

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2019**

Kentucky



**PART B DUE
February 1, 2021**

**U.S. DEPARTMENT OF EDUCATION
WASHINGTON, DC 20202**

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Kentucky Department of Education (KDE) is pleased to submit Kentucky's FY2019 Annual Performance Report (APR).

The KDE is committed to providing technical assistance and support to local educational agencies (LEAs) to ensure each and every student is empowered and equipped to pursue a successful future. KDE's Office of Special Education and Early Learning (OSEEL) priorities include the following:

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

Through excellent customer service to LEAs and parents, the KDE oversees compliance with the provisions and requirements of the Individuals with Disabilities Education Act (IDEA) of 2004. The KDE and its stakeholders are committed to ensuring each student with a disability is provided a free appropriate public education (FAPE). The KDE collaborates with LEAs, school-based decision-making councils, parents and families, regional special education cooperatives, advisory groups, communities, and other stakeholders to identify needed resources and provide system enhancements to improve outcomes for students with disabilities.

Collaboration with stakeholders and commitment to OSEEL priorities enabled Kentucky to obtain a Meets Requirements on OSEP's annual determinations for FY2018.

OSEEL analyzed data for the SPP/APR which was obtained from various state data collection systems. OSEEL staff reviewed the data to ensure accuracy and consistency across years. OSEEL staff presented the data to a broad stakeholder group to solicit feedback, analyze targets and determine needed strategies to improve these data when necessary.

Kentucky is committed to improving instruction and discipline practices for students with disabilities. To that end, APR data is used to measure progress towards OSEEL priorities. OSEEL uses the data obtained from the APR to determine areas of statewide strengths. OSEEL celebrates strengths and builds on them to improve results for students with disabilities in Kentucky. OSEEL also uses APR data to develop strategies to address areas of need.

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

174

General Supervision System

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

Kentucky has multiple systems in place to ensure the IDEA Part B requirements are met. OSEEL is committed to building the capacity of LEAs by providing high-quality technical support and guidance, as well as ongoing monitoring to identify and address known or potential issues. The purpose of these efforts is to achieve compliance with the IDEA and improve results for students with disabilities.

The IDEA requires State Educational Agencies (SEAs) to make annual determinations of LEA compliance. Since FFY 2014, the KDE has utilized compliance and educational outcome indicators in finalizing LEA determinations.

Kentucky maintains several systems to provide technical assistance, ongoing monitoring, and oversight to ensure compliance with the IDEA Part B requirements.

SPP/APR--

The IDEA requires Kentucky to develop an SPP/APR to evaluate the state's efforts to implement the requirements and achieve the objectives of the IDEA. The SPP/APR includes 17 indicators measuring student outcomes and state compliance with the IDEA requirements.

Kentucky elicited a broad range of stakeholder input in the development of the SPP. This involvement helped the KDE set measurable annual performance targets. The SPP provides the baseline data, targets, improvement activities, timelines, and resources established by Kentucky for each required indicator.

Data Collection and Analysis-

The OSEEL determines Kentucky's status in achieving the targets of the SPP through the collection of data from LEAs, parents, and other sources. Additionally, the KDE reviews LEA policies, procedures, and practices to determine compliance with the IDEA. These data are reviewed, analyzed, and reported in the APR, but more importantly, the data drive how Kentucky provides targeted guidance and support to LEAs.

The KDE established the Data Standard for Special Education Processes, located at <https://tinyurl.com/y6qb2ree>, which details how to correctly enter data into Kentucky's Student Information System (KSIS), known as Infinite Campus (IC). Once collected, the analysis of the data is the basis for developing informative reports and Corrective Action Plans (CAPs). Kentucky publicly reports statewide special education data, the final SPP/APRs, and the performance of each LEA regarding the SPP indicators. This information may be found on the Public Reporting of IDEA Part B data page of the KDE website, located at <https://tinyurl.com/yx9qd6kq>.

Kentucky Administrative Regulations-

Kentucky has a regulatory framework in place to provide structure to LEA implementation of the IDEA Part B requirements. Kentucky Administrative Regulations (KAR), Title 707, Chapter 1 can be found online at <https://tinyurl.com/y3tgbgoy>.

Dispute Resolution-

The KDE has a dispute resolution system to resolve conflicts between parents of students with disabilities and LEAs. The OSEEL investigates formal written complaints and collaborates with the Office of Legal Services on due process hearings, expedited due process hearings, and mediation. More information is available online at https://education.ky.gov/speciald/except/Pages/Dispute_Resolution_Process.aspx.

Focused Monitoring-

The KDE's general supervision responsibilities include monitoring activities that range from on-site LEA visits, desk audits, annual determinations, and the evaluation of self-reported compliance data from LEAs. The KDE monitors for compliance as well as student results by focusing on areas most likely to improve student outcomes. On-site or virtual monitoring visits occur as a part of the KDE's State Consolidated Monitoring (SCM) process that includes all federal programs. SCM provides the KDE an opportunity to review state and federal programs to provide support for effective implementation and collaboration. Staff from each program identify and commend effective practices while providing recommendations or corrective actions for addressing concerns. The OSEEL also conducts individual monitoring on an as-needed basis when LEA-specific concerns arise. The OSEEL uses a risk assessment to determine districts with the greatest risk of non-compliance with the IDEA. The KDE further triangulates data to determine districts that need monitoring.

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

Fiscal Management--

The Office of Financial Operations (OFO) within the KDE implements procedures to ensure annual financial audits are conducted for each LEA. These audits include program and fiscal reviews of local, state, and federal projects as may be required pursuant to applicable state and federal regulations (including the Uniform Grant Guidance (UGG), the General Education Provisions Act (GEPA), and the Education Department General Administrative Regulations (EDGAR)). The audits aid LEA finance officers related to supplanting, maintenance of effort, excess cost, technical assistance on MUNIS (the KDE's accounting system), including expenditures of allocations, personnel, and payroll reports, and a review of financial documents, files, and records. The KDE provides schools and LEAs with targeted technical assistance and professional development through a variety of initiatives and resources.

The OSEEL takes additional steps to provide sound fiscal management and oversight of the IDEA funds received by the state. With respect to the state share of IDEA funds, both those for administrative purposes and other state-level activities, the OSEEL has monthly reconciliation meetings with the OFO to monitor the expenditure of these funds throughout their period of availability. Funds are reconciled for each area of expenditure whether that be for personnel, supplies, and materials, agreements with other entities, or other costs. Staff from both offices make sure that the funds are spent appropriately and in a timely fashion as budgeted. Keeping up with the use of these funds monthly provides the OSEEL flexibility to re-allocate funds to different priorities and make sure the funds are utilized to their maximum efficiency and effectiveness.

For those IDEA funds that are set aside for allocation to LEAs, the OSEEL approves their application and budgets annually and requires the submission of expenditures of these reports pursuant to their budget on a quarterly basis until the funds have been fully expended. The OSEEL is in the process of implementing fiscal monitoring of LEA expenditures to ensure the funds are managed appropriately, spent in accordance with the IDEA, and within the period of availability. The OSEEL will conduct three pilot on-site monitoring visits which will validate that the LEAs are maintaining accurate documentation of the funds including that the funds are not co-mingled with other funds, are spent pursuant to their approved budget, and to provide services to the appropriate population.

State Systemic Improvement Plan-

Kentucky analyzes data from the SSIP to inform technical assistance. For this reporting period, there were no data for the SIMR due to the waiver of statewide assessment discussed in Indicator 3. The Kentucky SIMR analyzes data from statewide assessments in the area of 8th-grade math proficiency.

Additional information on Kentucky's general supervision system can be found in the "Monitoring Manual" located at <https://tinyurl.com/y4e9b6tr>.

Technical Assistance System

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

Kentucky Educational Cooperatives--

Kentucky's Educational Cooperative Network enhances the educational opportunities and outcomes of students by providing regional leadership and delivering specialized services. The cooperatives work in partnership with the KDE, LEAs, institutions of higher education, and other service providers. They also serve as a regional collaborative forum to support quality education, provide a wide range of support services, and model innovative practices for the benefit of students.

Each cooperative has a special education division supported by the KDE IDEA state set-aside funds. The purpose of the special education cooperative is to fulfill the mission of OSEEL. Special education consultants employed by the cooperatives work on special education initiatives and aid and services for students with disabilities. Literacy, math, and behavior specialists with special education expertise are also hired by the cooperatives to build LEA capacity in support of teachers working with students with disabilities.

The special education divisions of the cooperatives have developed Regional Systemic Improvement Plans (RSIPs) aligned with the KDE's State Systemic Improvement Plan (SSIP). The SSIP and RSIPs enable the KDE to deliver the differentiated technical assistance needed to improve educational outcomes for students with disabilities. The cooperatives also support schools and LEAs in their comprehensive improvement planning. Visit the Kentucky Educational Cooperatives page on the KDE website (<https://education.ky.gov/comm/about/Pages/Kentucky-Education-and-Special-Education-Cooperatives.aspx>) for more information.

Early Childhood Regional Training Centers-

The Early Childhood Regional Training Centers (RTCs) provide a range of services for early childhood providers and professionals. This includes regional training, workshops, on-site consultations, a lending library of materials, and annual statewide and regional collaborative institutes. The RTCs promote school readiness and high-quality early education services by providing resources and information to providers. RTCs also provide in-depth

professional learning tailored to meet the needs of the region. More information regarding RTCs may be found at <https://education.ky.gov/curriculum/conpro/prim-pre/Pages/Early-Childhood-Regional-Training-Centers.aspx>.

Guidance Resources--

The KDE provides guidance resources to LEAs to support compliance with the IDEA. The Compliance Record Review Document was developed by the KDE and its partners to assist LEA personnel in conducting accurate student due process record reviews. This and other resources can be found on the Monitoring Documents page of the KDE website, located at <https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx>.

Additional Individualized Education Program (IEP) guidance and documents for the development of IEPs in Kentucky are also available at <https://education.ky.gov/specialed/excep/forms/Pages/IEP-Guidance-and-Documents.aspx>. The Guidance Document for Individual Education Program (IEP) Development, the Specific Learning Disability Guidance, and the IEP and Lesson Plan Development Handbook are resources available to educators and other interested parties across the state. Other guidance documents include Improving Educational Outcomes for Students with Disabilities (<https://education.ky.gov/specialed/excep/forms/Pages/Guidance-Documents.aspx>) and Guidance for Special Transportation in Kentucky (<https://education.ky.gov/specialed/excep/forms/Pages/Guidance-Documents.aspx>).

Strategic Partnerships--

To assist the KDE in reaching its goals for students with disabilities, the Kentucky Post School Outcome Center (KYPSO), website located at <http://www.kypso.org/>, develops and oversees the administration of the Youth One Year Out (YOYO) Former Student Interview. The YOYO is a longitudinal investigation of the post-school outcomes of Kentucky youth with educational disabilities which spans the student's final year of high school and one year after high school exit. The KYPSO provides information to LEAs regarding programs and practices to support secondary transition and data to the KDE for Indicator 14.

To collect data for Indicator 7, the KDE contracts with the Kentucky Early Childhood Data System (KEDS). The KDE offers frequent, ongoing technical assistance provided by the KDE's School Readiness Branch within OSEEL, RTCs, and the KEDS staff. Technical assistance provided to LEAs includes web-based training in the appropriate use of assessment tools and publishers' data entry systems. Validity measures are also discussed with LEA preschool coordinators. Guidance documents for the appropriate use of assessment measures and data collection are maintained, disseminated through training, and posted on the KEDS website (<https://www.kedsonline.org/>).

