

**State Performance Plan / Annual Performance Report:  
Part B**

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

**For reporting on  
FFY18**

**Kentucky**



**PART B DUE February 3, 2020**

**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

See attachment, Kentucky FFY2018 Introduction - Executive Summary

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

175

#### General Supervision System

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

See attachment, Kentucky FFY2018 Introduction - General Supervision

#### 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.**

See attachment, Kentucky FFY2018 Introduction - Technical Assistance

#### 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.**

See attachment, Kentucky FFY2018 Introduction - Professional Development

#### 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 Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR 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 FFY17 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 2017 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 2017 APR in 2019, is available.**

Pubic reporting of the SPP/APR is housed on the Kentucky Department of Education website. See attachment, Kentucky FFY2018 Introduction - Reporting to the Public

### Intro - Prior FFY Required Actions

In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (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- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SiMR data.

### Response to actions required in FFY 2017 SPP/APR

### Intro - OSEP Response

States were instructed to submit Phase III, Year Four, of the State Systemic Improvement Plan (SSIP), indicator B-17, by April 1, 2020. The State provided the required information. In the SSIP report, the State proposed changes to the State-identified Measurable Result (SiMR). OSEP does not approve the proposed changes because they are not aligned with a results area consistent with the requirements for the indicator in the Part B SPP/APR Indicator Measurement Table and OSEP's guidance to States provided in a Frequently Asked Questions document issued in 2014. The State provided

a FFY 2019 target for Indicator B-17/State Systemic Improvement Plan (SSIP), and OSEP accepts that target.

### Intro - 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.

### Intro - State Attachments



Kentucky FFY2018  
Introduction - Execu



Kentucky FFY2018  
Introduction - Gene



Kentucky FFY2018  
Introduction - Profe



Kentucky FFY2018  
Introduction - Repo



Kentucky FFY2018  
Introduction - Techr

## 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 2018 SPP/APR, use data from 2017-2018), 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

<b>Baseline</b>	2011	73.21%
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FFY	2013	2014	2015	2016	2017
Target >=	74.30%	76.90%	79.60%	79.60%	79.60%
Data	74.27%	70.75%	65.99%	71.89%	74.42%

### Targets

FFY	2018	2019
Target >=	79.60%	79.60%

### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

### Prepopulated Data

Source	Date	Description	Data
SY 2017-18 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	10/02/2019	Number of youth with IEPs graduating with a regular diploma	3,344
SY 2017-18 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec FS151; Data group 696)	10/02/2019	Number of youth with IEPs eligible to graduate	4,469

Source	Date	Description	Data
SY 2017-18 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec FS150; Data group 695)	10/02/2019	Regulatory four-year adjusted-cohort graduation rate table	74.83%

**FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
3,344	4,469	74.42%	79.60%	74.83%	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 a local educational agency (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 Individual Education Programs (IEPs) must meet in order to graduate with a regular diploma are the same as the conditions of students without disabilities. The KDE identifies the minimum credits required for graduation, and LEAs set local requirements in their LEA graduation policies (704 KAR 3:305).

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

NO

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

**1 - Prior FFY Required Actions**

None

**1 - OSEP Response**

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

**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 EDFacts file specification C009.

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 2018 SPP/APR, use data from 2017-2018). 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 2018 SPP/APR, use data from 2017-2018), 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

<b>Baseline</b>	<b>2011</b>	<b>2.71%</b>
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<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target <=	2.71%	2.51%	2.31%	2.11%	1.91%
Data	2.70%	3.00%	2.75%	2.07%	2.01%

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target <=	1.71%	1.71%

### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

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

Option 2

**Prepopulated Data**

Source	Date	Description	Data
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,419
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (b)	406
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (c)	42
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (d)	520
SY 2017-18 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/30/2019	Number of youth with IEPs (ages 14-21) who exited special education as a result of death (e)	26

**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 local educational agencies' (LEAs) exiting youth from the LEA level of FS009 rather than using the data from the state educational agency (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 drop out 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 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
466	25,052	2.01%	1.71%	1.86%	Did Not Meet Target	No Slippage

**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.

Youth with Individual Education Programs (IEPs) who dropped out were included in this calculation. Youth with IEPs who were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and 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

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

**2 - Prior FFY Required Actions**

None

## **2 - OSEP Response**

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

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

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
G	HS	2013	Target >=	98.00%	98.00%	98.00%	98.00%	98.00%
G	HS	98.58%	Actual	98.58%	98.32%	99.06%	98.27%	95.42%

#### Historical Data: Math

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

#### Targets

	Group	Group Name	2018	2019
Reading	A >=	Grade 3	99.00%	99.00%
Reading	B >=	Grade 4	99.00%	99.00%
Reading	C >=	Grade 5	99.00%	99.00%
Reading	D >=	Grade 6	99.00%	99.00%
Reading	E >=	Grade 7	99.00%	99.00%
Reading	F >=	Grade 8	99.00%	99.00%
Reading	G >=	HS	98.00%	98.00%
Math	A >=	Grade 3	99.00%	99.00%
Math	B >=	Grade 4	99.00%	99.00%
Math	C >=	Grade 5	99.00%	99.00%
Math	D >=	Grade 6	99.00%	99.00%
Math	E >=	Grade 7	99.00%	99.00%
Math	F >=	Grade 8	99.00%	99.00%
Math	G >=	HS	98.00%	98.00%

#### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

**FFY 2018 Data Disaggregation from EDFacts**

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

YES

**Data Source:**

SY 2018-19 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

**Date:**

04/08/2020

**Reading Assessment Participation Data by Grade**

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	8,212	8,077	7,682	7,001	6,319	5,731					4,438
b. IEPs in regular assessment with no accommodations	3,013	2,343	1,830	1,438	1,162	1,028					1,108
c. IEPs in regular assessment with accommodations	4,713	5,168	5,288	4,932	4,499	4,099					2,570
f. IEPs in alternate assessment against alternate standards	457	542	539	601	611	567					557

**Data Source:**

SY 2018-19 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

**Date:**

04/08/2020

**Math Assessment Participation Data by Grade**

Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	8,212	8,078	7,686	7,003	6,322	5,731					4,444
b. IEPs in regular assessment with no accommodations	3,013	2,343	1,832	1,437	1,164	1,027					1,108
c. IEPs in regular assessment with accommodations	4,714	5,167	5,290	4,931	4,499	4,102					2,572
f. IEPs in alternate assessment against alternate standards	457	542	539	601	611	567					566

**FFY 2018 SPP/APR Data: Reading Assessment**

Group	Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Grade 3	8,212	8,183	99.59%	99.00%	99.65%	Met Target	No Slippage
B	Grade 4	8,077	8,053	99.72%	99.00%	99.70%	Met Target	No Slippage
C	Grade 5	7,682	7,657	99.67%	99.00%	99.67%	Met Target	No Slippage
D	Grade 6	7,001	6,971	99.71%	99.00%	99.57%	Met Target	No Slippage
E	Grade 7	6,319	6,272	99.34%	99.00%	99.26%	Met Target	No Slippage
F	Grade 8	5,731	5,694	99.35%	99.00%	99.35%	Met Target	No Slippage
G	HS	4,438	4,235	95.42%	98.00%	95.43%	Did Not Meet Target	No Slippage

**FFY 2018 SPP/APR Data: Math Assessment**

<b>Group</b>	<b>Group Name</b>	<b>Number of Children with IEPs</b>	<b>Number of Children with IEPs Participating</b>	<b>FFY 2017 Data</b>	<b>FFY 2018 Target</b>	<b>FFY 2018 Data</b>	<b>Status</b>	<b>Slippage</b>
<b>A</b>	Grade 3	8,212	8,184	99.62%	99.00%	99.66%	Met Target	No Slippage
<b>B</b>	Grade 4	8,078	8,052	99.72%	99.00%	99.68%	Met Target	No Slippage
<b>C</b>	Grade 5	7,686	7,661	99.68%	99.00%	99.67%	Met Target	No Slippage
<b>D</b>	Grade 6	7,003	6,969	99.65%	99.00%	99.51%	Met Target	No Slippage
<b>E</b>	Grade 7	6,322	6,274	99.31%	99.00%	99.24%	Met Target	No Slippage
<b>F</b>	Grade 8	5,731	5,696	99.32%	99.00%	99.39%	Met Target	No Slippage
<b>G</b>	HS	4,444	4,246	95.71%	98.00%	95.54%	Did Not Meet Target	No Slippage

**Regulatory Information**

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

**Public Reporting Information**

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

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

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

**3B - Prior FFY Required Actions**

None

**3B - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**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	2013	2014	2015	2016	2017
A	Grade 3	2013	Target >=	41.40%	48.80%	56.10%	63.40%	70.70%
A	Grade 3	35.28%	Actual	35.28%	34.38%	36.00%	38.87%	36.14%
B	Grade 4	2013	Target >=	41.40%	48.80%	56.10%	63.40%	70.70%
B	Grade 4	33.28%	Actual	33.28%	31.64%	36.29%	33.22%	34.91%
C	Grade 5	2013	Target >=	41.40%	48.80%	56.10%	63.40%	70.70%
C	Grade 5	31.53%	Actual	31.53%	30.21%	33.60%	34.71%	34.78%
D	Grade 6	2013	Target >=	33.50%	41.80%	50.10%	58.50%	66.80%
D	Grade 6	23.63%	Actual	23.63%	23.55%	25.20%	31.54%	30.33%
E	Grade 7	2013	Target >=	33.50%	41.80%	50.10%	58.50%	66.80%
E	Grade 7	24.70%	Actual	24.70%	21.29%	25.31%	24.53%	23.54%

