspended six students for more than 10 days in the school year
- one district suspended eight students for more than 10 days in the school year

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will

**FFY 2015 Identification of Noncompliance**

**Review of Policies, Procedures, and Practices** (completed in FFY 2016 using 2015-2016 data)

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

Significant discrepancy in the rate of long-term removals of students with disabilities was identified for six districts that met the state's definition. Once the significant discrepancy was identified, student-level record reviews were conducted by the KDE to review the policies, procedures and practices relating to long-term removals of students with disabilities.

Individual students who were suspended or expelled for greater than 10 days were identified by the KDE. Once identified, the KDE reviewed IEP team documentation from FY 2015 including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records and behavior detail reports. All students suspended or expelled for greater than 10 school days were reviewed by the KDE. Additionally, the KDE reviewed the policies and procedures of the district.

Each district's policies and procedures manual was found by the KDE to be in compliance with the IDEA. However, the review of student records and interviews confirmed district-wide practices were out of compliance with the IDEA, particularly in the documentation of manifestation determination meetings. Both student-specific and systemic noncompliance with the IDEA were identified by the KDE.

The KDE identified non-compliance in the following areas:

- IEP development and implementation
- consideration of positive behavioral interventions and supports
- procedural safeguards including manifestation determination procedures and obtaining parental consent for evaluation
- behavior intervention plan development and implementation
- conducting comprehensive functional behavior assessments
- transportation
- IEP team membership

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

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

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

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

Once the noncompliance was identified by the KDE, a written report was issued to the districts. The reports included identification of the noncompliance, as well as a corrective action plan (CAP). The districts are required to complete the CAP to demonstrate compliance with IDEA. As part of the CAP, the districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP.

The KDE identified all students with disabilities in the district who were subject to out-of-school removals greater than 10 days. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

Within the report of findings, the KDE included the districts' percentage of suspensions and expulsions, along with the statewide average for comparison. As part of the CAP, the districts are required to change the practices that resulted in the noncompliance. Districts must conduct a root-cause analysis to identify the cause of high suspension and expulsion rates. Schools with high rates of suspension or expulsion of students with disabilities are also required to address this in their school plans.

Additionally, as part of the CAP, both the districts and the KDE reviewed updated student files and data to ensure district programs were correctly implementing specific regulatory requirements. The districts are required to submit current files of students who are suspended or expelled for greater than 10 days to the KDE for review. The districts are also required to conduct regular data reviews with all shareholders to ensure compliance with the IDEA.

The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Correction of Findings of Noncompliance Identified in FFY 2015**

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

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

UPDATED: For FFY 2015, using information retrieved from the state data system and onsite monitoring, one district was identified as having noncompliant practices under Indicator 4A. The KDE identified all students with disabilities in the district who were subject to out-of-school removals greater than 10 days.

Once the noncompliance was identified by the KDE, a written report was issued to the districts. Within the report of findings, the KDE included the districts' percentage of suspensions and expulsions, along with the statewide static rate for comparison. The reports included identification of the noncompliance, as well as a corrective action plan (CAP).

A corrective action plan (CAP) was implemented with the district to correct findings of noncompliance. As part of the CAP, the districts were required to change the practices that resulted in the noncompliance. The districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP. Through the development of the CAP, the district conducted a root-cause analysis and determined all schools in the district were in need of training in the areas of procedural safeguards including manifestation determination procedures, consideration of Positive Behavioral Interventions and Supports (PBIS), IEP development, Functional Behavior Assessments, and Least Restrictive Environment. Systemic corrections were implemented to improve the practices of the district as a whole. Schools with high rates of suspension or expulsion of students with disabilities were also required to address this in their school plans. Training was planned by the district and reviewed by the KDE then conducted in the district as part of the CAP. The KDE worked with special education cooperative staff to determine needs for further training. The KDE provided continuous monitoring to the district through review of CAP activities and monitoring of student level correction. The district provided the KDE with quarterly updates of their progress towards meeting the goals of the CAP. The KDE reviewed these updates to determine practices were compliant.

The KDE determined the districts were in systemic compliance with OSEP 09-02.

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

UPDATED: For FFY 2015, one district was identified as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

Once it was determined, all CAP activities were complete, student level files were corrected and comparison folders were reviewed and accepted, the district was considered to have corrected noncompliance and the CAP was closed.

Additionally, as part of the CAP, both the district and the KDE reviewed updated student files and data to ensure district programs were correctly implementing specific regulatory requirements. To prevent non-compliance from occurring in subsequent years, the district was required to submit current files of students who were suspended or expelled for greater than 10 days to the KDE for review. The district was also required to conduct regular data reviews with all shareholders to ensure compliance with the IDEA.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP 09/02. KY verified the districts completed corrections within timelines.

### OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2015 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.

The State must report, in the FFY 2017 SPP/APR, on the correction of noncompliance that the State identified in FFY 2015 and FFY 2016 as a result of the review it conducted pursuant to 34 CFR §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 2017 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

### Required Actions

|  |
|--|
|  |
|--|



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 4B: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Compliance indicator: Rates of suspension and expulsion:

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

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

**Historical Data**

Baseline Data: 2009

| FFY    | 2004 | 2005 | 2006 | 2007 | 2008 | 2009  | 2010  | 2011  | 2012  | 2013  | 2014 |
|--------|------|------|------|------|------|-------|-------|-------|-------|-------|------|
| Target |      |      | 0%   | 0%   | 0%   | 0%    | 0%    | 0%    | 0%    | 0%    | 0%   |
| Data   |      |      |      |      |      | 0.60% | 0.56% | 0.56% | 0.56% | 0.57% | 0%   |

| FFY    | 2015  |
|--------|-------|
| Target | 0%    |
| Data   | 0.57% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 0%   | 0%   | 0%   |

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

The State may only include, in both the numerator and the denominator, districts that met the State-established n size. Report the number of districts excluded from the calculation as a result of the requirement. 0

| Number of districts that have a significant discrepancy, by race or ethnicity | Number of those districts that have policies, procedures, or practices that contribute to the significant discrepancy and do not comply with requirements | Number of districts that met the State's minimum n-size | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|---|----------------|------------------|---------------|
| 8   | 8   | 175   | 0.57%          | 0%               | 4.57%         |

**Reasons for Slippage**

The Indicator 4B slippage is due to a change in the definition of "significant discrepancy." The FY 2016 definition requires the KDE to review small districts for significant discrepancy in suspensions and expulsions, which is a significant change from past practice. This has resulted in more districts being reviewed under Indicator 4A and 4B. An explanation of the KDE's actions in changing this definition follows:

The KDE became aware when reviewing its suspension/expulsion data that a number of small Kentucky districts had students with disabilities removed for greater than 10 days in a school year, yet were not reviewed for significant discrepancy. The previous definition of "significant discrepancy" stated:

"First, KDE determines if a district suspends/expels students with disabilities more than 10 days at a rate three times greater than the statewide static rate of 0.2% for these types of removals.

If a district meets the first criteria, KDE then determines if the second criteria - suspending/expelling more than five students with disabilities over 10 days - is met. If both parts of the criteria are met, the district has met the significant discrepancy standard under Indicator 4B."

Thus, under the previous definition, KDE reviewed policies, procedures and practices only for districts that have met the significant discrepancy definition. Small districts were not examined for significant discrepancy in FFY 2015 due to the "five student 'n' size" requirement. As set out in Kentucky's FFY 2015 APR (see Indicator 4A, page 20), 10 small districts were not reviewed for significant discrepancy because they had less than 5 students suspended for 10 or more days, which means their policies, procedures and practices were not reviewed by the KDE.

In FFY 2016, the KDE conducted student-level record reviews as part of the review of policies, procedures and practices for all eight districts identified as having significant discrepancy. This year's review of the eight districts with students suspended or expelled in excess of 10 days revealed noncompliant practices within all eight districts. Changes to Kentucky's definition of significant discrepancy resulted in a higher number of districts being reviewed in FFY 2016 to determine compliance with Indicator 4, which resulted in more districts being found to have significant discrepancy, due to noncompliant

The KDE issued reports to all eight districts citing them for noncompliance with Indicator 4B. In the past, no districts would have been cited.

**All races and ethnicities were included in the review**

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

For the measurement, a Kentucky district is found to have a significant discrepancy under Indicator 4B if all of the following criteria are met:

1. The district suspends/expels students with disabilities in any racial or ethnic category for greater than ten days during a school year at a rate that is three times or greater than the statewide *static* rate for these types of removals for all Kentucky students with disabilities during that school year; and
2. The district has at least 10 students with disabilities in any racial or ethnic category; and
3. The district has at least two students with disabilities in that racial or ethnic category who are subject to out-of-school removals for greater than 10 days in the school year.

Historically, many small Kentucky districts were not examined for significant discrepancy, due to the former definition of significant discrepancy and methodology used to calculate it. The KDE consulted with stakeholders to set a static rate and lower the 'n' size of the total number of students with IEPs suspended/expelled for more than 10 days from 10 students to zero over the course of three years.

The KDE is in Year Two of gradually lowering the 'n' size from 10 students removed long term from school to zero over the course of three years. This has allowed the KDE to review smaller districts, while allowing it to continue to focus on districts with the most students being suspended or expelled long term from school.

The rate is calculated for each school district in the state, based on its local discipline data and count of students with disabilities. This rate is based on the total number of district students with disabilities subject to out-of-school removals greater than 10 days, divided by the total number of district students with disabilities.

Many districts in Kentucky are very small and rural. In districts with small numbers of students with IEPs in specific racial/ethnic groups, one student in the specific group who is suspended for greater than 10 days may cause the district rate to exceed the state average comparison rate. A small number of students can compromise the validity of risk ratio data and make it difficult to protect the identity of individual students in the process of public reporting, unless a minimum 'n' size is used as a criteria.

If a district is found to have a significant discrepancy in a particular racial or ethnic category, the KDE reviews the district's policies, procedures and practices. The KDE then assesses whether the policies, procedures and practices contributed to the significant discrepancy, by not complying with IDEA requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports (PBIS); and procedural safeguards, such as manifestation determinations.

The following number of districts met the first criteria listed above, by having a discrepancy in a race/ethnicity category that was three or more times the state suspension rate of 0.2% for all Kentucky students with disabilities:

- nine districts had a discrepancy for the "White" category
- nine districts had a discrepancy for the "Black" category
- one district had a discrepancy for the "Hispanic" category
- zero districts had a discrepancy for the "Asian" category
- zero districts had a discrepancy for the "Native American" category
- zero districts had a discrepancy for the "Pacific Islander" category
- three districts had a discrepancy for the "Multiple" category

Of the districts listed above, eight districts met the second criteria required for significant discrepancy- that of having at least two students in the specific race/ethnicity subgroup who were subject to disciplinary removal for greater than ten days in a school year. Therefore, eight districts in Kentucky met both criteria for determining that a significant discrepancy currently exists in the district for Indicator 4B.