As part of developing infrastructure, KDE has continued to engage in a partnership with the State Implementation & Scaling-up of Evidence-based Practices (SISEP) Center. The SISEP Center is an OSEP-funded technical assistance center that supports education systems in creating implementation capacity for evidence-based practices benefiting students with disabilities (SWD). SISEP assists the KDE in putting into practice implementation science principles, such as coaching practices, which are a critical part of the KDE's SSIP, located at [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 Student Data System--

IC provides data for many purposes, including policy-making, budgetary planning, and educational program management and improvement. IC supports Kentucky by providing secure and seamless data collection to all LEAs and the KDE.

IC is the authoritative source for student data, including student demographics, attendance, behavior, health, grades, grade point average (GPA), courses, and teacher-student class rosters.

Student participation data is also available for a variety of programs and services:

- special education
- gifted and talented
- Title I
- Title III
- Family Resource and Youth Services Centers
- free and reduced-price meals
- preschool programs
- migrant programs

The system also includes information on LEAs, individual schools, and school personnel. Data obtained from IC is used to develop technical assistance resources for local school districts. Using the data from IC as a starting point allows the KDE to develop just-in-time resources that address the most prevalent technical assistance needs in the state.

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.

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

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

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

A key objective of the SPDG is the integration of its activities with Kentucky's Every Student Succeeds Act (ESSA) plan and the SSIP, as well as with the work of the Collaboration for Effective Educator Development, Accountability and Reform (CEEDAR) Center and the SISEP Center. By implementing research- and classroom-based practices and techniques, the SPDG assists children prior to referral for special education.

Stakeholder Involvement

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

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more

convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

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

YES

Reporting to the Public

How and where the State reported to the public on the FFY18 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 2018 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 2018 APR in 2020, is available.

The KDE publicly reports the performance of LEAs on the SPP/APR targets on its website. For more information regarding statewide Section 618 data, the SPP/APR, and Kentucky's IDEA Part B State Application, please visit the Public Reporting of IDEA Part B Data page on the KDE website located at <https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>.

The KDE also publicly reports results from the state summative assessment for all students, including students participating in the alternate assessment aligned with the alternate academic achievement standards (AA-AAAS). These results are shared at the local and state levels for all assessed and accountable content areas, by grade and grade range as reported on the Proficiency page on the KDE School Report Card located at https://www.kyschoolreportcard.com/organization/20/school_accountability/proficiency/indicator_score?year=2019.

Kentucky follows all Family Educational Rights and Privacy Act (FERPA) guidelines when publicly reporting information. Some individual grade or grade range performance results are suppressed to protect student identity. Individual Student Reports (ISRs) identifying individual student results are shared with LEAs for distribution to schools and parents. To comply with FERPA guidelines, these results are not made public.

Intro - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report FFY 2019 data for the State-identified Measurable Result (SiMR) of record or provide a FFY 2019 target and FFY 2019 data for a new SiMR that is approvable and consistent with the requirements for the indicator in the Part B SPP/APR Indicator Measurement Table and OSEP's guidance. Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year Five; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2020); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short-term and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities is impacting the State's capacity to improve its SiMR data.

Response to actions required in FFY 2018 SPP/APR

The KDE will submit the State Systemic Improvement Plan no later than April 1, 2021, with all required components.

Intro - OSEP Response

Due to the circumstances created by the COVID-19 pandemic, and resulting school closures, the State does not have any FFY 2019 data for indicator 17.

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with Individualized Education Programs (IEPs) graduating from high school with a regular high school diploma. (20 U.S.C. 1416 (a)(3)(A))

Data Source

Same data as used for reporting to the Department of Education (Department) under Title I of the Elementary and Secondary Education Act (ESEA).

Measurement

States may report data for children with disabilities using either the four-year adjusted cohort graduation rate required under the ESEA or an extended-year adjusted cohort graduation rate under the ESEA, if the State has established one.

Instructions

Sampling is not allowed.

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), and compare the results to the target. Provide the actual numbers used in the calculation.

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.

Targets should be the same as the annual graduation rate targets for children with disabilities under Title I of the ESEA.

States must continue to report the four-year adjusted cohort graduation rate for all students and disaggregated by student subgroups including the children with disabilities subgroup, as required under section 1111(h)(1)(C)(iii)(II) of the ESEA, on State report cards under Title I of the ESEA even if they only report an extended-year adjusted cohort graduation rate for the purpose of SPP/APR reporting.

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	73.21%

FFY	2014	2015	2016	2017	2018
Target >=	76.90%	79.60%	79.60%	79.60%	79.60%
Data	70.75%	65.99%	71.89%	74.42%	74.83%

Targets

FFY	2019
Target >=	79.60%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	07/27/2020	Number of youth with IEPs graduating with a regular diploma	3,515
SY 2018-19 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	07/27/2020	Number of youth with IEPs eligible to graduate	4,656

Source	Date	Description	Data
SY 2018-19 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec FS150; Data group 695)	07/27/2020	Regulatory four-year adjusted-cohort graduation rate table	75.49%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
3,515	4,656	74.83%	79.60%	75.49%	Did Not Meet Target	No Slippage

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 rate follows a cohort, or a group of students, who begin as first-time ninth graders in the same school year and who graduate with a regular high school diploma within four years. A "regular high school diploma" means the standard high school diploma awarded to students by an LEA with curriculum that is fully aligned with the state's academic content standards. It does not include a General Equivalency Diploma (GED) or any alternative diplomas that are not aligned with Kentucky's academic content standards.

Kentucky schools must provide students with disabilities the opportunity and necessary instructional supports and accommodations to progress through a course of study leading to a diploma. Students with disabilities who earn the required high school credit through successful completion of content area and elective work are awarded a regular high school diploma. The conditions that students with IEPs must meet to graduate with a regular diploma are the same as the conditions of students without disabilities. The KDE identifies the minimum credits required for graduation, and LEAs set local requirements in their LEA graduation policies established consistent with state regulation (704 KAR 3:305), located at <https://apps.legislature.ky.gov/law/kar/704/003/305.pdf>.

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Percent of youth with IEPs dropping out of high school. (20 U.S.C. 1416 (a)(3)(A))

Data Source

OPTION 1:

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

OPTION 2:

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

Measurement

OPTION 1:

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

OPTION 2:

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

Instructions

Sampling is not allowed.

OPTION 1:

Use 618 exiting data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019). Include in the denominator the following exiting categories: (a) graduated with a regular high school diploma; (b) received a certificate; (c) reached maximum age; (d) dropped out; or (e) died.

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

OPTION 2:

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

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

Options 1 and 2:

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), and compare the results to the target.

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. If there is a difference, explain.

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2011	2.71%

FFY	2014	2015	2016	2017	2018
Target <=	2.51%	2.31%	2.11%	1.91%	1.71%
Data	3.00%	2.75%	2.07%	2.01%	1.86%

Targets

FFY	2019
Target <=	1.71%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Please indicate the reporting option used on this indicator

Option 2

Prepopulated Data

Source	Date	Description	Data
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,531
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b)	420
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c)	38
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d)	508
SY 2018-19 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/27/2020	Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e)	24

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? (yes/no)

YES

If yes, provide justification for the changes below.

The Kentucky Department of Education (KDE) uses measurement option 2 to remain consistent with data from previous years. For option 2, the KDE uses the calculated sum of each LEAs' exiting youth from the LEA level of FS009 rather than using the data from the SEA level of FS009. The KDE's Office of Special Education and Early Learning (OSEEL) determined the fidelity of the LEA data was more reliable than the SEA data because it accounted for students who transferred between LEAs within the state.

Use a different calculation methodology (yes/no)

YES

Change numerator description in data table (yes/no)

NO

Change denominator description in data table (yes/no)

YES

If use a different calculation methodology is yes, provide an explanation of the different calculation methodology

The statewide dropout rate was calculated as the total number of children with disabilities ages 14-21 reported as the sum of dropouts on the FS009 LEA EDFacts data submission divided by the total number of children with disabilities ages 14-21 reported on the FS002 Child Count and Educational Environments EDFacts submission for the same school year.

FFY 2019 SPP/APR Data

Number of youth with IEPs who exited special education due to dropping out	Total number of High School Students with IEPs by Cohort	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
449	25,112	1.86%	1.71%	1.79%	Did Not Meet Target	No Slippage

Provide reasons for slippage, if applicable

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 included dropouts, runaways, GED recipients, expulsions, status unknown, and students who moved and were not known to be continuing in another education program.

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

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

NO

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

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3B: Participation for Students with IEPs

Instructions and Measurement

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))

Data Source

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

Measurement

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

Instructions

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

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

Indicator 3B: Provide separate reading/language arts and mathematics participation rates, inclusive of all ESEA grades assessed (3-8 and high school), for children with IEPs. Account for ALL children with IEPs, in all grades assessed, including children not participating in assessments and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3B - Indicator Data

Reporting Group Selection

Based on previously reported data, these are the grade groups defined for this indicator.

Group	Group Name	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	HS
A	Grade 3	X										
B	Grade 4		X									
C	Grade 5			X								
D	Grade 6				X							
E	Grade 7					X						
F	Grade 8						X					
G	HS											X

Historical Data: Reading

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Grade 3	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
A	Grade 3	99.79%	Actual	99.95%	99.92%	99.68%	99.59%	99.65%
B	Grade 4	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
B	Grade 4	99.77%	Actual	99.99%	99.96%	99.90%	99.72%	99.70%
C	Grade 5	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
C	Grade 5	99.70%	Actual	99.94%	99.98%	99.77%	99.67%	99.67%
D	Grade 6	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
D	Grade 6	99.66%	Actual	99.89%	99.93%	99.73%	99.71%	99.57%
E	Grade 7	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
E	Grade 7	99.69%	Actual	99.91%	99.87%	99.76%	99.34%	99.26%
F	Grade 8	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
F	Grade 8	99.64%	Actual	99.79%	99.82%	99.61%	99.35%	99.35%

G	HS	2013	Target >=	98.00%	98.00%	98.00%	98.00%	98.00%
G	HS	98.58%	Actual	98.32%	99.06%	98.27%	95.42%	95.43%

Historical Data: Math

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Grade 3	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
A	Grade 3	99.81%	Actual	99.95%	99.92%	99.72%	99.62%	99.66%
B	Grade 4	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
B	Grade 4	99.77%	Actual	99.99%	99.96%	99.90%	99.72%	99.68%
C	Grade 5	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
C	Grade 5	99.69%	Actual	99.94%	99.98%	99.79%	99.68%	99.67%
D	Grade 6	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
D	Grade 6	99.64%	Actual	99.89%	99.95%	99.63%	99.65%	99.51%
E	Grade 7	2013	Target >=	99.00%	99.00%	99.00%	99.00%	99.00%
E	Grade 7	99.63%	Actual	99.91%	99.88%	99.68%	99.31%	99.24%
F	Grade 8	2013	Target ≥	99.00%	99.00%	99.00%	99.00%	99.00%
F	Grade 8	99.60%	Actual	99.79%	99.82%	99.60%	99.32%	99.39%
G	HS	2013	Target >=	98.00%	98.00%	98.00%	98.00%	98.00%
G	HS	98.18%	Actual	98.44%	99.04%	97.84%	95.71%	95.54%