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
F	Grade 8	2013	Target >=	33.50%	41.80%	50.10%	58.50%	66.80%
F	Grade 8	18.98%	Actual	18.98%	18.33%	20.39%	22.95%	24.68%
G	HS	2013	Target >=	29.00%	37.90%	45.80%	55.70%	63.70%
G	HS	15.48%	Actual	15.48%	16.45%	14.60%	16.46%	15.37%

**Historical Data: Math**

Group	Group Name	Baseline	FFY	2013	2014	2015	2016	2017
A	Grade 3	2013	Target >=	35.90%	43.90%	51.90%	60.00%	68.00%
A	Grade 3	26.22%	Actual	26.22%	25.95%	27.20%	31.11%	28.45%
B	Grade 4	2013	Target >=	35.90%	43.90%	51.90%	60.00%	68.00%
B	Grade 4	27.95%	Actual	27.95%	24.82%	29.29%	28.08%	28.19%
C	Grade 5	2013	Target >=	35.90%	43.90%	51.90%	60.00%	68.00%
C	Grade 5	26.75%	Actual	26.75%	23.62%	28.20%	27.16%	27.35%
D	Grade 6	2013	Target >=	32.10%	40.60%	49.10%	57.60%	66.10%
D	Grade 6	19.36%	Actual	19.36%	16.94%	20.30%	22.87%	20.69%
E	Grade 7	2013	Target >=	32.10%	40.60%	49.10%	57.60%	66.10%
E	Grade 7	17.29%	Actual	17.29%	14.51%	17.81%	18.76%	18.41%
F	Grade 8	2013	Target >=	32.10%	40.60%	49.10%	57.60%	66.10%
F	Grade 8	15.41%	Actual	15.41%	14.93%	15.51%	17.94%	16.26%
G	HS	2013	Target >=	28.90%	37.80%	46.10%	55.60%	63.60%
G	HS	12.70%	Actual	12.70%	13.92%	14.41%	12.67%	8.78%

**Targets**

	Group	Group Name	2018	2019
Reading	A >=	Grade 3	78.00%	78.00%
Reading	B >=	Grade 4	78.00%	78.00%
Reading	C >=	Grade 5	78.00%	78.00%
Reading	D >=	Grade 6	75.10%	75.10%
Reading	E >=	Grade 7	75.10%	75.10%
Reading	F >=	Grade 8	75.10%	75.10%
Reading	G >=	HS	71.70%	71.70%
Math	A >=	Grade 3	76.00%	76.00%
Math	B >=	Grade 4	76.00%	76.00%
Math	C >=	Grade 5	76.00%	76.00%
Math	D >=	Grade 6	74.60%	74.60%
Math	E >=	Grade 7	74.60%	74.60%
Math	F >=	Grade 8	74.60%	74.60%
Math	G >=	HS	71.60%	71.60%

**Targets: Description of Stakeholder Input**

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

**FFY 2018 Data Disaggregation from EDFacts**

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

YES

**Data Source:**

SY 2018-19 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

**Date:**

04/08/2020

**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	8,183	8,053	7,657	6,971	6,272	5,694					4,235
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,202	928	698	547	312	269					163
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,455	1,615	1,634	1,363	1,015	1,034					433
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	193	246	227	252	206	145					138

**Data Source:**

SY 2018-19 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

**Date:**

04/08/2020

**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	8,184	8,052	7,661	6,969	6,274	5,696					4,246
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1,135	823	624	351	250	161					68
c. IEPs in regular assessment with accommodations	1,027	1,270	1,284	864	737	585					182

Grade	3	4	5	6	7	8	9	10	11	12	HS
scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	146	159	164	185	176	188					123

**FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Grade 3	8,183	2,850	36.14%	78.00%	34.83%	Did Not Meet Target	Slippage
B	Grade 4	8,053	2,789	34.91%	78.00%	34.63%	Did Not Meet Target	No Slippage
C	Grade 5	7,657	2,559	34.78%	78.00%	33.42%	Did Not Meet Target	Slippage
D	Grade 6	6,971	2,162	30.33%	75.10%	31.01%	Did Not Meet Target	No Slippage
E	Grade 7	6,272	1,533	23.54%	75.10%	24.44%	Did Not Meet Target	No Slippage
F	Grade 8	5,694	1,448	24.68%	75.10%	25.43%	Did Not Meet Target	No Slippage
G	HS	4,235	734	15.37%	71.70%	17.33%	Did Not Meet Target	No Slippage