- six districts had a significant discrepancy for the "White" category
- one district had a significant discrepancy for the "Black" category
- one district had a significant discrepancy for the "Hispanic" category
- zero districts had a significant discrepancy for the "Asian" category
- zero districts had a significant discrepancy for the "Native American" category
- zero districts had a significant discrepancy for the "Pacific Islander" category
- zero districts had a significant discrepancy for the "Multiple" category

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

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The baseline was reviewed by the SPP/APR team and it was determined that the baseline is appropriate at this time.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### FFY 2015 Identification of Noncompliance

#### Review of Policies, Procedures, and Practices (completed in FFY 2016 using 2015-2016 data)

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

Significant discrepancy in the rate of long-term removals of students with disabilities was identified for eight districts that met the state's definition. Once the significant discrepancy was identified, student-level record reviews were conducted by the KDE to review the policies, procedures and practices relating to long-term removals of students with disabilities.

Individual students who were suspended or expelled for greater than 10 days were identified by the KDE. Once identified, the KDE reviewed IEP team documentation from FY15 including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records and behavior detail reports. All students suspended or expelled for greater than 10 school days were reviewed by the KDE. Additionally, the KDE reviewed the policies and procedures of the district.

Each district's policies and procedures manual was found by the KDE to be in compliance with the IDEA. However, the review of student records and interviews confirmed district-wide practices were out of compliance with the IDEA, particularly in the documentation of manifestation determination meetings. Both student-specific and systemic noncompliance with the IDEA were identified by the KDE.

The KDE identified non-compliance in the following areas:

- IEP development and implementation
- consideration of positive behavioral interventions and supports
- procedural safeguards including manifestation determination procedures and obtaining parental consent for evaluation
- behavior intervention plan development and implementation
- conducting comprehensive functional behavior assessments
- transportation
- IEP team membership

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

The State DID identify noncompliance with Part B requirements as a result of the review required by 34 CFR §300.170(b). If YES, select one of the following:

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

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

Once the noncompliance was identified by the KDE, a written report was issued to the districts. The reports included identification of the noncompliance, as well as a corrective action plan (CAP). The districts are required to complete the CAP to demonstrate its compliance with IDEA. As part of the CAP, the districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP.

The KDE identified all students with disabilities in the district who were subject to out-of-school removals greater than 10 days. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

Within the report of findings, the KDE included the districts' percentage of suspensions and expulsions, along with the statewide average for comparison. As part of the CAP, the districts are required to change the practices that resulted in the noncompliance. Districts must conduct a root-cause analysis to identify the cause of high suspension and expulsion rates. Schools with high rates of suspension or expulsion of students with disabilities are also required to address this in their school plans.

Additionally, as part of the CAP, both the districts and the KDE reviewed updated student files and data to ensure district programs were correctly implementing specific regulatory requirements. The districts are required to submit current files of students who are suspended or expelled for greater than 10 days to the KDE for review. The districts are also required to conduct regular data reviews with all shareholders to ensure compliance with the IDEA.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

The State did NOT ensure that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 09-02, dated October 17, 2008.

**Correction of Findings of Noncompliance Identified in FFY 2015**

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

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

UPDATED: For FFY 2015, using information retrieved from the state data system and onsite monitoring, one district was identified as having noncompliant practices under Indicator 4B. This was the same district identified under 4A. The KDE identified all students with disabilities in the district who were subject to out-of-school removals greater than 10 days.

Once the noncompliance was identified by the KDE, a written report was issued to the district. Within the report of findings, the KDE included the district’s percentage of suspensions and expulsions, along with the statewide static rate for comparison. The report included identification of the noncompliance, as well as a corrective action plan (CAP).

A corrective action plan (CAP) was implemented with the district to correct findings of noncompliance. As part of the CAP, the district was required to change the practices that resulted in the noncompliance. The districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP. The district conducted a root-cause analysis to identify the cause of high suspension and expulsion rates. Schools with high rates of suspension or expulsion of students with disabilities were also required to address this in their school plans. Through the development of the CAP, the district determined all schools in the district were in need of training in the areas of procedural safeguards including manifestation determination procedures, consideration of Positive Behavioral Interventions and Supports (PBIS), IEP development and Functional Behavior Assessments and Least Restrictive Environments. Systemic corrections were implemented to improve the practices of the district as a whole. Training was planned by the district and reviewed by the KDE then conducted in the district as part of the CAP. The KDE worked with special education cooperative staff to determine needs for further training. The KDE provided continuous monitoring to the district through review of CAP activities and monitoring of student level corrections. The district provided the KDE with quarterly updates of their progress towards meeting the goals of the CAP. The KDE reviewed these updates to determine practices were compliant.

[The KDE determined the districts were in systemic compliance with OSEP 09-02.](#)

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

UPDATED: For FFY 2015, one district was identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

Once it was determined all CAP activities were complete, student level files were corrected and comparison folders were reviewed and accepted, the district was considered to have corrected noncompliance and the CAP was closed.

Additionally, as part of the CAP, both the districts and the KDE reviewed updated student files and data to ensure district programs were correctly implementing specific regulatory requirements. To prevent non-compliance from occurring in subsequent years, the district was required to submit current files of students who were suspended or expelled for greater than 10 days to the KDE for review. The district was also required to conduct regular data reviews with all shareholders to ensure compliance with the IDEA.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP 09/02. KY verified the districts completed corrections within timelines.

**OSEP Response**

The State used the total number of districts in the State as the denominator in its FFY 2015 SPP/APR, and used the number of districts that meet the State-established minimum n size as the denominator in its FFY 2016 SPP/APR, as required by the Measurement Table. However, the State did not change its baseline to account for this change in calculation methodology.

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that each LEA with noncompliance identified in FFY 2015 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.

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. Additionally, the State must demonstrate, in the FFY 2017 SPP/APR, that the districts identified with noncompliance in FFY 2015 and FFY 2016 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 2017 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 2016, although its FFY 2016 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 2016.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Required Actions**

In the State's FFY 2017 SPP/APR, the State must revise its baseline for this indicator.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 5: Education Environments (children 6-21)**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 6 through 21 served:

- A. Inside the regular class 80% or more of the day;
- B. Inside the regular class less than 40% of the day; and
- C. In separate schools, residential facilities, or homebound/hospital placements.

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

**Historical Data**

|   | Baseline Year | FFY      | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|---|---------------|----------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| A | 2005          | Target ≥ |      |        | 63.00% | 63.50% | 64.00% | 64.50% | 65.00% | 65.00% | 65.00% | 71.80% | 71.80% |
|   |               | Data     |      | 64.33% | 66.83% | 68.69% | 69.63% | 70.80% | 71.37% | 71.35% | 71.80% | 72.31% | 73.15% |
| B | 2005          | Target ≤ |      |        | 11.50% | 11.40% | 11.20% | 11.10% | 11.00% | 11.00% | 11.00% | 8.70%  | 8.70%  |
|   |               | Data     |      | 11.09% | 10.25% | 9.93%  | 9.84%  | 9.52%  | 9.16%  | 8.88%  | 8.73%  | 8.43%  | 8.22%  |
| C | 2005          | Target ≤ |      |        | 2.21%  | 2.15%  | 2.12%  | 2.05%  | 2.00%  | 2.00%  | 2.00%  | 1.90%  | 1.90%  |
|   |               | Data     |      | 2.21%  | 2.24%  | 2.09%  | 2.09%  | 1.85%  | 1.93%  | 1.93%  | 1.90%  | 1.86%  | 1.66%  |

|   | FFY      | 2015   |
|---|----------|--------|
| A | Target ≥ | 71.80% |
|   | Data     | 73.73% |
| B | Target ≤ | 8.70%  |
|   | Data     | 8.28%  |
| C | Target ≤ | 1.90%  |
|   | Data     | 1.68%  |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY        | 2016   | 2017   | 2018   |
|------------|--------|--------|--------|
| Target A ≥ | 71.80% | 71.80% | 71.80% |
| Target B ≤ | 8.70%  | 8.70%  | 8.70%  |
| Target C ≤ | 1.90%  | 1.90%  | 1.90%  |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE engaged with stakeholders three times in setting new targets for FFY 13 through FFY 18. A description of the indicator was provided to the advisory group with information regarding data and trajectories from the original SPP.

**Prepopulated Data**

| Source   | Date      | Description   | Data   | Overwrite Data |
|--|-----------|---|--------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74) | 7/13/2017 | <a href="#">Total number of children with IEPs aged 6 through 21</a>  | 83,953 | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74) | 7/13/2017 | <a href="#">A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day</a> | 61,966 | null           |

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

| Source   | Date      | Description   | Data  | Overwrite Data |
|--|-----------|---|-------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74) | 7/13/2017 | <a href="#">B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day</a> | 6,977 | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74) | 7/13/2017 | <a href="#">c1. Number of children with IEPs aged 6 through 21 in separate schools</a>                              | 475   | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74) | 7/13/2017 | <a href="#">c2. Number of children with IEPs aged 6 through 21 in residential facilities</a>                        | 293   | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74) | 7/13/2017 | <a href="#">c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements</a>                 | 680   | null           |

**FFY 2016 SPP/APR Data**

|  | Number of children with IEPs aged 6 through 21 served | Total number of children with IEPs aged 6 through 21 | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|--|----------------|------------------|---------------|
| A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day  | 61,966  | 83,953   | 73.73%         | 71.80%           | 73.81%        |
| B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day  | 6,977   | 83,953   | 8.28%          | 8.70%            | 8.31%         |
| C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3] | 1,448   | 83,953   | 1.68%          | 1.90%            | 1.72%         |

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 6: Preschool Environments**

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of children with IEPs aged 3 through 5 attending a:

- A. Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program; and
- B. Separate special education class, separate school or residential facility.