Targets

Subject	Group	Group Name	2019
Reading	A >=	Grade 3	99.00%
Reading	B >=	Grade 4	99.00%
Reading	C >=	Grade 5	99.00%
Reading	D >=	Grade 6	99.00%
Reading	E >=	Grade 7	99.00%
Reading	F >=	Grade 8	99.00%
Reading	G >=	HS	98.00%
Math	A >=	Grade 3	99.00%
Math	B >=	Grade 4	99.00%
Math	C >=	Grade 5	99.00%
Math	D >=	Grade 6	99.00%
Math	E >=	Grade 7	99.00%
Math	F >=	Grade 8	99.00%
Math	G >=	HS	98.00%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

FFY 2019 Data Disaggregation from EDFacts

Include the disaggregated data in your final SPP/APR. (yes/no)

YES

Data Source:

SY 2019-20 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

Reading Assessment Participation Data by Grade

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs											
b. IEPs in regular assessment with no accommodations											
c. IEPs in regular assessment with accommodations											
f. IEPs in alternate assessment against alternate standards											

Data Source:

SY 2019-20 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

Math Assessment Participation Data by Grade

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs											
b. IEPs in regular assessment with no accommodations											
c. IEPs in regular assessment with accommodations											
f. IEPs in alternate assessment against alternate standards											

FFY 2019 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Grade 3			99.65%	99.00%		N/A	N/A
B	Grade 4			99.70%	99.00%		N/A	N/A
C	Grade 5			99.67%	99.00%		N/A	N/A
D	Grade 6			99.57%	99.00%		N/A	N/A
E	Grade 7			99.26%	99.00%		N/A	N/A
F	Grade 8			99.35%	99.00%		N/A	N/A
G	HS			95.43%	98.00%		N/A	N/A

FFY 2019 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Grade 3			99.66%	99.00%		N/A	N/A
B	Grade 4			99.68%	99.00%		N/A	N/A
C	Grade 5			99.67%	99.00%		N/A	N/A
D	Grade 6			99.51%	99.00%		N/A	N/A
E	Grade 7			99.24%	99.00%		N/A	N/A
F	Grade 8			99.39%	99.00%		N/A	N/A
G	HS			95.54%	98.00%		N/A	N/A

Regulatory Information

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

Public Reporting Information

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

Provide additional information about this indicator (optional)

The Kentucky Department of Education applied for a waiver of statewide assessment, accountability and reporting requirements in the Elementary and Secondary Education Act (ESEA) for the 2019-2020 school year due to widespread school closures related to the novel Coronavirus disease (COVID-19). The waiver was approved on March 27, 2020. Kentucky's approval can be found at <https://education.ky.gov/comm/Documents/KY%20Covid19%20WaiverResponse%203-27-20.pdf>

3B - Prior FFY Required Actions

None

3B - OSEP Response

The State was not required to provide any data for this indicator. Due to the circumstances created by the COVID-19 pandemic, and resulting school closures, the State received a waiver of the assessment requirements in section 1111(b)(2) of the ESEA, and, as a result, does not have any FFY 2019 data for this indicator.

3B - Required Actions

Indicator 3C: Proficiency for Students with IEPs

Instructions and Measurement

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))

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Reporting Group Selection

Based on previously reported data, these are the grade groups defined for this indicator.

Group	Group Name	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	HS
A	Grade 3	X										
B	Grade 4		X									
C	Grade 5			X								
D	Grade 6				X							
E	Grade 7					X						
F	Grade 8						X					
G	HS											X

Historical Data: Reading

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Grade 3	2013	Target >=	48.80%	56.10%	63.40%	70.70%	78.00%
A	Grade 3	35.28%	Actual	34.38%	36.00%	38.87%	36.14%	34.83%
B	Grade 4	2013	Target >=	48.80%	56.10%	63.40%	70.70%	78.00%
B	Grade 4	33.28%	Actual	31.64%	36.29%	33.22%	34.91%	34.63%
C	Grade 5	2013	Target >=	48.80%	56.10%	63.40%	70.70%	78.00%
C	Grade 5	31.53%	Actual	30.21%	33.60%	34.71%	34.78%	33.42%
D	Grade 6	2013	Target >=	41.80%	50.10%	58.50%	66.80%	75.10%
D	Grade 6	23.63%	Actual	23.55%	25.20%	31.54%	30.33%	31.01%
E	Grade 7	2013	Target >=	41.80%	50.10%	58.50%	66.80%	75.10%
E	Grade 7	24.70%	Actual	21.29%	25.31%	24.53%	23.54%	24.44%

F	Grade 8	2013	Target >=	41.80%	50.10%	58.50%	66.80%	75.10%
F	Grade 8	18.98%	Actual	18.33%	20.39%	22.95%	24.68%	25.43%
G	HS	2013	Target >=	37.90%	45.80%	55.70%	63.70%	71.70%
G	HS	15.48%	Actual	16.45%	14.60%	16.46%	15.37%	17.33%

Historical Data: Math

Group	Group Name	Baseline	FFY	2014	2015	2016	2017	2018
A	Grade 3	2013	Target >=	43.90%	51.90%	60.00%	68.00%	76.00%
A	Grade 3	26.22%	Actual	25.95%	27.20%	31.11%	28.45%	28.20%
B	Grade 4	2013	Target >=	43.90%	51.90%	60.00%	68.00%	76.00%
B	Grade 4	27.95%	Actual	24.82%	29.29%	28.08%	28.19%	27.97%
C	Grade 5	2013	Target >=	43.90%	51.90%	60.00%	68.00%	76.00%
C	Grade 5	26.75%	Actual	23.62%	28.20%	27.16%	27.35%	27.05%
D	Grade 6	2013	Target >=	40.60%	49.10%	57.60%	66.10%	74.60%
D	Grade 6	19.36%	Actual	16.94%	20.30%	22.87%	20.69%	20.09%
E	Grade 7	2013	Target >=	40.60%	49.10%	57.60%	66.10%	74.60%
E	Grade 7	17.29%	Actual	14.51%	17.81%	18.76%	18.41%	18.54%
F	Grade 8	2013	Target >=	40.60%	49.10%	57.60%	66.10%	74.60%
F	Grade 8	15.41%	Actual	14.93%	15.51%	17.94%	16.26%	16.40%
G	HS	2013	Target >=	37.80%	46.10%	55.60%	63.60%	71.60%
G	HS	12.70%	Actual	13.92%	14.41%	12.67%	8.78%	8.78%

Targets

Subject	Group	Group Name	2019
Reading	A >=	Grade 3	78.00%
Reading	B >=	Grade 4	78.00%
Reading	C >=	Grade 5	78.00%
Reading	D >=	Grade 6	75.10%
Reading	E >=	Grade 7	75.10%
Reading	F >=	Grade 8	75.10%
Reading	G >=	HS	71.70%
Math	A >=	Grade 3	76.00%
Math	B >=	Grade 4	76.00%
Math	C >=	Grade 5	76.00%
Math	D >=	Grade 6	74.60%
Math	E >=	Grade 7	74.60%
Math	F >=	Grade 8	74.60%
Math	G >=	HS	71.60%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

FFY 2019 Data Disaggregation from EDFacts

Include the disaggregated data in your final SPP/APR. (yes/no)

YES

Data Source:

SY 2019-20 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

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											
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level											
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level											

Data Source:

SY 2019-20 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

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											
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level											
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level											

FFY 2019 SPP/APR Data: Reading Assessment

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Grade 3			34.83%	78.00%		N/A	N/A
B	Grade 4			34.63%	78.00%		N/A	N/A
C	Grade 5			33.42%	78.00%		N/A	N/A
D	Grade 6			31.01%	75.10%		N/A	N/A
E	Grade 7			24.44%	75.10%		N/A	N/A
F	Grade 8			25.43%	75.10%		N/A	N/A
G	HS			17.33%	71.70%		N/A	N/A

FFY 2019 SPP/APR Data: Math Assessment

Group	Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A	Grade 3			28.20%	76.00%		N/A	N/A
B	Grade 4			27.97%	76.00%		N/A	N/A
C	Grade 5			27.05%	76.00%		N/A	N/A
D	Grade 6			20.09%	74.60%		N/A	N/A
E	Grade 7			18.54%	74.60%		N/A	N/A
F	Grade 8			16.40%	74.60%		N/A	N/A
G	HS			8.78%	71.60%		N/A	N/A

Regulatory Information

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

Public Reporting Information

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

Provide additional information about this indicator (optional)

The Kentucky Department of Education applied for a waiver of statewide assessment, accountability, and reporting requirements in the Elementary and Secondary Education Act (ESEA) for the 2019-2020 school year due to widespread school closures related to the novel Coronavirus disease (COVID-19). The waiver was approved on March 27, 2020. Kentucky's approval can be found at <https://education.ky.gov/comm/Documents/KY%20Covid19%20WaiverResponse%203-27-20.pdf>

3C - Prior FFY Required Actions

None

3C - OSEP Response

The State was not required to provide any data for this indicator. Due to the circumstances created by the COVID-19 pandemic, and resulting school closures, the State received a waiver of the assessment requirements in section 1111(b)(2) of the ESEA, and, as a result, does not have any FFY 2019 data for this indicator.

3C - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

A. Percent of 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

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

Data Source

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

Measurement

Percent = [(# of districts that meet the State-established n size (if applicable) that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State that meet the State-established n size (if applicable))] times 100.

Include State's definition of "significant discrepancy."

Instructions

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for 2018-2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	7.39%

FFY	2014	2015	2016	2017	2018
Target <=	2.29%	1.71%	1.71%	1.14%	1.14%
Data	0.00%	0.58%	3.53%	5.85%	5.88%

Targets

FFY	2019
Target <=	1.14%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more

convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

FFY 2019 SPP/APR Data

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

YES

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

4

Number of districts that have a significant discrepancy	Number of Districts that met the State's minimum n-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
5	171	5.88%	1.14%	2.92%	Did Not Meet Target	No Slippage

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

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

State's definition of "significant discrepancy" and methodology

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

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

The significant discrepancy rate is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n size of 50 students with disabilities enrolled in the LEA. During the 2018-19 school year, there were 175 LEAs in Kentucky. Of the 175 LEAs, four did not have at least 50 students with disabilities.

Four LEAs were excluded from the calculations, based on the n size requirement.

For FFY 2019, using 2018-2019 data, five LEAs out of 171 had discrepancies that were at least three times higher than the state rate and met the criterion of suspending/expelling two or more students with disabilities for more than 10 days.

Provide additional information about this indicator (optional)

For this indicator, there are 174 LEAs. The Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) are included in the denominator. Disciplinary practices occur in both KSB and KSD. Although all students at KSB and KSD are students with disabilities, there was a comparison group for this indicator. Calculations for Indicator 4a compare the disciplinary rates for students with disabilities to the state rate, rather than to students without disabilities. Therefore, KSB and KSD are not excluded from the calculations on the basis of the comparison group.

Review of Policies, Procedures, and Practices (completed in FFY 2019 using 2018-2019 data)

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

The Kentucky Department of Education (KDE) analyzed district suspension and expulsion data submitted to the KDE through the Safe Schools report that is located in the statewide student information system known as Infinite Campus (IC).