Group	Group Name	Reasons for slippage, if applicable
A	Grade 3	<p>Reading assessment proficiency data for students in third grade with an Individual Education Program (IEP) did not meet the target and demonstrated slippage. The Kentucky Department of Education (KDE) did a cross-agency analysis. Data from the analysis indicated, although not on target, there was a decrease in the achievement gap between students with an IEP and students without an IEP. Additionally, over the past three years, the percent of students scoring proficient or higher decreased for both students with and without IEPs. The KDE examined local educational agency (LEA) data over a two year span to determine decreases in proficiency rates based on geographic regions. No significant patterns were noted. The KDE also reviewed LEA data to determine the LEAs with increased proficiency and those with decreased proficiency. Out of a total of 173 LEAs, 79 LEAs increased in proficiency, while 89 LEAs decreased in proficiency and 5 LEAs had no change in proficiency from the 2017-2018 to the 2018-2019 school year. The KDE determined 26 students caused the slippage for third grade reading proficiency which may have been caused by individual environmental factors.</p> <p>The KDE, in partnership with stakeholders, developed targeted guidance around Specially Designed Instruction (SDI) to support LEAs in understanding the importance of SDI, how to monitor and implement SDI, and how SDI impacts the continuum of services, including instruction in standards across tiers, with the aim of improving academic proficiency for all students with disabilities.</p>
C	Grade 5	<p>Reading assessment participation data for students in fifth grade with an IEP did not meet the target and demonstrated slippage. The KDE did a cross-agency analysis. Data from the analysis indicated, although not on target, there was a decrease in the achievement gap between students with an IEP and students without an IEP. The KDE examined LEA data over a two year span to determine decreases in proficiency rates based on geographic regions. No significant patterns were noted. The KDE also reviewed LEA data to determine the LEAs with increased proficiency and those with decreased proficiency. Out of a total of 173 LEAs, 80 LEAs increased in proficiency, while 88 LEAs decreased in proficiency and 5 LEAs had no change in proficiency from the 2017-2018 to the 2018-2019 school year. The KDE determined 28 students caused the slippage for fifth grade reading proficiency which may have been caused by individual environmental factors.</p> <p>The KDE, in partnership with stakeholders, developed targeted guidance around Specially Designed Instruction (SDI) to support LEAs in understanding the importance of SDI, how to monitor and implement SDI, and how SDI impacts the continuum of services, including instruction in standards</p>

Group	Group Name	Reasons for slippage, if applicable
		across tiers, with the aim of improving academic proficiency for all students with disabilities.

**FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A	Grade 3	8,184	2,308	28.45%	76.00%	28.20%	Did Not Meet Target	No Slippage
B	Grade 4	8,052	2,252	28.19%	76.00%	27.97%	Did Not Meet Target	No Slippage
C	Grade 5	7,661	2,072	27.35%	76.00%	27.05%	Did Not Meet Target	No Slippage
D	Grade 6	6,969	1,400	20.69%	74.60%	20.09%	Did Not Meet Target	No Slippage
E	Grade 7	6,274	1,163	18.41%	74.60%	18.54%	Did Not Meet Target	No Slippage
F	Grade 8	5,696	934	16.26%	74.60%	16.40%	Did Not Meet Target	No Slippage
G	HS	4,246	373	8.78%	71.60%	8.78%	Did Not Meet Target	No Slippage

**Regulatory Information**

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

**Public Reporting Information**

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

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

Provide additional information about this indicator (optional)

**3C - Prior FFY Required Actions**

None

**3C - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**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 2018 SPP/APR, use data from 2017-2018), 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 2018 SPP/APR, the data for 2017-2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 4A - Indicator Data

### Historical Data

Baseline	2009	7.39%			
FFY	2013	2014	2015	2016	2017
Target <=	2.29%	2.29%	1.71%	1.71%	1.14%
Data	0.57%	0.00%	0.58%	3.53%	5.85%

### Targets

FFY	2018	2019
Target <=	1.14%	1.14%

### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults

with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

**FFY 2018 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.**

5

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n size	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
10	170	5.85%	1.14%	5.88%	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 local educational agency (LEA) is found to have significant discrepancy under Indicator 4A if the following two 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; and
2. The LEA has at least two students with disabilities subject to out-of-school removals for more than 10 days.

The Kentucky Department of Education (KDE) completed a gradual processes of lowering the cell size of Indicator 4A. The number was reduced from 10 in FFY 2014, to five in FFY 2015, two for FFY 2016 and one for FFY 2017. This change allowed the KDE to review smaller LEAs that did not meet earlier minimum cell size requirements. The KDE determined for FFY 2017 the cell size of one was problematic and needed to be changed back to a cell size of two. A concern with a cell size of one was confidentiality for students. Another concern was the difficulty in identifying systemic issues of noncompliance within a LEA when only one student file was reviewed. Therefore, the KDE consulted with stakeholders, including the SACEC, during the 2018-2019 school year and adjusted the cell size to two.

The significant discrepancy rate is calculated for each LEA based on its local discipline data and number of students with Individual Education Programs (IEPs). Kentucky uses a minimum n size of 50 students with disabilities enrolled in the LEA. Five LEAs were excluded from the calculations, based on the n size requirement.

For FFY 2018, using 2017-2018 data, 10 LEAs out of 170 had discrepancies that were at least three times higher than the state rate and also met the criterion of suspending/expelling two or more students with disabilities for more than 10 days.

The policies, procedures and practices of these LEAs were reviewed, and eight out of 10 LEAs were cited by the KDE for noncompliance with the IDEA.