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

**Historical Data**

|   | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012   | 2013   | 2014   |
|---|---------------|----------|------|------|------|------|------|------|------|------|--------|--------|--------|
| A | 2011          | Target ≥ |      |      |      |      |      |      |      |      | 63.30% | 63.30% | 64.00% |
|   |               | Data     |      |      |      |      |      |      |      |      | 63.36% | 64.94% | 65.10% |
| B | 2011          | Target ≤ |      |      |      |      |      |      |      |      | 6.81%  | 6.81%  | 6.00%  |
|   |               | Data     |      |      |      |      |      |      |      |      | 6.81%  | 5.04%  | 4.63%  |

|   | FFY      | 2015   |
|---|----------|--------|
| A | Target ≥ | 64.00% |
|   | Data     | 66.50% |
| B | Target ≤ | 6.00%  |
|   | Data     | 4.54%  |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY        | 2016   | 2017   | 2018   |
|------------|--------|--------|--------|
| Target A ≥ | 64.00% | 64.00% | 64.00% |
| Target B ≤ | 6.00%  | 6.00%  | 6.00%  |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE with stackholder input determined that, since data for Indicator 6 was relatively recent and still developing, the data needed to stabilize and be analyzed over a longer period of time. Targets will be reviewed in the future as data is collected and a trajectory of results can be determined.

**Prepopulated Data**

| Source  | Date      | Description  | Data   | Overwrite Data |
|---|-----------|--|--------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613) | 7/13/2017 | <a href="#">Total number of children with IEPs aged 3 through 5</a>  | 17,626 | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613) | 7/13/2017 | <a href="#">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</a> | 11,872 | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613) | 7/13/2017 | <a href="#">b1. Number of children attending separate special education class</a>  | 618    | null           |
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613) | 7/13/2017 | <a href="#">b2. Number of children attending separate school</a>   | 85     | null           |



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

| Source  | Date      | Description   | Data | Overwrite Data |
|---|-----------|---|------|----------------|
| SY 2016-17 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613) | 7/13/2017 | <a href="#">b3. Number of children attending residential facility</a> | 8    | null           |

**FFY 2016 SPP/APR Data**

|  | Number of children with IEPs aged 3 through 5 attending | Total number of children with IEPs aged 3 through 5 | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|---|----------------|------------------|---------------|
| A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program | 11,872  | 17,626  | 66.50%         | 64.00%           | 67.36%        |
| B. Separate special education class, separate school or residential facility   | 711   | 17,626  | 4.54%          | 6.00%            | 4.03%         |

Use a different calculation methodology

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 7: Preschool Outcomes**

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))

**Historical Data**

|    | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----|---------------|----------|------|------|------|------|--------|--------|--------|--------|--------|--------|--------|
| A1 | 2013          | Target ≥ |      |      |      |      |        | 56.00% | 72.00% | 81.00% | 82.00% | 49.29% | 49.30% |
|    |               | Data     |      |      |      |      | 68.10% | 82.10% | 84.00% | 84.00% | 88.00% | 49.29% | 44.01% |
| A2 | 2013          | Target ≥ |      |      |      |      |        | 35.00% | 50.00% | 60.00% | 61.00% | 39.11% | 39.20% |
|    |               | Data     |      |      |      |      | 39.70% | 57.80% | 68.00% | 40.00% | 64.00% | 39.11% | 32.29% |
| B1 | 2013          | Target ≥ |      |      |      |      |        | 57.00% | 64.00% | 81.00% | 82.00% | 67.42% | 67.40% |
|    |               | Data     |      |      |      |      | 62.70% | 64.70% | 87.00% | 72.00% | 74.00% | 67.42% | 65.02% |
| B2 | 2013          | Target ≥ |      |      |      |      |        | 35.00% | 48.00% | 58.00% | 59.00% | 39.85% | 39.90% |
|    |               | Data     |      |      |      |      | 35.50% | 52.60% | 72.00% | 28.00% | 30.00% | 39.85% | 38.57% |
| C1 | 2013          | Target ≥ |      |      |      |      |        | 49.00% | 70.00% | 81.00% | 82.00% | 50.67% | 50.70% |
|    |               | Data     |      |      |      |      | 31.70% | 83.90% | 86.00% | 84.00% | 85.00% | 50.67% | 35.56% |
| C2 | 2013          | Target ≥ |      |      |      |      |        | 34.00% | 50.00% | 62.00% | 63.00% | 35.67% | 35.70% |
|    |               | Data     |      |      |      |      | 27.60% | 60.90% | 70.00% | 35.00% | 57.00% | 35.67% | 23.37% |

|    | FFY      | 2015   |
|----|----------|--------|
| A1 | Target ≥ | 49.30% |
|    | Data     | 39.84% |
| A2 | Target ≥ | 39.20% |
|    | Data     | 28.96% |
| B1 | Target ≥ | 67.40% |
|    | Data     | 63.06% |
| B2 | Target ≥ | 39.90% |
|    | Data     | 36.67% |
| C1 | Target ≥ | 50.70% |
|    | Data     | 33.79% |
| C2 | Target ≥ | 35.70% |
|    | Data     | 24.22% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY         | 2016   | 2017   | 2018   |
|-------------|--------|--------|--------|
| Target A1 ≥ | 50.00% | 50.00% | 50.50% |
| Target A2 ≥ | 40.00% | 40.00% | 40.50% |
| Target B1 ≥ | 68.00% | 68.00% | 68.50% |
| Target B2 ≥ | 40.50% | 40.50% | 41.00% |
| Target C1 ≥ | 51.50% | 51.50% | 52.00% |
| Target C2 ≥ | 36.50% | 36.50% | 37.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE, after consulting stakeholders decided to use new algorithms during FFY 13 to improve the accuracy of calculating a child’s level of development, which means that, while the scores for FFY 13 are lower, they are more accurate than in previous years. A new baseline and targets were established to reflect the more accurate data calculation.

**FFY 2016 SPP/APR Data**

|  |         |
|--|---------|
| Number of preschool children aged 3 through 5 with IEPs assessed | 6229.00 |
|--|---------|

**Outcome A: Positive social-emotional skills (including social relationships)**

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning   | 234.00             | 3.76%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 3069.00            | 49.27%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 1020.00            | 16.38%                 |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 1191.00            | 19.12%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 715.00             | 11.48%                 |

|   | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|-----------|-------------|----------------|------------------|---------------|
| A1. Of those preschool children who entered or exited the preschool 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. $(c+d)/(a+b+c+d)$ | 2211.00   | 5514.00     | 39.84%         | 50.00%           | 40.10%        |
| A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. $(d+e)/(a+b+c+d+e)$   | 1906.00   | 6229.00     | 28.96%         | 40.00%           | 30.60%        |

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

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning   | 151.00             | 2.42%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 1957.00            | 31.42%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 1859.00            | 29.84%                 |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 1461.00            | 23.45%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 801.00             | 12.86%                 |

|   | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|-----------|-------------|----------------|------------------|---------------|
| B1. Of those preschool children who entered or exited the preschool 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. $(c+d)/(a+b+c+d)$ | 3320.00   | 5428.00     | 63.06%         | 68.00%           | 61.16%        |
| 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. $(d+e)/(a+b+c+d+e)$   | 2262.00   | 6229.00     | 36.67%         | 40.50%           | 36.31%        |

**Reasons for B1 Slippage**

Data validity at the district level and changes in algorithms (FFY13) with new baseline/targets being established appear to have created slippage in Outcome B1 and unmet targets across Indicator 7. During Regional Training Center (RTC) meetings regarding data collection and child outcomes, state-funded preschool administration and staff reported greater numbers of students with disabilities as well as greater numbers of students with significant behavior and learning difficulties in their classes during the 2016-2017 school year. State-funded preschool staff also report an increase in documentation accountability, with the largest data collection/assessment method for the state changing considerably over the last two years. This has required new training and validity measures to be employed by districts. Other potential issues for this slippage may include lack of data collection training for pre-service teachers and lack of professional learning for those new or returning to the field.

Due to time constraints, scheduling difficulties, and budgetary concerns during the FFY15, the state agency was unable to create a formal work group to look at these issues and develop a plan to address them. At this time, the RTC’s have met with their regions regarding child outcomes, and have brought concerns regarding data collection methods to monthly state wide meetings.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Current plan to address unmet targets and slippage: Due to unmet targets for this indicator and having two years of slippage in one area (Outcome B1), the KDE will continue to implement current initiatives with greater focus to increase outcomes. Those initiatives are as follows:

- RTC teams will continue to assist districts with TA across the state with compliance for assessment, data entry, and increased reliability of data.
- Recorded tutorials are maintained on the Kentucky Early Childhood Data System (KEDS) website, to allow 24/7 viewing of data entry procedures.
- KEDS staff presented updates on the KEDS data entry process via a recorded webinar now housed on the KDE website.
- Providers continue to be trained in data entry and reliability through face-to-face meetings, recorded tutorials, webinars, phone calls, and emails.
- FAQ documents were updated as needed to reflect changes in policy and in response to teacher and administrator questions.
- KEDS maintains district verification of all student demographic fields, to increase the accuracy of data received.
- Additional steps were taken to review all data prior to inclusion in analyses, including a careful review of prior year’s assessments to ensure complete assessments were included, as well as computer and staff verification of scoring rules for each assessment.

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

|   | Number of Children | Percentage of Children |
|---|--------------------|------------------------|
| a. Preschool children who did not improve functioning   | 223.00             | 3.58%                  |
| b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 3505.00            | 56.27%                 |
| c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it                      | 923.00             | 14.82%                 |
| d. Preschool children who improved functioning to reach a level comparable to same-aged peers                                 | 954.00             | 15.32%                 |
| e. Preschool children who maintained functioning at a level comparable to same-aged peers                                     | 624.00             | 10.02%                 |

|   | Numerator | Denominator | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|-----------|-------------|----------------|------------------|---------------|
| C1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. $(c+d)/(a+b+c+d)$ | 1877.00   | 5605.00     | 33.79%         | 51.50%           | 33.49%        |
| 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. $(d+e)/(a+b+c+d+e)$   | 1578.00   | 6229.00     | 24.22%         | 36.50%           | 25.33%        |

**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

**Was sampling used?** No

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary (COS) process?** No  
**Provide the criteria for defining “comparable to same-aged peers.”**

Students enrolled in the state-funded preschool program (including all students receiving services under Part B, Section 619) for at least six months with at least two complete data points (e.g., assessed at least twice with an approved assessment) were included in analyses. Specific criteria for inclusion were: (a) students aged three through five years with an IEP had been in the program a minimum of six months, (b) valid identifying student information (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/pencil), and (d) assessment data were at least 75% complete.