Consultants in the KDE's Division of IDEA Monitoring and Results (DIMR) contacted the five LEAs identified as having a significant discrepancy in the rates of suspension and expulsion greater than 10 school days in a school year for students with IEPs. Following notification, the DIMR conducted a desk audit that aligned with the requirements of 34 C.F.R §300.170(b). The DIMR required districts to provide additional data and information regarding the LEA's policies, procedures, and practices. DIMR consultants completed student-level record reviews for a sample of students from each LEA. The KDE reviewed due process files from the 2018-2019 school year, including individual education programs (IEPs), conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, positive behavior interventions and supports, enrollment records, and behavior detail reports.

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

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

If YES, select one of the following:

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

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

The KDE identified all students with disabilities in the LEA who were subject to out-of-school removals of more than 10 days. The KDE reviewed a sample of student records. When non-compliance was identified by the KDE, a written Report of Findings was issued to the LEA. The report included the LEA's percentage of suspensions and expulsions, the statewide static rate for comparison, findings of fact and conclusions, and student-specific non-

compliance.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic non-compliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analyses were utilized to develop meaningful CAPs which included action steps to ensure policies, procedures, and practices were revised to comply with IDEA requirements. LEAs were required to correct all individual cases of non-compliance as part of their corrective action plan (CAP).

The KDE requires all non-compliance to be corrected as soon as possible but not longer than one year from the date of notification of the non-compliance. LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis.

The KDE provided guidance, technical assistance and reviewed the evidence submitted by LEAs to verify the implementation and completion of CAP activities. The KDE concluded and reported all non-compliance identified was corrected when the LEA:

Prong 1 – Corrected each individual case of non-compliance, and

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

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	7	0	1

FFY 2018 Findings of Noncompliance Verified as Corrected

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

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

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

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

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

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

Seven out of eight LEAs identified were able to successfully implement the regulatory requirements at 100% compliance and close their CAPs. However, when the KDE reviewed updated data for Indicator 4A for FFY 2018, the KDE was unable to verify one LEA was correctly implementing the regulatory requirements as they continued to have cases of non-compliance identified in the review of updated data. The district was able to complete all their CAP activities, but the review of updated data identified additional cases of non-compliance which required correction.

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

For FFY 2018, eight LEAs were identified as having non-compliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student-specific corrective action. LEAs developed CAPs to address non-compliance and included the correction of individual due process files as part of the CAP activities.

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

The KDE provided guidance, technical assistance and reviewed evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that all 8 LEAs had corrected each individual case of non-compliance. This includes the LEA for which the state could not verify implementation of the regulatory requirements.

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

FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

One LEA was able to demonstrate correction of all individual cases of non-compliance, but the state is unable to verify implementation of the regulatory requirements. The LEA receives ongoing, intensive support from the KDE and its regional special education cooperative. The KDE has employed intensive assistance to the LEA for over a two-year period and notes the district is making progress to obtain voluntary compliance; however, despite the progress being made the district remains out of compliance. The KDE determined the district has failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. The FFY 2020 IDEA Part B LEA grant allocations were released subject to the Special Condition which requires that by June 30, 2021, the district must demonstrate successful management of its special education program in compliance with state and federal law by successfully closing its IDEA CAP and improving its Annual Determination toward Results Driven Accountability (RDA) to a "Meets Requirements".

Correction of Findings of Noncompliance Identified Prior to FFY 2018

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

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For FFY 2017, one LEA was able to demonstrate correction of all individual cases of non-compliance, but the state continues to be unable to verify the implementation of the regulatory requirements. The LEA receives ongoing, intensive support from the KDE and its regional special education cooperative. The KDE has employed intensive assistance to the LEA for over a two-year period and notes the district is making progress to obtain voluntary compliance; however, despite the progress being made the district remains out of compliance. The KDE determined the district has failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. The FFY 2019 IDEA Part B LEA grant allocations were released subject to the Special Condition which required that by June 30, 2020, the district must demonstrate successful management of its special education program in compliance with state and federal law by successfully closing its IDEA CAP and improving its Annual Determination toward RDA to a "Meets Requirements". Further actions for this district are described in the section above regarding FFY 2018.

FFY 2016

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For FFY 2016, one LEA was able to demonstrate correction of all individual cases of non-compliance, but the state continues to be unable to verify the implementation of the regulatory requirements. The LEA receives ongoing, intensive support from the KDE and its regional special education cooperative. The KDE has employed intensive assistance to the LEA for over a two-year period and notes the district is making progress to obtain voluntary compliance; however, despite the progress being made the district remains out of compliance. The KDE determined the district has failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations.

The LEA has taken voluntary steps to change its leadership and reorganize its special education program to align with regulatory requirements. FFY 2019 IDEA Part B LEA grant allocations were released subject to Special Conditions which required that by June 30, 2020, the LEA must demonstrate successful management of its special education program in compliance with state and federal law by successfully closing its IDEA CAP and improving its Annual Determination toward Results Driven Accountability (RDA) to a Meets Requirements. Further actions for this district are described in the section above regarding FFY 2017.

4A - Prior FFY Required Actions

None

4A - OSEP Response

4A - Required Actions

The State must report, in the FFY 2020 SPP/APR, on the correction of noncompliance that the State identified in FFY 2019 as a result of the review it conducted pursuant to 34 C.F.R. § 300.170(b). When reporting on the correction of this noncompliance, the State must report that it has verified that each district with noncompliance identified by the State: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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))

Data Source

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

Measurement

Percent = [(# of districts that meet the State-established n size (if applicable) for one or more racial/ethnic groups that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year of 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) divided by the (# of districts in the State that meet the State-established n size (if applicable) for one or more racial/ethnic groups)] times 100.

Include State's definition of "significant discrepancy."

Instructions

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2019 SPP/APR, use data from 2018-2019), including data disaggregated by race and ethnicity to determine if significant discrepancies are occurring in the rates of long-term suspensions and expulsions of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for 2018-2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	4.57%

FFY	2014	2015	2016	2017	2018
Target	0%	0%	0%	0%	0%
Data	0.00%	0.57%	4.57%	8.00%	4.00%

Targets

FFY	2019
Target	0%

FFY 2019 SPP/APR Data

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

YES

If yes, the State may only include, in both the numerator and the denominator, districts that met the State-established n 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 procedure, 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
7	4	175	4.00%	0%	2.29%	Did Not Meet Target	No Slippage

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

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

1. The LEA subjects students with disabilities to out-of-school removals (suspensions or expulsions) for more than 10 days during a school year at a rate that is at least three times higher than the state target of 0.2% for these types of removals; The LEA has at least 10 students with disabilities in any racial or ethnic category; and
2. The LEA 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 a school year. Of the 175 LEAs in Kentucky, all LEAs met the minimum n-size for Indicator 4B.

The significant discrepancy rate is calculated for each school LEA based on its local discipline data and the number of students with IEPs in specific racial/ethnic categories.

For FFY 2019, seven LEAs met the criteria listed above for significant discrepancy in one or more racial or ethnic categories.

Provide additional information about this indicator (optional)

The baseline for this indicator was changed in FFY2016 and was approved by OSEP.

For this indicator, there are 174 LEAs. The Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) are included in the denominator. Disciplinary practices occur in both KSB and KSD. Although all students at KSB and KSD are students with disabilities, there was a comparison group for this indicator. Calculations for Indicator 4a compare the disciplinary rates for students with disabilities to the state rate, rather than to students without disabilities. Therefore, KSB and KSD are not excluded from the calculations on the basis of the comparison group.

Review of Policies, Procedures, and Practices (completed in FFY 2019 using 2018-2019 data)

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

Significant discrepancy by race/ethnicity in the rate of long-term removals of students with disabilities was identified for seven LEAs. Once the significant discrepancy was identified, the Kentucky Department of Education (KDE) reviewed the policies, procedures, and practices relating to long-term removals of students with disabilities in each of the identified LEAs. As part of this review, the KDE completed student-level record reviews for a sample of students from each LEA identified as having significant discrepancy in the rate of long-term removals of students with disabilities. The KDE then reviewed due process files from the 2018-2019 school year, including individual education programs (IEPs), conference summaries, manifestation determinations, functional behavior assessments (FBAs), behavior intervention plans (BIPs), attendance records, enrollment records, and behavior detail reports. The KDE also reviewed the policies and procedures of the LEA.

The review of individual student records confirmed four of the seven LEAs implemented LEA-wide practices that were out of compliance with the IDEA. The KDE identified both student-specific and systemic non-compliance of the IDEA.

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

If YES, select one of the following:

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

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

The KDE identified all students with disabilities in the LEA who were subject to out-of-school removals of more than 10 days. The KDE reviewed a sample of student records. When non-compliance was identified by the KDE, a written Report of Findings was issued to the LEA. The report included the LEA's percentage of suspensions and expulsions, the statewide static rate for comparison, findings of fact and conclusions, and student-specific non-compliance.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic non-compliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analyses were utilized to develop meaningful corrective action plans (CAPs) which included action steps to ensure policies, procedures, and practices were revised to comply with IDEA requirements. LEAs were required to correct all individual cases of non-compliance as part of the CAP.

The KDE requires all non-compliance to be corrected as soon as possible but not longer than one year from the date of notification of the non-compliance. LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis.

The KDE provided guidance, technical assistance and reviewed the evidence submitted by LEAs to verify the implementation and completion of CAP activities. The KDE concluded and reported all non-compliance identified was corrected when the LEA:

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

Correction of Findings of Noncompliance Identified in FFY 2018

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	6	0	1

FFY 2018 Findings of Noncompliance Verified as Corrected

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

For FFY 2018, using information retrieved from the state data system, seven LEAs were identified as having non-compliant practices under Indicator 4B. When non-compliance was identified by the KDE, a written Report of Findings was issued to the LEA. The report included the LEA's percentage of suspensions and expulsions, the statewide static rate for comparison, findings of fact and conclusions, and student-specific non-compliance.

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

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

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

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

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

Six out of seven LEAs identified were able to successfully implement the regulatory requirements at 100% compliance and close their CAPs. However, when the KDE reviewed updated data for Indicator 4B for FFY 2018, the KDE was unable to verify one LEA was correctly implementing the regulatory requirements as they continued to have cases of non-compliance identified in the review of updated data. The district was able to complete all their CAP activities, but the review of updated data identified additional cases of non-compliance which required correction.

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

For FFY 2018, seven LEAs were identified as having non-compliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action where necessary. LEAs developed CAPs to address non-compliance and included the correction of student-specific files as part of the CAP activities.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific items identified in the Report of Findings. The KDE required all student-level non-compliance to be corrected as soon as possible but not longer than one year from the date of

notification of the non-compliance. LEAs were required to submit CAP status reports to the KDE at least on a quarterly basis.

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

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

FFY 2018 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

One LEA was able to demonstrate correction of all individual cases of non-compliance, but the state is unable to verify the implementation of the regulatory requirements. The LEA receives ongoing, intensive support from the KDE and its regional special education cooperative. The KDE employed intensive assistance to the LEA for over a two-year period and notes the district is making progress to obtain voluntary compliance; however, despite the progress being made the district remains out of compliance. The KDE determined the district has failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. The FFY 2020 IDEA Part B LEA grant allocations were released subject to the Special Condition which requires that by June 30, 2021, the district must demonstrate successful management of its special education program in compliance with state and federal law by successfully closing its IDEA CAP and improving its Annual Determination toward Results Driven Accountability (RDA) to a Meets Requirements.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

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

FFY 2017

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For FFY 2017, one LEA was able to demonstrate correction of all individual cases of non-compliance, but the state continues to be unable to verify the implementation of the regulatory requirements. The LEA receives ongoing, intensive support from the KDE and its regional special education cooperative. The KDE has employed intensive assistance to the LEA for over a two-year period and notes the district is making progress to obtain voluntary compliance; however, despite the progress being made the district remains out of compliance. The KDE determined the district has failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. The FFY 2019 IDEA Part B LEA grant allocations were released subject to the Special Condition which required that by June 30, 2020, the district must demonstrate successful management of its special education program in compliance with state and federal law by successfully closing its IDEA CAP and improving its Annual Determination toward RDA to a "Meets Requirements". Further actions for this district are described in the section above regarding FFY 2018.