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

**Review of Policies, Procedures, and Practices (completed in FFY 2018 using 2017- 2018 data)**

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

Significant discrepancy in the rate of long-term removals of students with disabilities was identified for 10 LEAs. Once the significant discrepancy was identified, the KDE reviewed the policies, procedures and practices relating to long-term removals of students with disabilities in each of the identified LEAs. As part of this review, the KDE completed student-level record reviews for a sample of students from each LEA identified as having significant discrepancy in the rate of long-term removals of students with disabilities. The KDE reviewed due process files from the 2017-2018 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, enrollment records and behavior detail reports. The KDE also reviewed the policies, procedures and practices of each LEA relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The review of individual student records confirmed that for eight of the 10 LEAs, LEA-wide practices were out of compliance with the IDEA. The KDE identified both student-specific and systemic noncompliance 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 Kentucky Department of Education (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 noncompliance 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 noncompliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analysis were utilized to develop meaningful Corrective Action Plans (CAPs) that included action steps to improve LEA policies, procedures and practices in the area of discipline. Training activities identified on the CAP are provided by the KDE approved trainers. Prior to the training, the KDE reviews the training materials to ensure all areas of noncompliance are sufficiently addressed within the training.

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

The KDE provides guidance and technical assistance and reviews evidence submitted to verify the implementation and completion of CAP activities. The KDE concludes and reports all noncompliance identified has been corrected when the LEA:

- Prong 1 – Has corrected each individual case of noncompliance, and
- Prong 2 – Is systemically in compliance with the specified regulatory requirements (i.e., subsequently achieved 100% compliance), based on the KDE review of the updated data.

In order to verify systemic compliance, 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 noncompliance. With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reports the noncompliance as corrected and closes the CAP.

**Correction of Findings of Noncompliance Identified in FFY 2017**

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	5	2	1

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4A. Eight LEAs were identified as having noncompliant practices under Indicator 4A. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the eight LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 57% to 100%.

Each of the eight LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all eight LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination and needed additional training in the collection and reporting of discipline data.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant within one year in five of the eight identified LEAs. where findings of noncompliance were issued. Two LEAs were provided increased technical assistance from the KDE. Both were able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified seven of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. One LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district was correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4A. Eight LEAs were identified as having individual cases of noncompliant practices under Indicator 4A. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the eight LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 57% to 100%.

Each of the eight LEAs were required to review both individual and systemic identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all eight LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination and needed additional training in the collection and reporting of discipline data.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant within one year in five of the eight identified LEAs. where findings of noncompliance were issued. Two LEAs were provided increased technical assistance from the KDE. Both were able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified seven of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. One LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district was correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

#### **FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

##### **Actions taken if noncompliance not corrected**

A review of updated data found identified one LEA with systemic noncompliance that was unable to be subsequently corrected. Annually, the LEA conducts a root cause analysis following the review of updated data to determine the cause of continued noncompliance. The KDE determined the LEA failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. Currently, the LEA is receiving frequent, 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. The LEA is making progress towards compliance. Progress made by the LEA during the timeframe reviewed included demonstrating correction of individual cases of noncompliance to the KDE. The LEA has taken voluntary steps to change their leadership and reorganize their special education program to align with regulatory requirements. However, despite the progress being made the district remains out of compliance. The KDE has applied enforcement actions in the LEA to encourage voluntary compliance. FFY 2019 IDEA Part B LEA grant allocations were released subject to Special Conditions which require 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.

##### **Correction of Findings of Noncompliance Identified Prior to FFY 2017**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>
FFY 2016	2	1	1

#### **FFY 2016**

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

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

For FFY 2016, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4A. Two LEAs were identified as having noncompliant practices under Indicator 4A and did not demonstrate correction in the FFY 2016 APR. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the two LEAs was 100%.

Both LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from both LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant in one of the two identified LEAs where findings of noncompliance were issued. Both LEAs were provided increased technical assistance from the KDE. One LEA was able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified one of the two LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. The second LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district was correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

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

For FFY 2016, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4A. Two LEAs were identified as having individual noncompliant practices under Indicator 4A and did not demonstrate correction in the FFY 2016 APR. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the two LEAs was 100%.

Both LEAs were required to review identified individual cases of noncompliance to determine the root cause. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from both LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant in one of the two identified LEAs where findings of noncompliance were issued. Both LEAs were provided increased technical assistance from the KDE. One LEA was able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified one of the two LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. The second LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

#### **FFY 2016**

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

##### **Actions taken if noncompliance not corrected**

A review of updated data found identified one LEA with systemic noncompliance that was unable to be subsequently corrected. Annually, the LEA conducts a root cause analysis following the review of updated data to determine the cause of continued noncompliance. The KDE determined the LEA

failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. Currently, the LEA is receiving frequent, 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. The LEA is making progress towards compliance. Progress made by the LEA during the timeframe reviewed included demonstrating correction of individual cases of noncompliance to the KDE. The LEA has taken voluntary steps to change their leadership and reorganize their special education program to align with regulatory requirements. However, despite the progress being made the district remains out of compliance. The KDE has applied enforcement actions in the LEA to encourage voluntary compliance. FFY 2019 IDEA Part B LEA grant allocations were released subject to Special Conditions which require 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.