To ensure data entry reliability, two data cleaning phases were implemented by KEDS staff. First, demographic fields collected within the KEDS system were reviewed to ensure all data were verified and matched with an SSID. Then, all assessments collected through KEDS and from publisher-approved methods were collected and merged with the cleaned demographic information. Duplicate assessments were removed as were assessments where a valid SSID could not be found. Final item scores were re-coded to a dichotomous variable reflecting age-appropriate functioning. Each item was assigned a score of 0 (*not age-appropriate functioning*) or 1 (*age-appropriate functioning*) based on the alignment work of the expert panel. 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 OSEP analyses. Based on the first level crosswalk procedure, all item scores were analyzed to determine age-appropriate functioning. Then, items that correlated with each OSEP outcome were examined, and the percentage of items on which the student scored at age level at exit for each outcome were calculated. Beginning in FFY13/SFY14, the analysis algorithms were modified to more accurately measure change in child level of functioning by focusing on the six-month age band corresponding to the child’s age at exit in identifying age-appropriate functioning compared to same-age-peers. In consultation with KDE, age appropriate functioning for categories c, d, and e was set at 40%; i.e., a child had to have mastered 40% of the items within the six-month age band at time of assessment. Analyses examined items in all age bands covered by the assessments when determining absolute progress for categories a and b. Three percentages (one for each OSEP outcome) were computed for each student on each assessment.

Growth was determined by calculating the change in percentage between the two assessments. Growth differences were categorized into 5 levels of

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

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

The KY system for measuring progress on child outcomes is based on recommended practice for continuous assessment of all students aged birth to five years as defined by the *KY Early Childhood Standards* (KDE, 2002) and *KY Early Childhood Continuous Assessment Guide* (KDE, 2004). There are currently, five assessment instruments approved for monitoring student progress in Kentucky:

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

Recommended assessment tools for the state were selected based on technical adequacy, inclusion of functional goals and multiple domains, utility for diverse populations, multiple modalities for collecting data, involvement of families, current use in the field and ease of administration (KDE, 2004). Local districts were instructed to assess students within 6 weeks of entering preschool and each successive spring and fall during which they were enrolled. If students enrolled after the initial data point, teachers were instructed to assess students within 4 weeks of their start date.

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 8: Parent involvement**

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))

Do you use a separate data collection methodology for preschool children? No

**Historical Data**

Baseline Data: 2013

| FFY      | 2004 | 2005 | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----------|------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ |      |      | 28.50% | 29.00% | 29.50% | 30.00% | 30.50% | 31.00% | 31.50% | 80.45% | 80.55% |
| Data     |      |      | 29.00% | 23.00% | 27.90% | 34.00% | 27.30% | 31.10% | 31.50% | 80.45% | 85.12% |

| FFY      | 2015   |
|----------|--------|
| Target ≥ | 80.65% |
| Data     | 86.76% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY      | 2016   | 2017   | 2018   |
|----------|--------|--------|--------|
| Target ≥ | 80.75% | 80.85% | 80.95% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE uses a parent survey to obtain Indicator 8 data on the percentage of parents who report school districts facilitate parent involvement to improve services and results for their children who have disabilities and attend public school.

In FFY 14, the parent survey was expanded to include two new items after consulting with stakeholders. The survey was distributed to every parent of a child with an IEP in every school district to gather data for Indicator 8. The KDE and the University of Kentucky Human Development Institute (HDI), a collaborative partner for Indicator 8, reviewed survey results in October 2015.

**FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|--|----------------|------------------|---------------|
| 3124.00  | 3555.00  | 86.76%         | 80.75%           | 87.88%        |

|   |       |          |
|---|-------|----------|
| The number of parents to whom the surveys were distributed. | 3.96% | 89859.00 |
|---|-------|----------|

The percentage shown is the number of respondent parents divided by the number of parents to whom the survey was distributed.

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

The KDE sent an email to all Directors of Special Education (DOSEs) within the state as part of the process to obtain data for Indicator 8. The email included a sample letter to parents explaining the purpose of the survey, as well as a link to an electronic survey. The email requested the DoSEs to forward the survey link and the letter to all district parents whose children had Individual Education Programs (IEPs).

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The information was distributed to school staff with students on their caseload who had IEPs. School staff then sent the information to parents.

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

Sample letters to be sent to parents by the districts are made available in Spanish and included a link to a Spanish version of the survey.

**The demographics of the parents responding are representative of the demographics of children receiving special education services.** Yes

**Include the State's analyses of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.**

The survey targeted all parents of students with IEPs in Kentucky; therefore, distribution directly mirrored the state's demographics.

The survey responses somewhat reflect the demographics of the overall population of students with IEP's in the state. White respondents are over-represented, with 85% of survey responses coming from parents of White students (compared to 79% overall students with IEP's), while Black students are under-represented (5% of respondents, 11% of total). Hispanic students are slightly under-represented (3% respondents vs. 5% in population) compared to the percentage from parents of Hispanic students (4% statewide). Six percent (6%) of survey responses were from parents of children with multiple races, compared to 2% statewide. Each of the state's eight regions had response rates within five points plus or minus their population percentage of students with IEP'S. Respondents with Intellectual Disabilities were under-represented (9% of respondents, 15% of population), as were students with Specific Learning Disabilities (14% vs. 18%). Students with Autism were over-represented (16% vs. 7%). Disability categories of speech language impairment and Emotional Behavioral Disorders were within one point of the population figure. It should be noted that the survey relied on self-reporting of disability category, and it is possible that parents did not know the school's classification for their child.

Demographic figures come from U.S. Census estimates for 2016. For the "White" comparison group we used the Census category, "White alone, not Hispanic or Latino." For the Black comparison group we used the Census category "Black or African American, alone." For the Hispanic comparison we used the Census category "Hispanic or Latino." For the comparison of persons of multiple races we used the Census category, "Two or more races." These categories most closely align to the categories in our survey, and are mutually exclusive. No significant differences based on race were found in the percentage of parents responding "yes" to the question of whether the school involved them in a meaningful way as a means of improving services and results for their child.

**Was sampling used?** No

**Was a survey used?** Yes

**Is it a new or revised survey?** No

**Actions required in FFY 2015 response**

none

**OSEP Response**

The State reported that the response data for this indicator were representative of the demographics of children receiving special education services in the State. However, in its narrative, the State reported "The survey responses somewhat reflect the demographics of the overall population of students with IEP's in the state. White respondents are over-represented, with 85% of survey responses coming from parents of White students (compared to 79% overall students with IEP's), while Black students are under-represented (5% of respondents, 11% of total). Hispanic students are slightly under-represented (3% respondents vs. 5% in population) compared to the percentage from parents of Hispanic students (4% statewide)". Therefore, it is unclear whether or not the response data was representative. OSEP notes that the State did not describe the strategies to address this issue in the future.

**Required Actions**

In the FFY 2017 SPP/APR, the State must report whether its FFY 2017 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.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 9: Disproportionate Representation**

Monitoring Priority: Disproportionate Representation

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))

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005 | 2006  | 2007 | 2008  | 2009 | 2010 | 2011  | 2012 | 2013 | 2014  |
|--------|------|------|-------|------|-------|------|------|-------|------|------|-------|
| Target |      |      | 0%    | 0%   | 0%    | 0%   | 0%   | 0%    | 0%   | 0%   | 0%    |
| Data   |      | 0%   | 3.44% | 0%   | 1.14% | 0%   | 0%   | 0.57% | 0%   | 0%   | 0.57% |

| FFY    | 2015  |
|--------|-------|
| Target | 0%    |
| Data   | 1.14% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 0%   | 0%   | 0%   |

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

| Number of districts with disproportionate representation of racial and ethnic groups in special education and related services | Number of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification | Number of districts in the State | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|----------------------------------|----------------|------------------|---------------|
| 3  | 1   | 175                              | 1.14%          | 0%               | 0.57%         |

Were all races and ethnicities included in the review?  Yes  No

**Describe how the State made its annual determination that the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification**

As in FFY15, any district identified with disproportionate representation with a risk-ratio of 2.0 or higher was targeted for a desk audit. The desk audits focused on evaluation and eligibility determinations for a random sample of the district's students in the racial and ethnic group.

Three out of 175 (including the Kentucky School for the Blind and the Kentucky School for the Deaf) met the threshold for further examination. Of the three districts, one district was cited for disproportionate representation due to inappropriate identification because of policies, procedures, and practices, based on the KDE's desk audit reviews.

**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 Kentucky Department of Education (KDE) has determined *disproportionate representation* for Indicator 9 occurs when a specific racial and ethnic group's "risk" of being identified as a student in special education and related services (hereafter, a student with an IEP) is two or more times higher than the risk of being identified as a student with an IEP for students in all other racial and ethnic groups.

The method used by the KDE to calculate disproportionate representation for a school district is the risk ratio method, as described below.

Risk Ratio = The racial and ethnic group's "risk" of being identified as a student with an IEP (**Numerator**)

Divided by

The risk for students in all other racial and ethnic groups of being identified as a student with an IEP (**Denominator**)



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The numerator is obtained by dividing the number of district students in the racial and ethnic group who have IEPs by the total number of district students in the specific racial and ethnic group in the district. The data used in the numerator are from the KDE’s Section 618 data and its Growth Factor Reports.

The denominator is calculated by dividing the number of district students who have IEPs who are not in the specific racial and ethnic group, by the number of district students who are not in the specific racial and ethnic group. Again, the data used to determine the denominator are found in the KDE’s Section 618 data and its Growth Factor Reports. There is one year of data used in the calculation.

In calculating the risk ratio for each Kentucky school district, the specific racial and ethnic group’s risk of having an IEP (the numerator) is divided by the risk for all other students who have an IEP (the denominator). For example, if 20% of students in the specific racial and ethnic group have IEPs and 20% of all other district students have IEPs, the risk ratio is 1.0. But if 40% of a specific racial and ethnic group have IEPs as compared to 20% of all other district students who have IEPs, the risk ratio is 2.0.

In addition to a risk ratio of 2.0 or higher, the KDE has included two additional criteria for determining disproportionate representation:

- There must be 10 or more students in the specific racial and ethnic group who have IEPs; and,
- There must be 50 or more students in the specific racial and ethnic group in the district.

The additional criteria are used to ensure the risk ratio accurately identifies disproportionate representation within the district and is not the result of a small number of students within the racial and ethnic group.

Thus, the KDE will find a district has disproportionate representation of the specific racial and ethnic group in special education, if the district has:

1. A risk ratio of 2.0 or higher ( $\geq 2.0$ );
2. 10 or more students with IEPs in the specific racial and ethnic group ( $n \geq 10$ ); and,
3. 50 or more students in the district in the specific racial and ethnic group ( $n \geq 50$ ).

Determining disproportionate representation by using the three factors listed above is the first part of the Indicator 9 process. The final step is determining whether the district’s disproportionate representation is due to inappropriate identification of the district’s racial and ethnic group members as special education students.