FFY 2016

Findings of Noncompliance Verified as Corrected

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

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

FFY 2016

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

For FFY 2016, one LEA was able to demonstrate correction of all individual cases of non-compliance, but the state continues to be unable to verify the implementation of the regulatory requirements. The LEA receives ongoing, intensive support from the KDE and its regional special education cooperative. The KDE has employed intensive assistance to the LEA for over a two-year period and notes the district is making progress to obtain voluntary compliance; however, despite the progress being made the district remains out of compliance. The KDE determined the district has failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations.

The LEA has taken voluntary steps to change its leadership and reorganize its special education program to align with regulatory requirements. FFY 2019 IDEA Part B LEA grant allocations were released subject to Special Conditions which required that by June 30, 2020, the LEA must demonstrate successful management of its special education program in compliance with state and federal law by successfully closing its IDEA CAP and improving its Annual Determination toward Results Driven Accountability (RDA) to a Meets Requirements. Further actions for this district are described in the section above regarding FFY 2017.

4B - Prior FFY Required Actions

None

4B - OSEP Response

4B- Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. The State must demonstrate, in the FFY 2020 SPP/APR, that the districts identified with noncompliance in FFY 2019 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1)

is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

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

Indicator 5: Education Environments (children 6-21)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Education environments (children 6-21): 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))

Data Source

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

Measurement

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

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

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

Instructions

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2014	2015	2016	2017	2018
A	2005	Target >=	71.80%	71.80%	71.80%	71.80%	71.80%
A	64.33%	Data	73.15%	73.73%	73.81%	73.43%	73.57%
B	2005	Target <=	8.70%	8.70%	8.70%	8.70%	8.70%
B	11.09%	Data	8.22%	8.28%	8.31%	8.27%	8.48%
C	2005	Target <=	1.90%	1.90%	1.90%	1.90%	1.90%
C	2.21%	Data	1.66%	1.68%	1.72%	1.78%	1.71%

Targets

FFY	2019
Target A >=	71.80%
Target B <=	8.70%
Target C <=	1.90%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	Total number of children with IEPs aged 6 through 21	89,929

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	66,458
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	7,715
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	c1. Number of children with IEPs aged 6 through 21 in separate schools	536
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	c2. Number of children with IEPs aged 6 through 21 in residential facilities	279
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/08/2020	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	820

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

NO

FFY 2019 SPP/APR Data

Education Environments	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	66,458	89,929	73.57%	71.80%	73.90%	Met Target	No Slippage
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	7,715	89,929	8.48%	8.70%	8.58%	Met Target	No Slippage
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,635	89,929	1.71%	1.90%	1.82%	Met Target	No Slippage

Use a different calculation methodology (yes/no)

NO

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results indicator: Preschool environments: Percent of children aged 3 through 5 with IEPs 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))

Data Source

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

Measurement

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

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

Instructions

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2014	2015	2016	2017	2018
A	2011	Target >=	64.00%	64.00%	64.00%	64.00%	64.00%
A	63.36%	Data	66.14%	66.50%	67.36%	69.27%	70.47%
B	2011	Target <=	6.00%	6.00%	6.00%	6.00%	6.00%
B	6.81%	Data	4.14%	4.54%	4.03%	3.48%	4.52%

Targets

FFY	2019
Target A >=	64.00%
Target B <=	6.00%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	Total number of children with IEPs aged 3 through 5	18,546

Source	Date	Description	Data
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	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	13,212
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	b1. Number of children attending separate special education class	642
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	b2. Number of children attending separate school	68
SY 2019-20 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/08/2020	b3. Number of children attending residential facility	12

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

NO

FFY 2019 SPP/APR Data

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	13,212	18,546	70.47%	64.00%	71.24%	Met Target	No Slippage
B. Separate special education class, separate school or residential facility	722	18,546	4.52%	6.00%	3.89%	Met Target	No Slippage

Use a different calculation methodology (yes/no)

NO

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2014	2015	2016	2017	2018
A1	2013	Target >=	49.30%	49.30%	50.00%	50.00%	50.50%
A1	49.29%	Data	44.01%	39.84%	40.10%	48.98%	41.84%
A2	2013	Target >=	39.20%	39.20%	40.00%	40.00%	40.50%

A2	39.11%	Data	32.29%	28.96%	30.60%	44.50%	45.30%
B1	2013	Target >=	67.40%	67.40%	68.00%	68.00%	68.50%
B1	67.42%	Data	65.02%	63.06%	61.16%	67.95%	65.97%
B2	2013	Target >=	39.90%	39.90%	40.50%	40.50%	41.00%
B2	39.85%	Data	38.57%	36.67%	36.31%	45.49%	47.78%
C1	2013	Target >=	50.70%	50.70%	51.50%	51.50%	52.00%
C1	50.67%	Data	35.56%	33.79%	33.49%	55.10%	52.55%
C2	2013	Target >=	35.70%	35.70%	36.50%	36.50%	37.00%
C2	35.67%	Data	23.37%	24.22%	25.33%	42.75%	42.74%

Targets

FFY	2019
Target A1 >=	50.50%
Target A2 >=	40.50%
Target B1 >=	68.50%
Target B2 >=	41.00%
Target C1 >=	52.00%
Target C2 >=	37.00%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Beginning in FFY13, the analysis algorithms were modified to measure change more accurately 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 the KDE, age-appropriate functioning for categories c, d, and e was set at 40%; i.e., a child must have mastered 40% of the items within the child's chronological 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.

FFY 2019 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

3,038

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

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	127	4.18%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,295	42.63%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	264	8.69%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	691	22.75%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	661	21.76%

Outcome A	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A1. Of those children who entered or exited the program below age	955	2,377	41.84%	50.50%	40.18%	Did Not Meet Target	Slippage

Outcome A	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,352	3,038	45.30%	40.50%	44.50%	Met Target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	67	2.21%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	719	23.67%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	780	25.67%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	921	30.32%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	551	18.14%

Outcome B	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,701	2,487	65.97%	68.50%	68.40%	Did Not Meet Target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,472	3,038	47.78%	41.00%	48.45%	Met Target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	102	3.36%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,062	34.96%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	566	18.63%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	756	24.88%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	552	18.17%

Outcome C	Numerator	Denominator	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,322	2,486	52.55%	52.00%	53.18%	Met Target	No Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,308	3,038	42.74%	37.00%	43.05%	Met Target	No Slippage

Part	Reasons for slippage, if applicable
A1	<p>FFY19 data have an n = 3,038, which is a 56% (n = 3,873) decrease from FFY18.</p> <p>The reduction in the FFY19 sample size is attributed to the impact of COVID-19 on the state's preschool programs' ability to complete spring assessments as schools across the Commonwealth were closed and/or transitioned to virtual operations.</p> <p>The sample for FFY19 is comprised of 3,010 children who completed the preschool program and were eligible for kindergarten in fall 2021 and an additional 28 students who exited the program prior to being eligible for kindergarten.</p> <p>While some variability was anticipated due to natural fluctuations, there were several key factors that were identified as potential impacts on the levels of progress made by Kentucky's students including increases in the number of students diagnosed with autism, affected by the opioid crisis, and being raised by adults that are not their parents. Cultural shifts, including more families with two parents in the workforce, as well as an increase in the lack of quality, affordable childcare are additional factors that have been recognized. Wrap around care is essential when students are only served in part-day programs. Without quality wrap-around childcare, many students were unable to access preschool programming.</p> <p>While the factors identified above had a subtle impact on the data, much of the decline in progress seen in FFY19 is attributed to the impact of COVID-19 on the delivery of services.</p> <p>Families and programs experienced a disruption in services when in-person services were discontinued after a statewide state of emergency was declared just prior to spring data collection. As Kentucky schools began to move to virtual/non-traditional instruction, students were not effectively assessed during the exit assessment period. With the state of emergency declared, restrictions were placed on school districts regarding in-person activities. Many LEAs were unable to assess their students during this time. Many options were given to districts, including parental input, online-based assessment, and using previous information to inform the assessment. The Kentucky Regional Training Centers worked with the KDE staff to create webinars for school districts to use and disseminate to their communities regarding child development, best practices for developmentally appropriate practices, social-emotional curriculum, and more. These webinars were created to help school districts navigate new and unfamiliar processes with virtual/non-traditional instruction. Preschool coordinators collaborated in regional professional learning communities (PLC) several times a month during the spring semester. PLC groups provided sharing of information from the KDE and regional training staff, as well as time for coordinators to share how they provided for instruction and assessment in the preschool classroom. This collaboration has created resources that districts were able to use as most schools are still in virtual/non-traditional instruction operations.</p> <p>Thus, Kentucky's part B population is experiencing an increase in students with more significant developmental delays and at higher risk with a greater strain on the ability of families to address the needs of their children. It is anticipated that the impact of the key factors identified on the state's progress data and their contribution to the gradual decline in scores will continue. Additionally, the ongoing impact of COVID-19 will continue to affect the outcome data in FFY20.</p>

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

If no, provide the criteria for defining "comparable to same-aged peers."

Students enrolled in the state-funded preschool program (including all students receiving services under Part B, Section 619) for at least six months and who had at least two complete data points (i.e., assessed at least twice with an approved assessment) were included in the analyses. Specific criteria for

inclusion were: (a) students aged three through five years with an IEP and who had been in the program a minimum of six months, (b) valid identifying student information (state student identifier (SSID) and demographic information) was received, (c) assessment data were collected with one of the state-approved instruments via publisher-approved data collection methods (web-based or paper and pencil), and (d) assessment data were at least 75% complete.

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

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

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

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

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

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

The Kentucky system for measuring progress on child outcomes is based on recommended practice for continuous assessment of all students aged birth to five years as defined by the Kentucky Early Childhood Standards (KDE, 2002) and Kentucky 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)
- Work Sampling System 5th Edition (WSS; Dichtelmiller, Jablon, Marsden, & Meisels, 2013) and Work Sampling for Head Start 5th Edition (WSHS; Dichtelmiller, Jablon, Marsden, & Meisels, 2014)

Recommended assessment tools for the state were selected based on technical adequacy, the inclusion of functional goals and multiple domains, utility for diverse populations, multiple modalities for collecting data, involvement of families, current use in the field, and ease of administration (KDE, 2004). Local LEAs were instructed to assess students within six 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 four weeks of their start date.

Provide additional information about this indicator (optional)

While the preschool outcome data for Kentucky has remained stable for several reporting cycles, the data for the 2019-2020 reporting cycle was negatively impacted by COVID. Families and programs experienced a disruption in services when in-person services were discontinued after a statewide state of emergency was declared just prior to spring data collection. As Kentucky schools began to move to virtual/non-traditional instruction, students were not able to be assessed during the exit assessment period. With the state of emergency declared, restrictions were placed on school districts regarding in-person activities. Many districts were unable to assess their students during this time. Many options were given to districts, including parental input, online-based assessment, and using previous information to inform the assessment.