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

None

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

The State provided a target for FFY 2019 for this indicator, and OSEP accepts that target.

The State reported that noncompliance identified in 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 this noncompliance, the State must demonstrate, in the FFY 2019 SPP/APR, that it has verified that each district with remaining noncompliance identified in 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 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Additionally, the State must report, in the FFY 2019 SPP/APR, on the correction of noncompliance that the State identified in FFY 2018 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 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

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

## Indicator 4B: Suspension/Expulsion

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results 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 2018 SPP/APR, use data from 2017-2018), 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 2018 SPP/APR, the data for 2017-2018), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

### 4B - Indicator Data

#### Not Applicable

Select yes if this indicator is not applicable.

NO

#### Historical Data

<b>Baseline</b>	2016	4.57%
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<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target	0%	0%	0%	0%	0%
Data	0.57%	0.00%	0.57%	4.57%	8.00%

**Targets**

FFY	2018	2019
Target	0%	0%

**FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
11	7	175	8.00%	0%	4.00%	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 local educational agency (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;
2. The LEA has at least 10 students with disabilities in any racial or ethnic category; and
3. 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 Kentucky Department of Education (KDE) completed a gradual process of lowering the cell size of Indicator 4B. The number was reduced from 10 in FFY 2014, to five in FFY 2015, two for FFY 2016 and one for FFY 2017. This change allowed the KDE to review smaller LEAs that did not meet earlier minimum cell size requirements. The KDE determined for FFY 2017 the cell size of one was problematic and needed to be changed back to a cell size of two. A concern with a cell size of one was confidentiality for students. Another concern was the difficulty in identifying systemic issues of noncompliance within a LEA when only one student file was reviewed. Therefore, the KDE consulted with stakeholders, including the SACEC, during the 2018-2019 school year and adjusted the cell size to two.

The significant discrepancy rate is calculated for each LEA based on its local discipline data and number of students with Individual Education Programs (IEPs) in specific racial/ethnic categories. For FFY 2018, 11 LEAs met the criteria listed above for significant discrepancy in one or more racial or ethnic categories.

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

**Review of Policies, Procedures, and Practices (completed in FFY 2018 using 2017-2018 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 11 LEAs. Once the significant discrepancy was identified, the KDE reviewed the policies, procedures and practices relating to long-term removals of students with disabilities in each of the identified LEAs. As part of this review, the KDE completed student-level record reviews for a sample of students from each LEA identified as having significant discrepancy in the rate of long-term removals of students with disabilities. The KDE then reviewed due process files from the 2017-2018 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, enrollment records and behavior detail reports. The KDE also reviewed the policies, procedures and practices of each LEA relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.

The review of individual student records confirmed that for seven of the 11 LEAs, LEA-wide practices were out of compliance with the IDEA. The KDE identified both student-specific and systemic noncompliance 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 LEA 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 from each of the identified LEAs. When noncompliance 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 noncompliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analysis were utilized to develop meaningful Corrective Action Plans (CAPs) that include action steps to improve LEA practices in the area of discipline. Training activities identified on the CAP are provided by the KDE approved trainers. Prior to the training, the KDE reviews the training materials to ensure all areas of noncompliance are sufficiently addressed within the training.

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

The KDE provides guidance and technical assistance and reviews evidence submitted to verify the implementation and completion of CAP activities. The KDE concludes and reports all noncompliance identified has been corrected when the LEA:

Prong 1 – Has corrected each individual case of noncompliance, and

Prong 2 – Is systemically in compliance with the specified regulatory requirements (i.e., subsequently achieved 100% compliance), based on the KDE review of the updated data.

In order to verify systemic compliance, the KDE reviews 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 noncompliance. With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the KDE reports the noncompliance as corrected and closes the CAP.

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	10	3	1

**FFY 2017 Findings of Noncompliance Verified as Corrected**

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4B. Fourteen LEAs were identified as having noncompliant practices under Indicator 4B. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 14 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 57% to 100%.

Each of the 14 LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all 14 LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination and needed additional training in the collection and reporting of discipline data.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant within one year in 10 of the 14 identified LEAs, where findings of noncompliance were issued. Three LEAs were provided increased technical assistance from the KDE. All three were able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified

at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified 13 of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. One LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district was correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4B. Fourteen LEAs were identified as having individual cases of noncompliant practices under Indicator 4B. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 14 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 57% to 100%.