**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 uses desk audits to determine if students in the specific racial and ethnic group have been inappropriately identified under IDEA. If a district has disproportionate representation due to a risk ratio of  $\geq 2.0$ , the KDE randomly selects district students from the specific racial and ethnic group who have IEPs and requires the district to provide the KDE with the students’ educational records.

The KDE then uses its Compliance Record Review Document to determine if the students have been appropriately identified under IDEA. If the KDE finds, through its review of student records, that students were inappropriately identified under IDEA, the district will be cited by the KDE as having disproportionate representation of students with IEPs within the specific racial and ethnic group, due to inappropriate identification.

The KDE’s Compliance Record Review Document may be found at:

<http://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx>

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

UPDATE for Response 1:

The baseline was reviewed by the SPP/APR team and it was determined that the baseline is appropriate at this time.

UPDATE for Response 2:

In FFY 2015, the denominator was 175 because all districts in Kentucky met n-size. In FFY 2016, the denominator continued to be 175 districts because all districts in Kentucky once again met n-size. The KDE anticipates all districts in KY meeting n-size as a continued pattern due to the combination of student demographics and the minimum N size of 50 students in any racial category.

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### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

| 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 2015 Findings of Noncompliance Verified as Corrected

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

In FFY 2015, using information retrieved from the state data system and onsite monitoring, two districts were identified as having non-compliant practices under Indicator 9.

Once the noncompliance was identified by the KDE, a written report was issued to the districts. The reports included identification of the noncompliance, as well as a corrective action plan (CAP).

A Corrective action plan (CAP) was implemented with the districts to correct findings of noncompliance. As part of the CAP, the districts were required to change the practices that resulted in the noncompliance. The districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP. Through the development of the CAP, the districts conducted a root-cause analysis and determined that staff needed training in the areas of evaluation and eligibility. Systemic corrections were implemented to improve the practices of the districts as a whole.

Trainings were planned by the district and reviewed by the KDE then conducted in the district as part of the CAP. The KDE worked with special education cooperative staff to determine districts needs for further training. The KDE provided continuous monitoring to the districts through review of CAP activities and monitoring of student level correction. The districts provided the KDE with quarterly updates of their progress towards meeting the goals of the CAP.

The KDE determined the districts were in systemic compliance with OSEP 09-02.

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

For FFY 2015, two districts were identified as having noncompliant practices under Indicator 9. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

As part of their CAPs, both districts provided KDE with the individual folders of students in racial and ethnic groups who had been found by the KDE to be inappropriately identified for special education and related services through the KDE desk audit process.

The KDE determined during record reviews that all areas of non-compliance found in student-level files had been subsequently corrected by the district. As such, no further student-specific corrections were ordered by the KDE. Once it was determined all CAP activities were complete, student level files were corrected and comparison folders were reviewed and accepted, the district was considered to have corrected noncompliance and the CAP was closed.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP 09/02. KY verified the districts completed corrections within timelines.

### OSEP Response

The State used the total number of districts in the State as the denominator in its FFY 2015 SPP/APR, and used the number of districts that meet the State-established minimum n size as the denominator in its FFY 2016 SPP/APR, as required by the Measurement Table. However, the State did not change its baseline to account for this change in calculation methodology.

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2015 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.

Because the State reported less than 100% compliance for FFY 2016 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. The State must demonstrate, in the FFY 2017 SPP/APR, that the district identified in FFY 2016 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 CFR §§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 2017 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 2016, although its FFY 2016 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 2016.

Additionally, the State must demonstrate, in the FFY 2017 SPP/APR, that each of the two districts identified in FFY 2015 with disproportionate representation of racial and ethnic groups in special education and related services is in compliance with the requirements in 34 CFR §§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 2017 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 2016, although its FFY 2016 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 2016.

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services that was the result of inappropriate identification are in compliance with the requirements in 34 CFR §§300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance identified in FFY 2015 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.

### Required Actions

In the State's FFY 2017 SPP/APR, the State must revise its baseline for this indicator.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 10: Disproportionate Representation in Specific Disability Categories**

Monitoring Priority: Disproportionate Representation

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))

**Historical Data**

Baseline Data: 2006

| FFY    | 2004 | 2005 | 2006   | 2007 | 2008  | 2009 | 2010  | 2011  | 2012  | 2013  | 2014 |
|--------|------|------|--------|------|-------|------|-------|-------|-------|-------|------|
| Target |      |      | 0%     | 0%   | 0%    | 0%   | 0%    | 0%    | 0%    | 0%    | 0%   |
| Data   |      |      | 14.94% | 0%   | 4.55% | 0%   | 3.41% | 1.14% | 0.57% | 2.29% | 0%   |

| FFY    | 2015  |
|--------|-------|
| Target | 0%    |
| Data   | 2.29% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 0%   | 0%   | 0%   |

**FFY 2016 SPP/APR Data**

Has the State Established a minimum n-size requirement?  Yes  No

| Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories | Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification | Number of districts in the State | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|---|----------------------------------|----------------|------------------|---------------|
| 22   | 5   | 175                              | 2.29%          | 0%               | 2.86%         |

**Reasons for Slippage**

Five districts were found noncompliant for disproportionate representation of racial and ethnic groups in specific disability categories as a result of inappropriate identification. The specific disability categories KDE examined were the seven high-incidence disability categories of autism, developmental delay, mental disability (mild), emotional-behavioral disability, other health impairments, speech-language impairments and specific learning disability.

The KDE engaged in improvement cycles focused on refining the record review process. Revisions made to the KDE Compliance Record Review Document included the use of more concise language, which led to improved accuracy of findings and an increase in identification of districts that did not meet Indicator 10 requirements.

The KDE and the special education divisions of the Regional Educational Cooperatives are providing guidance to districts using a new Compliance Record Review Training Document to decrease instances of inappropriate identification and lead to a better understanding of compliance for Indicator 10.

Were all races and ethnicities included in the review?  Yes  No

**Describe how the State made its annual determination that the disproportionate overrepresentation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification**

As in FFY15, any district identified with disproportionate representation with a risk-ratio of 2.0 or higher was targeted for a desk audit using the KDE's Compliance Record Review Document. The desk audits focused on evaluation and eligibility determinations for a random sample of students in the racial and ethnic group from the specific disability categories.

Twenty-two districts of 175 (including the Kentucky School for the Blind and the Kentucky School for the Deaf) met the risk ratio threshold for further examination through desk audits. Five districts were found noncompliant in the area of disproportionate representation due to inappropriate identification through this process.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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 Kentucky Department of Education (KDE) has determined *disproportionate representation* for Indicator 10 occurs when a racial and ethnic group's "risk" of being identified in a specific disability category is two or more times higher than the risk of being identified in the specific disability category for students in all other racial and ethnic groups.

The sources of the data are the KDE's Section 618 data and the Growth Factor Reports. There is one year of data used in the calculation.

In addition to the risk ratio of 2.0 or higher, the KDE has included two additional criteria for determining disproportionate representation:

- There must be 10 or more students in the specific racial and ethnic group who are identified in the specific disability category.
- There must be 50 or more students in the specific racial and ethnic group in the district.

The additional criteria are to ensure the risk ratio accurately identifies disproportionate representation within the district and is not the result of a small number of students within the racial and ethnic group.

To recap, the KDE will find a district has disproportionate representation for a racial and ethnic group that is identified in a particular disability category if the district has:

1. A risk ratio of 2.0 or higher ( $\geq 2.0$ ); and
2. 10 or more students in the specific racial/ ethnic group who are identified in the particular disability category ( $n \geq 10$ ); and
3. 50 or more students in the specific racial and ethnic group ( $n \geq 50$ ).

Determining disproportionate representation by using the three factors listed above is the first step of the Indicator 10 process. The final step is determining whether the district's disproportionate representation is due to inappropriate identification in the specific disability category.

### 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 uses desk audits to determine if students in the specific racial and ethnic group have been inappropriately identified in one of the high-incidence disability categories mentioned above. If a district has disproportionate representation in specific categories of disabilities under Indicator 10 due to a risk ratio of  $> 2.0$ , the KDE randomly selects district students from the specific racial and ethnic group who are identified in the particular disability category. After selecting students, the KDE requires the district to provide the KDE with the students' educational records.

The KDE then uses its Compliance Record Review Document to determine whether the students have been appropriately identified under the particular disability category. If the KDE finds, through its review of records, that students from the racial and ethnic group were inappropriately identified under the specific category of disability, the district will be cited by the KDE as having disproportionate representation of students under Indicator 10 due to inappropriate identification.

The KDE's Compliance Record Review Document may be found at:

[Documents.aspx://education.ky.gov/specialed/excep/Pages/Monitoring-Documents.aspx](http://Documents.aspx://education.ky.gov/specialed/excep/Pages/Monitoring-Documents.aspx)

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

UPDATE Response 1:

The baseline was reviewed by the SPP/APR team and it was determined that the baseline is appropriate at this time.

UPDATE Response 2:

In FFY 2015, the denominator was 175 because all districts in Kentucky met n-size. In FFY 2016, the denominator continued to be 175 districts because all districts in Kentucky once again met n-size. The KDE anticipates all districts in KY meeting n-size as a continued pattern due to the combination of student demographics and the minimum N size of 50 students in any racial category.

Additional Update:

After districts submission of additional information, the districts found noncompliant for disproportionate representation of racial and ethnic groups in specific disability categories as a result of inappropriate identification decreased from 10 to five.

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

| 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 2015 Findings of Noncompliance Verified as Corrected**

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

In FFY 2015, using information retrieved from the state data system and onsite monitoring, four districts were identified as having non-compliant practices under Indicator 10.

Once the noncompliance was identified by the KDE, a written report was issued to the districts. The reports included identification of the noncompliance, as well as a corrective action plan (CAP).

Corrective action plans (CAPs) were implemented with the districts to correct findings of noncompliance. As part of the CAPs, the districts were required to change the practices that resulted in the noncompliance. Districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP. Through the development of the CAP, the districts conducted a root-cause analysis and determined that staff needed training in the areas of evaluation and eligibility. Systemic corrections were implemented to improve the practices of the district as a whole.

Trainings were planned by the districts and reviewed by the KDE then conducted in the districts as part of the CAPs. The KDE worked with special education cooperative staff to determine the districts' needs for further training. The KDE provided continuous monitoring to the districts through review of CAP activities and monitoring of student level correction. The districts provided the KDE with quarterly updates of their progress towards meeting the goals of the CAP.

The KDE determined the district was in systemic compliance with OSEP 09-02.