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State reported that the COVID-19 pandemic impacted the data for this indicator. Specifically, the State reported "[f]amilies and programs experienced a disruption in services when in-person services were discontinued after a statewide state of emergency was declared just prior to spring data collection. As Kentucky schools began to move to virtual/non-traditional instruction, students were not able to be assessed during the exit assessment period. With the state of emergency declared, restrictions were placed on school districts regarding in-person activities. Many districts were unable to assess their students during this time. Many options were given to districts, including parental input, online-based assessment, and using previous information to inform the assessment."

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

Report the number of parents to whom the surveys were distributed.

Include the State's analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services. States should consider categories such as race and ethnicity, age of the student, disability category, and geographic location in the State.

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Historical Data

Baseline Year	Baseline Data
2013	80.45%

FFY	2014	2015	2016	2017	2018
Target >=	80.55%	80.65%	80.75%	80.85%	80.95%
Data	85.12%	86.76%	87.88%	88.94%	89.90%

Targets

FFY	2019
Target >=	80.95%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
6,229	6,918	89.90%	80.95%	90.04%	Met Target	No Slippage

The number of parents to whom the surveys were distributed.

104,928

Percentage of respondent parents

6.59%

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 requests the DoSEs to forward the survey link and the letter to all LEA parents whose children had IEPs.

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

The survey was 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 LEAs are made available in Spanish and include a link to a Spanish version of the survey.

Sampling Question	Yes / No
Was sampling used?	NO

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	NO
The demographics of the parents responding are representative of the demographics of children receiving special education services.	NO

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

The state began the utilization of a staff member to meet with various parent groups and encourage greater responses among under-represented groups and regions. The KDE engaged with the parent training and information center (KYSPIN) to encourage participation from underrepresented groups.

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 National Post School Outcomes Center considers respondents to be representative of the population when the percentage of respondents in sub-categories is within three percentage points of their population category. KDE used state report card data to identify population counts for each category and responses from the survey as sample figures. Of the 14 disability categories, four fell outside the criteria for representativeness: students with Mild Mental Disabilities were under-represented by 5% (10% in the population, 5% in the sample); students with Autism were over-represented by 10% (8% in the population, 18% in the sample); students with Speech / Language Impairment were over-represented by 5% (25% in the population, 30% in the sample); and students with Other Health Impairments were under-represented by 7% (15% in the population, 8% in the sample).

In terms of race/ethnicity, White students were over-represented by 6% (77% in the population, 83% in the sample) while Black students were under-represented by 4% (11% in the population, 7% in the sample).

Based on gender, respondents were representative of the population. Geographically the state is divided into 9 regions, 2 of which were under-represented (respectively 7% in the population, 3% in the sample and 15% in the population, 10% in the sample), and 1 was over-represented (10% in the population, 17% in the sample). See complete representativeness data below.

Provide additional information about this indicator (optional)

The survey was initiated prior to the start of the COVID-19 pandemic. To maintain the established protocols KDE did not alter its approach, although KDE extended the deadline for completion and communicated more regularly with districts.

8 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether its FFY 2019 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2018 SPP/APR

As noted previously, the state has identified staff to work with parent groups to increase representativeness. The OSEEL's family engagement consultant engages in regular meetings with a variety of parent groups, including but not limited to the Kentucky Collaborative for Families and Schools (KYCFS), the State Advisory Council for Exceptional Children (SACEC), and the Kentucky Special Parent Involvement Network (KYSPIN). Both KYSPIN and KYCFS regularly hold events to train, support, and inform parents. The KDE engaged with these groups to provide links to the survey and emphasize the importance and impact of the data to encourage participation.

Upon the opening of the survey window and within each month thereafter:

1. The KYSPIN has agreed to add pre-made slides to the end of some of their monthly parent webinars.
2. Information and links will be added to the KDE Parent and Family Resources webpage during the duration of the survey window.

The OSEEL is also adding an additional language option (Arabic) for survey respondents.

Below is the FFY18 representativeness data on students:

Category	Population	Population %	Sample %	Representativeness
Race				
White	81280	77%	83%	6%
Black	11372	11%	7%	-4%
Hispanic	6465	6%	3%	-3%
Gender				
Male	70038	67%	67%	0%
Female	34890	33%	33%	0%
Disability				
MMD	10576	10%	5%	-5%
FMD	2930	3%	2%	-1%
SLD	18097	17%	15%	-2%
EBD	4568	4%	5%	1%
AUT	8719	8%	18%	10%
OHI	16172	15%	8%	-7%
DEVELOP	13655	13%	15%	2%
SLI	26497	25%	30%	5%
Region				
CKEC	16208	15%	12%	-3%
GRREC	19144	18%	21%	3%
KEDC	7438	7%	8%	1%
KVEC	6849	7%	3%	-4%
NKCES	9011	9%	9%	0%
OVEC	8001	8%	10%	2%
SESC	15221	15%	10%	-5%
WKEC	10402	10%	17%	7%
GLEC	12708	12%	9%	-3%

8 - OSEP Response

8 - Required Actions

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

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for FFY 2018, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2019 reporting period (i.e., after June 30, 2020).

Instructions

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	0.57%

FFY	2014	2015	2016	2017	2018
Target	0%	0%	0%	0%	0%
Data	0.57%	1.14%	0.57%	0.00%	0.00%

Targets

FFY	2019
Target	0%

FFY 2019 SPP/APR Data

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

YES

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

2

Number of districts with disproportionate representation of racial 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 that met the State's minimum n-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
3	0	172	0.00%	0%	0.00%	Met Target	No Slippage

Were all races and ethnicities included in the review?

YES

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

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

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

All LEAs met the n size for this indicator.

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

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

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

Below is an example of calculating risk for Indicator 9:

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

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

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

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

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

Describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification.

The KDE analyzed district Child Count data located in the statewide student information system known as IC.

Consultants in the KDE's DIMR contacted the three LEAs identified as having a disproportionate representation in the rates of racial/ethnic groups. Following notification, the DIMR conducted a desk audit which aligned with the requirements of 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311. The DIMR required districts to provide additional data and information regarding the LEA's policies, procedures, and practices. DIMR consultants completed student-level record reviews for a sample of students from each LEA. The KDE reviewed due process files from the 2018-2019 school year, including evaluations, Response to Intervention (RTI) progress data, conference summaries, and eligibility determinations. The KDE also reviewed the policies and procedures of the LEA.

No LEAs were identified by the KDE under Indicator 9 as having disproportionate representation due to inappropriate policies, procedures, or practices.

Provide additional information about this indicator (optional)

For this indicator, there are 172 LEAs. This is because the Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) were not included in the denominator. They were excluded because the initial evaluations and eligibility determinations for students placed in these schools are conducted before the student is placed in KSB or KSD. Therefore, no initial evaluations are conducted at KSB and KSD. Because all students at KSB and KSD are students with disabilities, the comparison group did not meet the N size to be included in the calculations.

Correction of Findings of Noncompliance Identified in FFY 2018

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

Correction of Findings of Noncompliance Identified Prior to FFY 2018

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

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for FFY 2019, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2019 reporting period (i.e., after June 30, 2020).

Instructions

Provide racial/ethnic disproportionality data for all children aged 6 through 21 served under IDEA, aggregated across all disability categories.

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	2.86%

FFY	2014	2015	2016	2017	2018
Target	0%	0%	0%	0%	0%
Data	0.00%	2.29%	2.86%	7.43%	4.00%

Targets

FFY	2019
Target	0%

FFY 2019 SPP/APR Data

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

YES

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

2

Number of districts with disproportionate representation of racial 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 that met the State's minimum n-size	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
26	9	172	4.00%	0%	5.23%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

For Indicator 10, Kentucky did not meet the target for FFY 2019 and demonstrated slippage. The Kentucky Department of Education (KDE) required each systemically non-compliant district to conduct a root cause analysis. The results of these analyses were utilized for the districts to develop meaningful CAPs to remedy non-compliance. The KDE reviewed the root cause analyses to determine common themes across the state that led to non-compliance with Indicator 10. The common theme included lack of training and inexperienced staff. The KDE will work with regional special education cooperatives to train districts on Indicator 10 requirements with a specific focus on Kentucky's record review item number 59 which states "The Admissions and Release Committee (ARC) identified that a disability was suspected and planned an appropriate evaluation as documented on Consent to Evaluate/Reevaluate form". The KDE will continue to identify activities to improve results for Indicator 10.

Were all races and ethnicities included in the review?

YES

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

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

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

All LEAs met the n size for this indicator.

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

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

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

Below is an example of calculating risk for Indicator 10:

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

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

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

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

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

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

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

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

In FFY19 any LEA identified with disproportionate representation with a risk-ratio of more than 2.0 was selected for a desk audit. The KDE randomly chose a sampling of student due process records and reviewed evaluation and eligibility determinations, per racial and ethnic groups in a specific disability category for the LEA. Additionally the KDE reviewed LEA policies, procedures and practices as part of the desk audit process.

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

Out of 172 LEAs, 26 LEAs were identified as having disproportionate representation and were reviewed. Based on the KDE's desk audit review findings, 9 LEAs were cited for disproportionate representation because of inappropriate identification.

Provide additional information about this indicator (optional)

For this indicator, there are 172 LEAs. This is because the Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) were not included in the denominator. They were excluded because the initial evaluations and eligibility determinations for students placed in these schools are conducted before the student is placed in KSB or KSD. Therefore, no initial evaluations are conducted at KSB and KSD. Because all students at KSB and KSD are students with disabilities, the comparison group did not meet the N size to be included in the calculations.

Correction of Findings of Noncompliance Identified in FFY 2018

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	6	1	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

In FFY 2018, consultants in the KDE's Division of IDEA Monitoring and Results (DIMR) reviewed Child Count data from IC to identify LEAs meeting the criteria for disproportionate representation. The KDE conducted desk audits to determine if disproportionate representation of students in racial or ethnic groups who were in specific disability categories was due to inappropriate identification.

The LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic non-compliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analysis were utilized to develop meaningful CAPs that included action steps to ensure the LEA was implementing the regulatory requirements. Training activities identified on the CAP were provided by the KDE-approved trainers. Prior to the training, the KDE reviewed the training materials to ensure all areas of non-compliance were sufficiently addressed.

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

To verify the LEA was implementing the regulatory requirements, the KDE reviewed additional student due process records as part of the CAP process. Additional records must be verified as 100% compliant for all identified areas before the KDE determines the LEA has corrected all areas of non-compliance. With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reported the non-compliance as corrected and closed the CAP.

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

For FFY 2018, seven LEAs were identified as having non-compliant practices under Indicator 10. The KDE reviewed all identified student files and issued student-specific corrective action. LEAs developed CAPs to address non-compliance and included the correction of student-specific files as part of the CAP activities.