Each of the fourteen LEAs were required to review both individual and systemic identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all 14 LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination and needed additional training in the collection and reporting of discipline data.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant within one year in 11 of the 14 identified LEAs, where findings of noncompliance were issued. Three LEAs were provided increased technical assistance from the KDE. All three were able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified 13 of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. One LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district was correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

**FFY 2017 Findings of Noncompliance Not Yet Verified as Corrected**

**Actions taken if noncompliance not corrected**

A review of updated data found identified one LEA with systemic noncompliance that was unable to be subsequently corrected. Annually, the LEA conducts a root cause analysis following the review of updated data to determine the cause of continued noncompliance. The KDE determined the LEA failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. Currently, the LEA is receiving frequent, 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. The LEA is making progress towards compliance. Progress made by the LEA during the timeframe reviewed included demonstrating correction of individual cases of noncompliance to the KDE. The LEA has taken voluntary steps to change their leadership and reorganize their special education program to align with regulatory requirements. However, despite the progress being made the district remains out of compliance. The KDE has applied enforcement actions in the LEA to encourage voluntary compliance. FFY 2019 IDEA Part B LEA grant allocations were released subject to Special Conditions which require 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.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2016	2	1	1

**FFY 2016**

**Findings of Noncompliance Verified as Corrected**

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

For FFY 2016, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4A. Two LEAs were identified as having noncompliant practices under Indicator 4A and did not demonstrate correction in the FFY 2016 APR. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the two LEAs was 100%.

Both LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from both LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant in one of the two identified LEAs where findings of noncompliance were issued. Both LEAs were provided increased technical assistance from the KDE. One LEA was able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified one of the two LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. The second LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated data did not show the district was correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

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

For FFY 2016, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 4A. Two LEAs were identified as having individual noncompliant practices under Indicator 4A and did not demonstrate correction in the FFY 2016 APR. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the two LEAs was 100%.

Both LEAs were required to review identified individual cases of noncompliance to determine the root cause. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from both LEAs showed districts misunderstood procedural safeguard requirements related to manifestation determination.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant in one of the two identified LEAs where findings of noncompliance were issued. Both LEAs were provided increased technical assistance from the KDE. One LEA was able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE verified one of the two LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02. The second LEA was able to demonstrate correction of individual cases of noncompliance at 100%. However, a review of updated

data did not show the district correctly implemented the regulatory requirements. Additional actions taken with this district are listed below under findings of noncompliance not yet verified as corrected.

#### **FFY 2016**

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

#### **Actions taken if noncompliance not corrected**

A review of updated data found identified one LEA with systemic noncompliance that was unable to be subsequently corrected. Annually, the LEA conducts a root cause analysis following the review of updated data to determine the cause of continued noncompliance. The KDE determined the LEA failed to manage its special education program in compliance with applicable state and federal law, including implementing regulations. Currently, the LEA is receiving frequent, 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. The LEA is making progress towards compliance. Progress made by the LEA during the timeframe reviewed included demonstrating correction of individual cases of noncompliance to the KDE. The LEA has taken voluntary steps to change their leadership and reorganize their special education program to align with regulatory requirements. However, despite the progress being made the district remains out of compliance. The KDE has applied enforcement actions in the LEA to encourage voluntary compliance. FFY 2019 IDEA Part B LEA grant allocations were released subject to Special Conditions which require 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.

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

None

#### **4B - OSEP Response**

The State reported that noncompliance identified in 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 2019 SPP/APR, that it has verified that each district with remaining noncompliance identified in 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 2019 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. The State must demonstrate, in the FFY 2019 SPP/APR, that the districts identified with noncompliance in FFY 2018 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 2019 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 2018, although its FFY 2018 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 2018.

#### **4B- Required Actions**

## 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

	Baseline	FFY	2013	2014	2015	2016	2017
A	2005	Target >=	71.80%	71.80%	71.80%	71.80%	71.80%
A	64.33%	Data	72.31%	73.15%	73.73%	73.81%	73.43%
B	2005	Target <=	8.70%	8.70%	8.70%	8.70%	8.70%
B	11.09%	Data	8.43%	8.22%	8.28%	8.31%	8.27%
C	2005	Target <=	1.90%	1.90%	1.90%	1.90%	1.90%
C	2.21%	Data	1.86%	1.66%	1.68%	1.72%	1.78%

### Targets

FFY	2018	2019
Target A >=	71.80%	71.80%
Target B <=	8.70%	8.70%
Target C <=	1.90%	1.90%

### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

### Prepopulated Data

Source	Date	Description	Data
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Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	Total number of children with IEPs aged 6 through 21	87,926
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	64,691
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	7,456
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	c1. Number of children with IEPs aged 6 through 21 in separate schools	487
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	c2. Number of children with IEPs aged 6 through 21 in residential facilities	304
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/11/2019	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	712

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 2018 SPP/APR Data**

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	64,691	87,926	73.43%	71.80%	73.57%	Met Target	No Slippage
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	7,456	87,926	8.27%	8.70%	8.48%	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]	1,503	87,926	1.78%	1.90%	1.71%	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**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**5 - Required Actions**

## Indicator 6: Preschool Environments

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

**Results indicator:** 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 ED Facts 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