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

For FFY 2015, four districts were identified as having noncompliant practices under Indicator 10. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

As part of their CAPs, districts provided KDE with the individual folders of students in racial and ethnic groups who had been found by the KDE to be inappropriately identified for special education and related services through the KDE desk audit process.

The KDE determined during record reviews that all areas of non-compliance found in student-level files had been subsequently corrected by the districts. As such, no further student-specific corrections were ordered by the KDE. Once it was determined all CAP activities were complete, student level files were corrected and comparison folders were reviewed and accepted, the districts were considered to have corrected noncompliance and the CAP was closed.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP 09/02. KY verified the districts completed corrections within timelines.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The State used the total number of districts in the State as the denominator in its FFY 2015 SPP/APR, and used the number of districts that meet the State-established minimum n size as the denominator in its FFY 2016 SPP/APR, as required by the Measurement Table. However, the State did not change its baseline to account for this change in calculation methodology.

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2015 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.

Because the State reported less than 100% compliance for FFY 2016 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. The State must demonstrate, in the FFY 2017 SPP/APR, that the five districts identified in FFY 2016 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 CFR §§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 2017 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 2016, although its FFY 2016 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 2016.

Additionally, the State must demonstrate, in the FFY 2017 SPP/APR, that the four districts identified in FFY 2015 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 CFR §§300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance identified in FFY 2015 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.

### Required Actions

In the State's FFY 2017 SPP/APR, the State must revise its baseline for this indicator.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 11: Child Find**

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))

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 95.43% | 94.48% | 94.87% | 99.00% | 99.00% | 99.00% | 99.27% | 99.54% | 99.29% | 99.45% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 99.74% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

**FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|--|----------------|------------------|---------------|
| 2,523   | 2,517  | 99.74%         | 100%             | 99.76%        |

|   |   |
|---|---|
| Number of children included in (a), but not included in (b) [a-b] | 6 |
|---|---|

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

There were six students accounted for in A but not in B. The range of days in the state beyond the required 60-day timeline was from 1 to 6. The reasons for the delays were the availability of district evaluation personnel, parental factors (excluding parent repeatedly failed to produce the child for evaluation), excessive student absenteeism, district personnel training issues, and difficulty in obtaining external evaluation components from outside agencies.

Indicate the evaluation timeline used

- The State used the 60 day timeframe within which the evaluation must be conducted.
- The State established a timeline within which the evaluation must be conducted.

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

- State monitoring
- State database that includes data for the entire reporting year

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

The KDE collects SPP and APR data for Indicator 11 by requiring districts to submit a self-assessment report to KDE on compliance with Indicator 11, based on the districts' review of randomly selected, child-specific data for the indicator. The districts' reports are due to the KDE by June 15 of each year.

The KDE validates these self-assessment data using its information system and viewing actual student due process records through desk audits or on-site visits.



**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

**Correction of Findings of Noncompliance Identified in FFY 2015**

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 7                                    | 7   | 0  | 0                                      |

**FFY 2015 Findings of Noncompliance Verified as Corrected**

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

To determine correction of Indicator 11 noncompliance as a systemic level, the KDE took the following steps to verify there were not systemic violations:

The KDE reviewed additional randomly selected files for students who were initially evaluated after the districts' implementation of their Corrective Action Plan (CAP) activities. Because the randomly chosen files were found to be in compliance, the KDE determined the districts were in systemic compliance with *OSEP 09-02*.

Based on its random record review, the KDE determine the districts identified with noncompliance in FFY 15 corrected systemic noncompliance under *OSEP 09-02*.

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

The steps the KDE took to verify the correction of findings of individual noncompliance identified in FFY 2015 are as follows:

- Based on a review of district-submitted data, the KDE notified districts of their noncompliance when the district self-reported less than 100% compliance with Indicator 11. Districts were required to submit the student files to the KDE that were identified as exceeding the sixty school day timeline.
- During its review of student files, the KDE verified individual correction of noncompliance. For all student records exceeding the sixty school day timeline, the evaluations had been completed, eligibility determined and, if eligible, an IEP was developed for the student, even if late. This is consistent with *OSEP Memorandum 09-02*.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with *OSEP 09/02*. KY verified the districts completed corrections within timelines.

**OSEP Response**

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**  
**Indicator 12: Early Childhood Transition**

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))

**Historical Data**

Baseline Data: 2005

| FFY    | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target |      |        | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      | 93.74% | 96.56% | 95.69% | 98.73% | 99.60% | 99.65% | 99.86% | 99.82% | 99.62% | 99.29% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 99.81% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

**FFY 2016 SPP/APR Data**

|   |       |
|---|-------|
| a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.   | 3,027 |
| b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.  | 314   |
| c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.   | 2,346 |
| d. Number of children 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.                     | 250   |
| e. Number of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.  | 115   |
| 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     |

|   | Numerator (c) | Denominator (a-b-d-e-f) | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---------------|-------------------------|----------------|------------------|---------------|
| 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. $[c/(a-b-d-e-f)] \times 100$ | 2,346         | 2,348                   | 99.81%         | 100%             | 99.91%        |

|  |   |
|--|---|
| Number of children who have been served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f | 2 |
|--|---|

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.

Child 1: District staffing issues or district errors in monitoring progress of the referral process resulted in one child served in Part C not having an IEP implemented by their third birthday. The span of days beyond the third birthday when eligibility was determined and the IEP implemented was three days.

Child 2: Despite district, Part C staff, and community efforts, one child was unable to be located at the time of their transition from Part C to Part B. This child did not receive continuous services through Part C, and the transition did not occur.

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

- State monitoring
- State database that includes data for the entire reporting year

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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

The Kentucky Department of Education's (KDE's) School Readiness Branch collects data from school districts, using the end of year Preschool Program Performance Report. School readiness staff review transition data for errors and noncompliance. When errors are noted, districts are required to revise and re-submit data. Staff from the branch and Regional Training Centers (RTCs) work with districts to meet Indicator 12 compliance in subsequent years.

Districts also self-report Indicator 12 preschool transition data to the KDE's Division of Learning Services (DLS). The DLS validates the data by random desk audits using its student information system and viewing actual student records. Student records reported by the districts are verified, along with additional student files for comparison purposes.

### Actions required in FFY 2015 response

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

### Correction of Findings of Noncompliance Identified in FFY 2015

| 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 2015 Findings of Noncompliance Verified as Corrected

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

The KDE collects data from school districts, using the end of year Preschool Program Performance Report. Districts report their transition rate and any issues they may have encountered. This includes children that did not transition due to delays created by the district. The KDE reviews transition data for errors and noncompliance. When errors are noted, districts are required to revise and re-submit data. For FFY 2015, district staffing issues or district errors in monitoring progress of the referral process resulted in four children served in Part C not having IEPs implemented by their third birthdays.

Districts also self-report Indicator 12 preschool transition data to the KDE's Division of Learning Services (DLS). The KDE validates these data using information retrieved from the Kentucky Student Information System and by reviewing student files through desk audits or on-site visits.

The KDE and Regional Training Centers (RTCs) work with districts identified as having non-compliance to meet Indicator 12 compliance in subsequent years. Staff from the KDE and RTCs work with non-compliant districts to meet Indicator 12 compliance goals by sending correspondence from Part C partners regarding children ready for transition, professional learning opportunities, and regional trainings including best practices for monitoring Part C to Part B transition.

Each district that was found in non-compliance for the previous year will be monitored randomly throughout the next school year to ensure compliance measures are being followed. This would include random checks of appropriate transition ARC documents to ensure districts are meeting timelines.

The KDE determined the districts were in systemic compliance with OSEP 09-02.

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

All four student files originally identified with delayed transition were submitted to the KDE by the districts. During its review of student files, the KDE verified individual correction of noncompliance. In FFY 2015, for all student records with delayed transition, if the student qualified for services, the IEP was developed for the student. This process is verified by KDE Part C staff with random checks of appropriate ARC documents to ensure districts are meeting timelines. Additionally, KDE DLS staff independently verified corrections.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP 09/02. KY verified the districts completed corrections within timelines.

### OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2015 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.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 13: Secondary Transition**

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 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))

**Historical Data**

Baseline Data: 2009

| FFY    | 2004 | 2005 | 2006 | 2007 | 2008 | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|--------|------|------|------|------|------|--------|--------|--------|--------|--------|--------|
| Target |      |      | 100% | 100% | 100% | 100%   | 100%   | 100%   | 100%   | 100%   | 100%   |
| Data   |      |      |      |      |      | 92.95% | 94.61% | 98.37% | 97.07% | 98.98% | 99.19% |

| FFY    | 2015   |
|--------|--------|
| Target | 100%   |
| Data   | 98.41% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016 | 2017 | 2018 |
|--------|------|------|------|
| Target | 100% | 100% | 100% |

**FFY 2016 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|----------------|------------------|---------------|
| 2,114   | 2,171                                       | 98.41%         | 100%             | 97.37%        |

**Reasons for Slippage**

During the FFY 16 the KDE cited districts for non-compliance with Indicator 13, based on the district records. All findings of non-compliance were verified through a review of Indicator 13 subgroups for each individual student record. In the review process, the KDE determined systemic non-compliance for specific components within Indicator 13.

The KDE conducted a root cause analysis regarding the occurrence of slippage for FFY 2016 data for Indicator 13. Districts had a lack of understanding that the prior consent for outside agency form needs to be signed by the legal guardian or when the student turns 18 years of age the students signature is required. Districts' lack of understanding in writing the postsecondary goal included not writing the goal to include both education and training specific to what the student wanted to do in his/her career. The KDE is currently providing guidance to districts by helping to implement an updated training PowerPoint, documents, and videos pertaining to Indicator 13 compliance. The KDE also determined that a recent revision of the compliance record review document paired with the retraining of consultants on the revised document enabled the reviewers to have a more focused and targeted review as compared to last year.

In addition, an increased number of student file reviews were verified through DLS for those districts that self-reported 100% compliance for Indicator 13. Those districts were cited for Indicator 13 noncompliance.

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

- State monitoring
- State database that includes data for the entire reporting year

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

The Kentucky Department of Education (KDE) collects State Performance Plan (SPP) and Annual Performance Report (APR) data for Indicator 13 by requiring all districts to submit a report to the KDE containing randomly selected, child-specific data for Indicator 13. The reports are due to the KDE's

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

Division of Learning Services (DLS) by June 15 of each year.

The DLS validates the data by conducting desk audits using its student information system and viewing actual student due process records. Student records reported by the districts are verified, along with additional student files for comparison purposes.

During the 2016-2017 school year, the DLS independently verified Indicator 13 data while conducting desk audits for 7 districts that self-reported 100% compliance with Indicator 13. Of those districts, four districts were cited for Indicator 13 noncompliance.