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

The KDE provided guidance and technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reviewed the evidence and verified that all seven LEAs had corrected each individual case of non-compliance under OSEP Memo 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

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

10 - Prior FFY Required Actions

None

10 - OSEP Response

10 - Required Actions

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

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

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.43%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.45%	99.74%	99.76%	99.43%	99.91%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
2,187	2,128	99.91%	100%	97.30%	Did Not Meet Target	Slippage

Provide reasons for slippage

The Kentucky schools did not meet the target of 100% for FFY 2019 and demonstrated slippage. Through the analysis of data received through desk audits and the district’s self-assessment summaries, it was determined that the COVID pandemic which led to school closures beginning March 16th was a major factor in slippage. Based on this analysis there was an understanding by the districts of the need to comply with IDEA regulations to complete initial evaluations within the given time period. Since the students were not participating in face-to-face instruction, districts attempted to use diverse ways to conduct evaluation components but were unable to complete many of the evaluations due to insufficient means to conduct evaluation components remotely and safely with the student. The OSEEL engaged with local directors of special education to help them consider how to conduct evaluations remotely. The OSEEL also collaborated with the state’s Department of Public Health to provide districts with standards for reopening schools for small groups of students. Many districts utilized this option to conduct evaluations which had to be conducted face-to-face.

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

59

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.

59 students reviewed were over the 60-day timeline.

- 1-10 days – 14 students
- 11-25 days – 12 students
- 25-100 days – 27 students
- 101+ days – 2 students

An additional four students transferred to homeschool at the start of the 2021-2022 school year, and the districts were unable to complete the evaluation process due to concerns of exposure to COVID-19.

Overwhelmingly, the reason provided for being over the timeline was the inability to complete assessments due to concerns of exposure to COVID-19 (81%). Other reasons included problems obtaining the appropriate personnel, clerical errors, and parental factors. KDE worked with districts and regional cooperatives to help consider how to continue with in-person evaluations during COVID-19 pandemic school closures.

Indicate the evaluation timeline used:

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

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

State monitoring

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

The KDE collected annual performance report (APR) data for Indicator 11 by requiring all LEAs to submit a self-assessment report to the KDE containing randomly selected, child-specific data. The Part B Data Manager provided the self-assessment spreadsheet to all DoSEs to enter the Indicator 11 data to be provided to the KDE. LEAs were instructed to randomly select 10% of students who were initially evaluated during the 2019-2020 school year and whose data was included on the spreadsheet. LEAs reviewed no less than 10 students and no more than 50 students. LEAs with 10 or less students who were initially evaluated sent data for all students evaluated.

The KDE Part B Data Manager completed a review of data and validated the self-reported data submitted by LEAs. The Data Manager contacted DoSEs for the LEAs who reported any non-compliance. Districts with non-compliance were required to complete a CAP to address student-specific and systemic non-compliance based on their self-reported data. Additionally, the KDE randomly selected 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students initially evaluated during the 2019-2020 school year were randomly selected for desk reviews. The KDE used its Compliance Record Review Document, the data information system, and student due process records to determine whether a student’s file was in compliance with Indicator 11. When the KDE determined, through the desk audits, student files were not in compliance with Indicator 11 under the IDEA, the LEA was notified of the non-compliance through a Report of Findings issued by the KDE.

For FFY 2019, the KDE received self-reported data from all LEAs. 38 LEAs self-reported non-compliance. Additionally, the KDE reviewed random records from districts that self-reported 100% compliance. Through the audit, an additional eight LEAs were cited for non-compliance. In total, 59 student files were identified as non-compliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2018

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	0	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student specific and systemic non-compliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analysis were utilized to develop meaningful CAPs that included action steps to ensure the LEA was correctly implementing the regulatory requirements. Training activities identified in the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed the training materials to ensure all areas of non-compliance were sufficiently addressed within the training.

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

To verify the LEAs were correctly implementing the regulatory requirements, the KDE reviewed additional student due process records. Additional records were verified as 100% compliant for all identified areas.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reported the non-compliance as corrected and closed the CAP. The KDE determined all the LEAs were correctly implementing the regulatory requirements under OSEP Memorandum 09-02.

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

The KDE provided guidance and technical assistance and reviewed evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE reported all student specific non-compliance identified had been corrected when the LEA corrected each individual case of non-compliance.

The KDE reviewed each student level file and determined each individual case of non-compliance was corrected, consistent with OSEP Memorandum 09-02. Additional records were verified as 100% compliant for all identified areas before the KDE determined the LEA to have corrected all non-compliance. If any of the records were still non-compliant, the LEA ensured each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reported the non-compliance as corrected and closed the CAP. The KDE determined all the LEAs corrected all individual instances of non-compliance (representing 14 students) under OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2018 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2017	14	14	0

FFY 2017

Findings of Noncompliance Verified as Corrected

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

The 14 LEAs, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student-specific and systemic non-compliance items identified in the Report of Findings. The KDE identified the percentage level of non-compliance for each LEA and conducted a root cause analysis in each LEA to determine why problem areas existed.

The results of the root cause analyses were varied and included topics such as misunderstandings of timeline requirements, not counting virtual learning as an instructional day and lack of training on timeline requirements. Those results were utilized to develop meaningful corrective action plans (CAPs) that included action steps to ensure the LEA corrected the root cause of non-compliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices in timely evaluations. The KDE identified non-compliant policies, procedures, and practices in the Report of Findings for each LEA. The LEA was required to change any non-compliant policies, procedures and practices within their CAP. Additional CAP activities varied by district and were related to the root cause of non-compliance in the LEA. Training activities identified on the CAP were provided by KDE-approved trainers. Approved trainers included regional special education cooperatives. Prior to training events, the KDE reviewed the training materials to ensure all areas of non-compliance were sufficiently addressed.

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

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

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

All 14 LEAs identified were able to successfully implement the regulatory requirements at 100% compliance and close their CAPs.

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

The KDE provided guidance and technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. The KDE reported all student-specific non-compliance identified had been corrected when the LEA corrected each individual case of non-compliance.

The KDE reviewed each student level file and determined each individual case of non-compliance was corrected, consistent with OSEP Memorandum 09-02. If any of the records were still non-compliant, the KDE and LEA ensured each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted reached 100% compliance in the area(s) cited. Additional records were reviewed and verified as 100% compliant for all identified areas before the KDE determined the LEA to have corrected all non-compliance.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reported the non-compliance as corrected and closed the CAP. The KDE determined all the LEAs corrected all individual instances of non-compliance under OSEP Memorandum 09-02.

11 - Prior FFY Required Actions

None

11 - OSEP Response

11 - Required Actions

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

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

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

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

Data Source

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

Measurement

- a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.
- c. # of those found eligible who have an IEP developed and implemented by their third birthdays.
- d. # of children for whom parent refusal to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.
- e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.
- f. # of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

Percent = [(c) divided by (a - b - d - e - f)] times 100.

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	93.74%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.29%	99.81%	99.91%	99.41%	99.36%

Targets

FFY	2019
Target	100%

FFY 2019 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,491
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	345

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,537
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	161
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	213
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	2,537	2,772	99.36%	100%	91.52%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

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

Additionally, families in Kentucky are choosing to decline transition services at an increasing rate. Cultural shifts, including more families with two parents in the workforce, as well as an increase in the lack of quality, affordable childcare are additional factors that have been recognized. Wrap around care is essential when students are only served in part-day programs. Without quality wrap-around childcare, many students are unable to access preschool programming. The lack of access can make parents and families decide to not complete the transition process as their child will not be adequately served for the entirety of their preschool enrollment. Some parents determined they did not wish to transition their child into the Part B program but did not communicate this in a timely manner with Part C providers and Part B staff. This caused a delay in completing formal transition paperwork.

While the factors identified above have had a subtle impact on the data over the past couple of years, much of the decline in progress seen in FFY19 is attributed to the impact of COVID-19 on the delivery of services.

Families and programs experienced a disruption in services when in-person services were discontinued after a statewide state of emergency was declared just prior to spring data collection. The Part C program was closed to in-person services as school districts transitioned to virtual and/or non-traditional instruction. Due to meeting restrictions, such as not being able to meet in person, lack of technology for online meetings, etc, transition meetings did not occur consistently across the state. As these meetings did not occur in a timely or consistent fashion, referral to Part B, evaluation, and eligibility meetings were impacted. As a result, several students were not provided appropriate transition from Part C to Part B as schools were not open.

Part C programs across the state closed home visiting due to the COVID-19 pandemic. Many providers usually see children in childcare programs, and as these were closed as well, this created additional strain on the program. While Part C providers and Part B staff attempted to hold virtual transition meetings, families may have not been able to access the technology needed.

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

235

Account for children included in (a), but not included in b, c, d, e, or f. Indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed, and the reasons for the delays.

- 1-10 days -- 22 students
- 11-25 days -- 32 students
- 25-100 days -- 99 students
- 101+ days -- 82 students

Attach PDF table (optional)

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

State monitoring

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

The KDE collected data from LEAs using the end-of-year Preschool Program Performance Report. The KDE then reviewed transition data for errors and non-compliance. When errors were noted, LEAs were required to revise and resubmit data.

The KDE and RTCs worked with LEAs to provide technical assistance to improve transition processes. LEAs also self-reported Indicator 12 preschool transition data to the KDE. The KDE validated the data through random desk audits, using data from IC and student records. If individual student records were found to be noncompliant, the LEA was required to correct the non-compliance for each student. The KDE then verified these corrections and reviewed additional randomly selected student files to determine systemic compliance.

Provide additional information about this indicator (optional)

The data has been impacted by COVID for the 2019-2020 transition year. Families and programs experienced a disruption in services when in-person services were discontinued after a statewide state of emergency was declared just prior to spring data collection. The Part C program was closed to in-person services as school districts transitioned to virtual and/or non-traditional instruction. Due to meeting restrictions, such as not being able to meet in

person, lack of technology for online meetings, etc., transition meetings did not occur consistently across the state. As these meetings did not occur in a timely or consistent fashion, referral to Part B, evaluation, and eligibility meetings were impacted. As a result, a high number of students were not provided an appropriate transition from Part C to Part B. The OSEEL's Division of IDEA Implementation and Preschool (DIIP) engaged with local preschool directors and directors of special education to problem solve transition barriers.

Correction of Findings of Noncompliance Identified in FFY 2018

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

FFY 2018 Findings of Noncompliance Verified as Corrected

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

The six LEAs, with assistance as needed from the preschool Regional Training Centers (RTCs) and the KDE, reviewed student-specific and systemic non-compliance items identified in the LEA. The KDE identified the percentage level of non-compliance for each LEA and determined why problem areas existed. Results were varied and were utilized to develop action steps to ensure the LEA corrected the root cause of non-compliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified non-compliant policies, procedures, and practices. The LEA was required to change any non-compliant policies, procedures and practices.

The KDE and RTCs worked with six LEAs identified as having non-compliance to verify their non-compliance issues and to ensure they met Indicator 12 compliance requirements. Activities included sending the LEA's correspondence from Part C partners regarding children ready for transition, providing professional learning opportunities, and offering regional training that included best practices for monitoring Part C to Part B transition.

Each LEA with findings of non-compliance was monitored throughout the following school year to ensure compliance. This included random checks of appropriate transition Admissions and Release Committee (ARC) documents to ensure that LEAs were meeting timelines at 100% accuracy. The KDE required all non-compliance to be corrected as soon as possible but not longer than one year from the date of notification of the non-compliance.

The KDE determined that all six LEAs were correctly implementing the regulatory requirements, consistent with OSEP Memorandum 09-02.

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

Six local educational agencies (LEAs) reported non-compliance. Reasons provided by the LEAs for not meeting timelines included:

- The LEA was not able to locate the child and/or family during the transition process, but the student was known to continue elsewhere.
- The LEA was not able to meet timelines due to referrals being received less than 90 days before the child's third birthday.
- The children were unable to be located by the LEA and their status is unknown.

Based on the LEAs self-reported data, additional reasons for non-compliance included:

- Inconsistent policies and procedures used by both Part C and Part B service providers.
- Part B receiving LEAs are at times unable to exchange information in a timely manner, leading to a delay in transition services. Currently, the KDE is researching ways to make this transition smoother and the data collection easier on LEAs.

LEAs also self-reported Indicator 12 preschool transition data to the KDE. The KDE validated the data through random desk audits, using data in IC and student records. If individual student records were found to be noncompliant, the LEA was required to correct the non-compliance for each student. The KDE then verified these corrections as 100% compliant. The KDE determined all six LEAs corrected each individual case of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

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

12 - Prior FFY Required Actions

None

12 - OSEP Response

The State did not demonstrate that the LEAs corrected the six findings of noncompliance identified in FFY 2018, 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 that it verified that each LEA with noncompliance identified in FFY 2018 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.

12 - Required Actions

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

When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2019 and each LEA with remaining noncompliance identified in FFY 2018: (1) is correctly implementing the specific

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

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

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

Compliance indicator: Secondary transition: 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))

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2019 SPP/APR, the data for FFY 2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	92.95%

FFY	2014	2015	2016	2017	2018
Target	100%	100%	100%	100%	100%
Data	99.19%	98.41%	97.37%	99.40%	93.94%

Targets

FFY	2019
Target	100%

FFY 2019 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 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
2,167	2,240	93.94%	100%	96.74%	Did Not Meet Target	No Slippage

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

State monitoring

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

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

The KDE validates the self-reported data submitted by the LEA by completing a review of data and contacting the DoSE for LEAs reporting any non-compliance. LEAs self-reporting non-compliance with Indicator 13 is issued a CAP based on their self-reported data to address student-specific and systemic non-compliance. Additionally, the KDE conducts desk reviews for 10% of LEAs that report 100% compliance to validate the self-reported data. The KDE randomly reviews 10% of students in the LEA aged 16 or older with an IEP. The KDE uses its Compliance Record Review Document, the data information system, and student due process records to determine whether a student's file is in compliance with Indicator 13.

When the KDE finds, through the desk audits, non-compliance with Indicator 13 under the IDEA, the LEA is cited by the KDE, and a CAP is issued to the district

For FFY 2019, 14 LEAs were found non-compliant for Indicator 13 through the desk audit, and 15 LEAs self-reported non-compliance for Indicator 13.

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

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2018

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
22	21	1	0

FFY 2018 Findings of Noncompliance Verified as Corrected

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

For FFY 2018, 22 LEAs were identified as having non-compliant practices under Indicator 13. When non-compliance was identified by the KDE, a written Report of Findings was issued to the LEA.

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

The KDE required all non-compliance to be corrected as soon as possible but not longer than one year from the date of initial notification of the non-compliance. LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis.

To verify systemic compliance, the KDE reviewed additional student due process records for all districts identified with any Indicator 13 non-compliance. Additional records were verified as 100% compliant for all identified areas before the KDE determined the LEA corrected all areas of non-compliance.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reported the non-compliance as corrected and closed the CAP. The KDE determined all 22 LEAs were correctly implementing the regulatory requirements.

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

For FFY 2018, 22 LEAs were identified as having noncompliant practices under Indicator 13. The KDE reviewed all identified student files. LEAs developed CAPs to address all non-compliance and included the correction of individual cases of non-compliance as part of the CAP activities.

The LEA, with assistance as needed from the Regional Special Education Cooperative and the KDE, reviewed student specific (individual cases) items identified in the Report of Findings. The KDE required all student level non-compliance to be corrected as soon as possible but not longer than one year from the date of notification of the non-compliance. LEAs were required to submit CAP status reports to the KDE at least on a quarterly basis. LEAs scheduled Annual Review Committee (ARC) meetings with IEP teams to review each student file identified with non-compliance to discuss and document correction of the non-compliance.

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

The KDE verified that each individual instance of non-compliance was corrected through a record review.

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

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reported the non-compliance as corrected. The KDE determined all 22 LEAs corrected all individual cases of non-compliance consistent with OSEP Memorandum 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2018

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

13 - Prior FFY Required Actions

None

13 - OSEP Response

13 - Required Actions

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

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

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

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

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

Data Source

State selected data source.

Measurement

A. Percent enrolled in higher education = [(# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.

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

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

Instructions

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

Collect data by September 2020 on students who left school during 2018-2019, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2018-2019 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

Competitive employment as used in measures B and C: States have two options to report data under “competitive employment” in the FFY 2019 SPP/APR, due February 2021:

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

Option 2: States report in alignment with the term “competitive integrated employment” and its definition, in section 7(5) of the Rehabilitation Act, 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.

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

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

II. Data Reporting

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

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

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

III. Reporting on the Measures/Indicators

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

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

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

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

Include the State's analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States should consider categories such as race and ethnicity, disability category, and geographic location in the State.

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2014	2015	2016	2017	2018
A	2018	Target >=	25.50%	25.50%	25.50%	25.50%	25.50%
A	16.98%	Data	18.43%	18.02%	18.09%	17.96%	16.98%
B	2018	Target >=	55.20%	55.40%	55.60%	55.80%	56.00%
B	54.23%	Data	58.17%	60.94%	59.39%	59.51%	54.23%
C	2018	Target >=	65.90%	66.10%	66.30%	66.50%	66.70%
C	69.76%	Data	67.82%	69.06%	68.87%	69.49%	69.76%

FFY 2019 Targets

FFY	2019
Target A >=	25.50%
Target B >=	56.00%
Target C >=	69.96%

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

FFY 2019 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	2,667
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	474
2. Number of respondent youth who competitively employed within one year of leaving high school	918
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)	102
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).	321

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2018 Data	FFY 2019 Target	FFY 2019 Data	Status	Slippage
A. Enrolled in higher education (1)	474	2,667	16.98%	25.50%	17.77%	Did Not Meet Target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,392	2,667	54.23%	56.00%	52.19%	Did Not Meet Target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	1,815	2,667	69.76%	69.96%	68.05%	Did Not Meet Target	Slippage

Part	Reasons for slippage, if applicable
B	Slippage for this indicator was driven by employment considerations related to the Covid-19 pandemic. The instrument for this indicator was developed prior to March 13, 2020, so it is difficult to determine a direct correlation using quantitative data. During Covid-19, many students either lost their jobs due to closures or were unable to attain employment. Several open-ended commenters referred to former students losing jobs or not looking for work due to the pandemic. The KDE worked with transition partners to help determine solutions and to continue transition work despite school closures.
C	Slippage for this indicator was driven by employment considerations related to the Covid-19 pandemic. The instrument for this indicator was developed prior to March 13, 2020, so it is difficult to determine a direct correlation using quantitative data. During Covid-19, many students either lost their jobs due to closures or were unable to attain employment. Several open-ended commenters referred to former students losing jobs or not looking for work due to the pandemic. The KDE worked with transition partners to help determine solutions and to continue transition work despite school closures.

Please select the reporting option your State is using:

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

Sampling Question	Yes / No
Was sampling used?	NO

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

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

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

The National Post School Outcomes Center considers respondents to be representative of the population when the percentage of respondents in sub-categories are within three percentage points of their population category. KDE has full population data for exiters with IEPs and compares this to the demographics of respondents. One geographic region of the state was under-represented while one was over-represented. Students who dropped out

were underrepresented (and students exiting with regular diplomas were over-represented). In all other areas (race/ethnicity, gender, and disability category) respondents were representative of the population. See the representativeness table below:

Category	Population %	Respondent %	Representativeness
RACE			
White.....	77%	79%	2%
Black.....	15%	13%	-2%
Hispanic.....	4%	4%	0%
GENDER			
Male.....	69%	68%	-1%
Female.....	31%	32%	1%
EXIT MANNER			
Reg Diploma.....	80%	85%	5%
Alt Diploma/Aged-Out.....	10%	11%	1%
Dropped Out.....	10%	4%	-6%
DISABILITY			
MMD/FMD.....	23%	24%	1%
SLD.....	27%	27%	0%
EBD.....	9%	7%	-2%
AUT.....	8%	10%	2%
OHI.....	25%	25%	0%
SLI.....	1%	1%	0%
Multiple.....	3%	3%	0%
REGION			
CKEC.....	14%	18%	4%
GRREC.....	18%	19%	1%
KEDC.....	7%	6%	0%
KVEC.....	7%	7%	0%
NKCES.....	8%	7%	-1%
OVEC.....	9%	7%	-1%
SESC.....	13%	14%	1%
WKEC.....	10%	12%	2%
GLEC.....	16%	9%	-6%

Question	Yes / 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?	NO

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

KDE is attempting to collect better contact information for students before they leave school. KDE plans to begin an online discussion forum to share ideas for contacting hard to reach students. COVID-19 may make contacting former students more difficult for the upcoming year as current contact information may be difficult to obtain.

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2019 SPP/APR, the State must report whether the FFY 2019 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2018 SPP/APR

14 - OSEP Response

14 - Required Actions

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

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1 Number of resolution sessions	14
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/04/2020	3.1(a) Number resolution sessions resolved through settlement agreements	5

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

NO

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Historical Data

Baseline Year	Baseline Data
2005	68.00%

FFY	2014	2015	2016	2017	2018
Target >=				70.00% - 80.00%	70.00% - 80.00%
Data	16.67%	44.44%	82.35%	45.45%	34.62%

Targets

FFY	2019 (low)	2019 (high)
Target	70.00%	80.00%

FFY 2019 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2018 Data	FFY 2019 Target (low)	FFY 2019 Target (high)	FFY 2019 Data	Status	Slippage
5	14	34.62%	70.00%	80.00%	35.71%	Did Not Meet Target	No Slippage

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the ED Facts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range is used

Prepopulated Data

Source	Date	Description	Data
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1 Mediations held	12
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.a.i Mediations agreements related to due process complaints	6
SY 2019-20 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/04/2020	2.1.b.i Mediations agreements not related to due process complaints	3

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

NO

Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the OSEEL at the KDE with respect to special education and related services for children with disabilities in Kentucky.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. During COVID-19, the SACEC has continued to meet on a virtual platform. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. The open forum has continued the virtual platform. The Council will continue to seek parent-friendly locations for the upcoming open forums meetings with an emphasis on engaging families as a priority. The KDE provides updates each year about the State Performance Plan/Annual Performance Report (SPP/APR) and the SSIP. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

Historical Data

Baseline Year	Baseline Data
2005	66.00%

FFY	2014	2015	2016	2017	2018
Target >=				61.00% - 85.00%	61.00% - 85.00%
Data	85.71%	40.00%	37.50%	66.67%	100.00%

Targets

FFY	2019 (low)	2019 (high)
Target	61.00%	85.00%

FFY 2019 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2018 Data	FFY 2019 Target (low)	FFY 2019 Target (high)	FFY 2019 Data	Status	Slippage
6	3	12	100.00%	61.00%	85.00%	75.00%	Met Target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

I certify that I am the Chief State School Officer of the State, or his or her designee, and that the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report is accurate.

Select the certifier's role:

Designated by the Chief State School Officer to certify

Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part B State Performance Plan/Annual Performance Report.

Name:

Sylvia Starkey

Title:

Director, Division of IDEA Monitoring and Results

Email:

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Phone:

(502) 564-4970

Submitted on:

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