The data above represents districts in Kentucky that have the required prerequisites for reporting on secondary transition for Indicator 13. Five districts have reported "NA" due to not having any high schools in the district. These districts only contain K-8 schools.

Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?

Yes  No

**Actions required in FFY 2015 response**

none

Note: Any actions required in last year's response table that are related to correction of findings should be responded to on the "Correction of Previous Findings of Noncompliance" page of this indicator. If your State's only actions required in last year's response are related to findings of noncompliance, a text field will not be displayed on this page.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

### Correction of Findings of Noncompliance Identified in FFY 2015

| Findings of Noncompliance Identified | Findings of Noncompliance Verified as Corrected Within One Year | Findings of Noncompliance Subsequently Corrected | Findings Not Yet Verified as Corrected |
|--------------------------------------|---|--|--|
| 7                                    | 7   | 0  | 0                                      |

### FFY 2015 Findings of Noncompliance Verified as Corrected

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

During the FFY 15, the KDE cited seven districts for non-compliance with Indicator 13 using desk audits for monitoring.

Districts cited with systemic issues were required to develop a CAP. Through the development of this, the districts conducted a root-cause analysis and determined districts were in need of training in the areas of obtaining prior consent for outside agency invitations and postsecondary goal development to include both specific education and training needs of the student. The KDE and the districts worked with special education cooperative staff to plan trainings and determine needs for further training. Systemic corrections were implemented to improve the practices of each district as a whole. The KDE provided support and guidance for systemic issues through provision of updated PowerPoint resources located on the website and technical assistance. The district provided the KDE with quarterly updates of their progress towards meeting the goals of the CAP. The KDE reviewed these updates to determine practices were compliant.

As part of the CAP, the districts were notified of the one-year timeline in which to correct the noncompliance, as set forth by OSEP.

The KDE determined the districts were in systemic compliance with OSEP Memo 09-02.

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

For FFY 2015, seven districts that self-reported 100% being in compliance unde Indicator 13 were randomly monitored through desk audits. Each district was found to having noncompliant practices for students under Indicator 13. The KDE reviewed all identified student files and issued student-specific corrective action where necessary.

The KDE determined that student corrections were subsequently corrected by each district.

Once it was determined CAP activities were complete, student level files were corrected and comparison folders were reviewed and accepted, the district was considered to have corrected noncompliance and the CAP was closed.

The districts corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA consistent with OSEP 09/02. KY verified the districts completed corrections within timelines.

### OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2015 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that it verified that each LEA with noncompliance identified in FFY 2015 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.

Because the State reported less than 100% compliance for FFY 2016, the State must report on the status of correction of noncompliance identified in FFY 2016 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2017 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2016 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 2017 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 2016, although its FFY 2016 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2016.

### Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 14: Post-School Outcomes**

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))

**Historical Data**

|   | Baseline Year | FFY      | 2004 | 2005 | 2006 | 2007 | 2008 | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|---|---------------|----------|------|------|------|------|------|--------|--------|--------|--------|--------|--------|
| A | 2009          | Target ≥ |      |      |      |      |      |        | 24.50% | 25.00% | 25.50% | 25.50% | 25.50% |
|   |               | Data     |      |      |      |      |      | 23.90% | 23.20% | 19.70% | 19.80% | 18.75% | 18.43% |
| B | 2009          | Target ≥ |      |      |      |      |      |        | 52.70% | 53.70% | 54.70% | 55.00% | 55.20% |
|   |               | Data     |      |      |      |      |      | 51.70% | 52.10% | 57.10% | 55.70% | 59.49% | 58.17% |
| C | 2009          | Target ≥ |      |      |      |      |      |        | 62.40% | 63.90% | 65.40% | 65.70% | 65.90% |
|   |               | Data     |      |      |      |      |      | 60.90% | 64.90% | 68.00% | 65.80% | 67.59% | 67.82% |

|   | FFY      | 2015   |
|---|----------|--------|
| A | Target ≥ | 25.50% |
|   | Data     | 18.02% |
| B | Target ≥ | 55.40% |
|   | Data     | 60.94% |
| C | Target ≥ | 66.10% |
|   | Data     | 69.06% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY        | 2016   | 2017   | 2018   |
|------------|--------|--------|--------|
| Target A ≥ | 25.50% | 25.50% | 25.50% |
| Target B ≥ | 55.60% | 55.80% | 56.00% |
| Target C ≥ | 66.30% | 66.50% | 66.70% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE consulted with stakeholders in setting new targets for FFY 13 through FFY 18. A description of each indicator was provided to the stakeholder group, along with information regarding data and trajectories from the original SPP. Feedback was provided to the KDE and used to assist in determining targets for FFY 13- FFY18.

**FFY 2016 SPP/APR Data**

|  |         |
|--|---------|
| Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school   | 2438.00 |
| 1. Number of respondent youth who enrolled in higher education within one year of leaving high school  | 441.00  |
| 2. Number of respondent youth who competitively employed within one year of leaving high school  | 1007.00 |
| 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)                         | 94.00   |
| 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). | 137.00  |



**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

|  | 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 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|----------------------------|--|----------------|------------------|---------------|
| A. Enrolled in higher education (1)  | 441.00                     | 2438.00  | 18.02%         | 25.50%           | 18.09%        |
| B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)  | 1448.00                    | 2438.00  | 60.94%         | 55.60%           | 59.39%        |
| 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) | 1679.00                    | 2438.00  | 69.06%         | 66.30%           | 68.87%        |

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

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

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.

Was a survey used? No

Was sampling used? No

Are the response data representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school? Yes

Provide additional information about this indicator (optional)

UPDATE:

Respondents for the FFY 2015 post-school outcomes survey were generally representative of the demographics of all youth with IEP's in place at the time of exit. The National Post School Outcomes Center has previously stated that when respondent figures are within three percentage points of population figures that they may be considered representative for that parameter. This holds true for gender (females are over-represented (0.3%), race/ethnicity (African Americans are under-represented by 2.9%) and the major disability categories (Intellectual Disability under-represented by 0.1%, Emotional-Behavioral Disability under-represented by 2.4% and Specific Learning Disability over-represented by 1.2%). The state is divided into nine geographic regions, seven of which had response rates within three percentage points of their population. One urban region was under-represented by 6.1%, and one mostly rural region was over-represented by 3.5%. This pattern of urban under-representation is not consistent with other urban regions in the state and is related to a single district.

**Actions required in FFY 2015 response**

none

**OSEP Response**

The State reported that the response data for this indicator were representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. However, in its narrative, the State reported "One urban region was under-represented by 6.1%". Therefore, it is unclear whether or not the response data was representative. OSEP notes that the State did not describe the strategies to address this issue in the future.

**Required Actions**

In the FFY 2017 SPP/APR, the State must report whether the FFY 2017 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.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 15: Resolution Sessions**

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)))

**Historical Data**

Baseline Data: 2005

| FFY      | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ |      |        | 70.00% | 73.00% | 75.00% | 78.00% | 80.00% | 70.00% | 70.00% |        |        |
| Data     |      | 68.00% | 80.00% | 43.00% | 50.00% | 29.00% | 78.00% | 25.00% | 0%     | 33.33% | 16.67% |

| FFY      | 2015   |
|----------|--------|
| Target ≥ |        |
| Data     | 44.44% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016   |   |        | 2017   |   |        | 2018   |   |        |
|--------|--------|---|--------|--------|---|--------|--------|---|--------|
| Target | 70.00% | - | 80.00% | 70.00% | - | 80.00% | 70.00% | - | 80.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Prepopulated Data**

| Source  | Date      | Description  | Data | Overwrite Data |
|---|-----------|--|------|----------------|
| SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/1/2017 | <a href="#">3.1(a) Number resolution sessions resolved through settlement agreements</a> | 14   | null           |
| SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints | 11/1/2017 | <a href="#">3.1 Number of resolution sessions</a>  | 17   | null           |

**FFY 2016 SPP/APR Data**

| 3.1(a) Number resolution sessions resolved through settlement agreements | 3.1 Number of resolution sessions | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|--|-----------------------------------|----------------|------------------|---------------|
| 14   | 17                                | 44.44%         | 70.00% - 80.00%  | 82.35%        |

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

Kentucky had 17 total dispute resolution sessions in FFY 2016. Of those 17 dispute resolution sessions, 14 resulted in written settlement agreements. Kentucky's target for FFY 2016 was a range of 70 to 80% dispute resolution sessions resulting in written settlement agreements. Kentucky exceeded this target for FFY 2016 at 82.35%.

Kentucky was not required to report data from FFY 2014 and FFY 2015 as the number of dispute resolution sessions held was less than 10.

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

**Actions required in FFY 2015 response**

none

**OSEP Response**

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 16: Mediation**

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))

**Historical Data**

Baseline Data: 2005

| FFY      | 2004 | 2005   | 2006   | 2007   | 2008   | 2009   | 2010   | 2011   | 2012   | 2013   | 2014   |
|----------|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Target ≥ |      |        | 61.00% | 68.00% | 75.00% | 81.00% | 85.00% | 61.00% | 61.00% |        |        |
| Data     |      | 66.00% | 75.00% | 90.00% | 68.00% | 82.35% | 78.26% | 60.00% | 70.59% | 75.00% | 85.71% |

| FFY      | 2015   |
|----------|--------|
| Target ≥ |        |
| Data     | 40.00% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  Blue – Data Update

**FFY 2016 - FFY 2018 Targets**

| FFY    | 2016   |   |        | 2017   |   |        | 2018   |   |        |
|--------|--------|---|--------|--------|---|--------|--------|---|--------|
| Target | 61.00% | - | 85.00% | 61.00% | - | 85.00% | 61.00% | - | 85.00% |

Key:

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

The Kentucky Department of Education (KDE) has a relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), that is collaborative and strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

**Prepopulated Data**

| Source  | Date      | Description   | Data | Overwrite Data |
|---|-----------|---|------|----------------|
| SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/1/2017 | <a href="#">2.1.a.i Mediations agreements related to due process complaints</a>     | n    | null           |
| SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/1/2017 | <a href="#">2.1.b.i Mediations agreements not related to due process complaints</a> | n    | null           |
| SY 2016-17 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests | 11/1/2017 | <a href="#">2.1 Mediations held</a>   | 8    | null           |

**FFY 2016 SPP/APR Data**

| 2.1.a.i Mediations agreements related to due process complaints | 2.1.b.i Mediations agreements not related to due process complaints | 2.1 Mediations held | FFY 2015 Data* | FFY 2016 Target* | FFY 2016 Data |
|---|---|---------------------|----------------|------------------|---------------|
| 1   | 2   | 8                   | 40.00%         | 61.00% - 85.00%  | 37.50%        |

**Reasons for Slippage**

There is no slippage. The KDE held fewer than ten mediations in FFY 2016. It is not required to meet its targets if the number of mediations held is less than ten.

**Actions required in FFY 2015 response**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)**

none

**OSEP Response**

The State reported fewer than ten mediations held in FFY 2016. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

**Required Actions**

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Indicator 17: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

**Reported Data**

Baseline Data: 2013

| FFY      | 2013   | 2014   | 2015   | 2016   |
|----------|--------|--------|--------|--------|
| Target ≥ |        | 22.20% | 30.90% | 39.50% |
| Data     | 14.00% | 12.80% | 13.40% | 16.40% |

Key:  Gray – Data Prior to Baseline  Yellow – Baseline  
 Blue – Data Update

**FFY 2017 - FFY 2018 Targets**

| FFY      | 2017   | 2018   |
|----------|--------|--------|
| Target ≥ | 48.20% | 56.80% |

Key:

**Description of Measure**

Aligned to Indicator 3C (Proficiency for students with IEPs), Grade 8:

Proficiency rate percent = ((# of 8th Grade students with IEPs scoring at or above proficient against grade level) divided by the (total # of children with IEPs who received a valid score and for whom a proficiency level was assigned, and, calculated separately for math)]. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

**Targets: Description of Stakeholder Input** - Please see the Stakeholder Involvement section of the [introduction](#).

Enter additional information about stakeholder involvement

**Overview**

**Data Analysis**

A description of how the State identified and analyzed key data, including data from SPP/APR indicators, 618 data collections, and other available data as applicable, to: (1) select the State-identified Measurable Result(s) for Children with Disabilities, and (2) identify root causes contributing to low performance. The description must include information about how the data were disaggregated by multiple variables (e.g., LEA, region, race/ethnicity, gender, disability category, placement, etc.). As part of its data analysis, the State should also consider compliance data and whether those data present potential barriers to improvement. In addition, if the State identifies any concerns about the quality of the data, the description must include how the State will address these concerns. Finally, if additional data are needed, the description should include the methods and timelines to collect and analyze the additional data.

Please see attachment.

**Analysis of State Infrastructure to Support Improvement and Build Capacity**

A description of how the State analyzed the capacity of its current infrastructure to support improvement and build capacity in LEAs to implement, scale up, and sustain the use of evidence-based practices to improve results for children with disabilities. State systems that make up its infrastructure include, at a minimum: governance, fiscal, quality standards, professional development, data, technical assistance, and accountability/monitoring. The description must include current strengths of the systems, the extent the systems are coordinated, and areas for improvement of functioning within and across the systems. The State must also identify current State-level improvement plans and initiatives, including special and general education improvement plans and initiatives, and describe the extent that these initiatives are aligned, and how they are, or could be, integrated with, the SSIP. Finally, the State should identify representatives (e.g., offices, agencies, positions, individuals, and other stakeholders) that were involved in developing Phase I of the SSIP and that will be involved in developing and implementing Phase II of the SSIP.

Please see attachment.

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

A statement of the result(s) the State intends to achieve through the implementation of the SSIP. The State-identified result(s) must be aligned to an SPP/APR indicator or a component of an SPP/APR indicator. The State-identified result(s) must be clearly based on the Data and State Infrastructure Analyses and must be a child-level outcome in contrast to a process outcome. The State may select a single result (e.g., increasing the graduation rate for children with disabilities) or a cluster of related results (e.g., increasing the graduation rate and decreasing the dropout rate for children with disabilities).

*Statement*

Please see attachment.

*Description*

Please see attachment.

**Selection of Coherent Improvement Strategies**

An explanation of how the improvement strategies were selected, and why they are sound, logical and aligned, and will lead to a measurable improvement in the State-identified result(s). The improvement strategies should include the strategies, identified through the Data and State Infrastructure Analyses, that are needed to improve the State infrastructure and to support LEA implementation of evidence-based practices to improve the State-identified Measurable Result(s) for Children with Disabilities. The State must describe how implementation of the improvement strategies will address identified root causes for low performance and ultimately build LEA capacity to achieve the State-identified Measurable Result(s) for Children with Disabilities.

Please see attachments.

**Theory of Action**

A graphic illustration that shows the rationale of how implementing the coherent set of improvement strategies selected will increase the State's capacity to lead meaningful change in LEAs, and achieve improvement in the State-identified Measurable Result(s) for Children with Disabilities.

**Submitted Theory of Action:** No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

Please see attachment.

**Infrastructure Development**

- (a) Specify improvements that will be made to the State infrastructure to better support EIS programs and providers to implement and scale up EBPs to improve results for infants and toddlers with disabilities and their families.
- (b) Identify the steps the State will take to further align and leverage current improvement plans and other early learning initiatives and programs in the State, including Race to the Top-Early Learning Challenge, Home Visiting Program, Early Head Start and others which impact infants and toddlers with disabilities and their families.
- (c) Identify who will be in charge of implementing the changes to infrastructure, resources needed, expected outcomes, and timelines for completing improvement efforts.
- (d) Specify how the State will involve multiple offices within the State Lead Agency, as well as other State agencies and stakeholders in the improvement of its infrastructure.

Please see attachment.

**Support for EIS programs and providers Implementation of Evidence-Based Practices**

(a) Specify how the State will support EIS providers in implementing the evidence-based practices that will result in changes in Lead Agency, EIS program, and EIS provider practices to achieve the SIMR(s) for infants and toddlers with disabilities and their families.

## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

(b) Identify steps and specific activities needed to implement the coherent improvement strategies, including communication strategies and stakeholder involvement; how identified barriers will be addressed; who will be in charge of implementing; how the activities will be implemented with fidelity; the resources that will be used to implement them; and timelines for completion.

(c) Specify how the State will involve multiple offices within the Lead Agency (and other State agencies such as the SEA) to support EIS providers in scaling up and sustaining the implementation of the evidence-based practices once they have been implemented with fidelity.

Please see attachment.

### Evaluation

(a) Specify how the evaluation is aligned to the theory of action and other components of the SSIP and the extent to which it includes short-term and long-term objectives to measure implementation of the SSIP and its impact on achieving measurable improvement in SIMR(s) for infants and toddlers with disabilities and their families.

(b) Specify how the evaluation includes stakeholders and how information from the evaluation will be disseminated to stakeholders.

(c) Specify the methods that the State will use to collect and analyze data to evaluate implementation and outcomes of the SSIP and the progress toward achieving intended improvements in the SIMR(s).

(d) Specify how the State will use the evaluation data to examine the effectiveness of the implementation; assess the State's progress toward achieving intended improvements; and to make modifications to the SSIP as necessary.

Please see attachment.

### Technical Assistance and Support

Describe the support the State needs to develop and implement an effective SSIP. Areas to consider include: Infrastructure development; Support for EIS programs and providers implementation of EBP; Evaluation; and Stakeholder involvement in Phase II.

Please see attachment.

### Phase III submissions should include:

- Data-based justifications for any changes in implementation activities.
- Data to support that the State is on the right path, if no adjustments are being proposed.
- Descriptions of how stakeholders have been involved, including in decision-making.

### A. Summary of Phase 3

1. Theory of action or logic model for the SSIP, including the SIMR.
2. The coherent improvement strategies or principle activities employed during the year, including infrastructure improvement strategies.
3. The specific evidence-based practices that have been implemented to date.
4. Brief overview of the year's evaluation activities, measures, and outcomes.
5. Highlights of changes to implementation and improvement strategies.

Please see attachment.

### B. Progress in Implementing the SSIP

1. Description of the State's SSIP implementation progress: (a) Description of extent to which the State has carried out its planned activities with fidelity—what has been accomplished, what milestones have been met, and whether the intended timeline has been followed and (b) Intended outputs that have been accomplished as a result of the implementation activities.
2. Stakeholder involvement in SSIP implementation: (a) How stakeholders have been informed of the ongoing implementation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing implementation of the SSIP.

Please see attachment.

### C. Data on Implementation and Outcomes

1. How the State monitored and measured outputs to assess the effectiveness of the implementation plan: (a) How evaluation measures align with the theory of action, (b) Data sources for each key measure, (c) Description of baseline data for key measures, (d) Data collection procedures and associated timelines, (e) [If applicable] Sampling procedures, (f) [If appropriate] Planned data comparisons, and (g) How data management and data analysis procedures allow for assessment of progress toward achieving intended improvements
2. How the State has demonstrated progress and made modifications to the SSIP as necessary: (a) How the State has reviewed key data that provide evidence regarding progress toward achieving intended improvements to infrastructure and the SIMR, (b) Evidence of change to baseline data for key measures, (c) How data support changes that have been made to implementation and improvement strategies, (d) How data are informing next steps in the SSIP implementation, and (e) How data support planned modifications to intended outcomes (including the SIMR)—rationale or justification for the changes or how data support that the SSIP is on the right path
3. Stakeholder involvement in the SSIP evaluation: (a) How stakeholders have been informed of the ongoing evaluation of the SSIP and (b) How stakeholders have had a voice and been involved in decision-making regarding the ongoing evaluation of the SSIP

Please see attachment.

### D. Data Quality Issues: Data limitations that affected reports of progress in implementing the SSIP and achieving the SIMR

1. Concern or limitations related to the quality or quantity of the data used to report progress or results
2. Implications for assessing progress or results
3. Plans for improving data quality

Please see attachment.

### E. Progress Toward Achieving Intended Improvements

1. Infrastructure changes that support SSIP initiatives, including how system changes support achievement of the SIMR, sustainability, and scale-up
2. Evidence that SSIP's evidence-based practices are being carried out with fidelity and having the desired effects
3. Outcomes regarding progress toward short-term and long-term objectives that are necessary steps toward achieving the SIMR
4. Measurable improvements in the SIMR in relation to targets



## FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Please see attachment.

### F. Plans for Next Year

1. Additional activities to be implemented next year, with timeline
2. Planned evaluation activities including data collection, measures, and expected outcomes
3. Anticipated barriers and steps to address those barriers
4. The State describes any needs for additional support and/or technical assistance

Please see attachment.

### OSEP Response

### Required Actions

**FFY 2016 Part B State Performance Plan (SPP)/Annual Performance Report (APR)  
Certify and Submit your SPP/APR**

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.

**Selected:** 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: Gretta Hylton

Title: Director

Email: Gretta.Hylton@education.ky.gov

Phone: 502-564-4970