	Baseline	FFY	2013	2014	2015	2016	2017
A	2011	Target >=	63.30%	64.00%	64.00%	64.00%	64.00%
A	63.36%	Data	65.10%	66.14%	66.50%	67.36%	69.27%
B	2011	Target <=	6.81%	6.00%	6.00%	6.00%	6.00%
B	6.81%	Data	4.63%	4.14%	4.54%	4.03%	3.48%

#### Targets

FFY	2018	2019
Target A >=	64.00%	64.00%
Target B <=	6.00%	6.00%

#### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

#### Prepopulated Data

Source	Date	Description	Data
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Source	Date	Description	Data
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	Total number of children with IEPs aged 3 through 5	18,232
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	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	12,849
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	b1. Number of children attending separate special education class	733
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	b2. Number of children attending separate school	76
SY 2018-19 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)	07/11/2019	b3. Number of children attending residential facility	15

**FFY 2018 SPP/APR Data**

	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2017 Data	FFY 2018 Target	FFY 2018 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	12,849	18,232	69.27%	64.00%	70.47%	Met Target	No Slippage
B. Separate special education class, separate school or residential facility	824	18,232	3.48%	6.00%	4.52%	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**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**6 - Required Actions**

## Indicator 7: Preschool Outcomes

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

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

#### Data Source

State selected data source.

#### Measurement

Outcomes:

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

Progress categories for A, B and C:

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

#### Summary Statements for Each of the Three Outcomes:

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

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

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

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

#### Instructions

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

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

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

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

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

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

## 7 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

NO

#### Historical Data

	Baseline	FFY	2013	2014	2015	2016	2017
A1	2013	Target >=	49.29%	49.30%	49.30%	50.00%	50.00%

	Baseline	FFY	2013	2014	2015	2016	2017
A1	49.29%	Data	49.29%	44.01%	39.84%	40.10%	48.98%
A2	2013	Target >=	39.11%	39.20%	39.20%	40.00%	40.00%
A2	39.11%	Data	39.11%	32.29%	28.96%	30.60%	44.50%
B1	2013	Target >=	67.42%	67.40%	67.40%	68.00%	68.00%
B1	67.42%	Data	67.42%	65.02%	63.06%	61.16%	67.95%
B2	2013	Target >=	39.85%	39.90%	39.90%	40.50%	40.50%
B2	39.85%	Data	39.85%	38.57%	36.67%	36.31%	45.49%
C1	2013	Target >=	50.67%	50.70%	50.70%	51.50%	51.50%
C1	50.67%	Data	50.67%	35.56%	33.79%	33.49%	55.10%
C2	2013	Target >=	35.67%	35.70%	35.70%	36.50%	36.50%
C2	35.67%	Data	35.67%	23.37%	24.22%	25.33%	42.75%

### Targets

FFY	2018	2019
Target A1 >=	50.50%	50.50%
Target A2 >=	40.50%	40.50%
Target B1 >=	68.50%	68.50%
Target B2 >=	41.00%	41.00%
Target C1 >=	52.00%	52.00%
Target C2 >=	37.00%	37.00%

### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

Beginning in FFY13, the analysis algorithms were modified to more accurately measure change in child level of functioning by focusing on the six-month age band corresponding to the child's age at exit in identifying age-appropriate functioning compared to same-age-peers. In consultation with the KDE, age appropriate functioning for categories c, d, and e was set at 40%; i.e., a child had to have mastered 40% of the items within the 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 2018 SPP/APR Data

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

6,911

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

	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	339	4.91%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,835	41.02%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	606	8.77%

	Number of children	Percentage of Children
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,677	24.27%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,454	21.04%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,283	5,457	48.98%	50.50%	41.84%	Did Not Meet Target	Slippage
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	3,131	6,911	44.50%	40.50%	45.30%	Met Target	No Slippage

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

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	179	2.59%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,768	25.58%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,662	24.05%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	2,113	30.57%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,189	17.20%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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>	3,775	5,722	67.95%	68.50%	65.97%	Did Not Meet Target	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>	3,302	6,911	45.49%	41.00%	47.78%	Met Target	No Slippage

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

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	268	3.88%

	Number of Children	Percentage of Children
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,462	35.62%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,227	17.75%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,796	25.99%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,158	16.76%

	Numerator	Denominator	FFY 2017 Data	FFY 2018 Target	FFY 2018 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.	3,023	5,753	55.10%	52.00%	52.55%	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.	2,954	6,911	42.75%	37.00%	42.74%	Met Target	No Slippage

Part	Reasons for slippage, if applicable
<b>A1</b>	<p>For FFY18, Summary Statement one, the percentage of students who made significant improvement during their time in preschool were 41.8%, 66.0% and 52.6% respectively for Outcomes A, B, and C; target goals were set by the Kentucky Department of Education (KDE) using a formula based on prior years' data. For Summary Statement two, the percentage of students functioning within age expectations upon exit for all approved assessments were 45.3%, 47.8% and 42.7% respectively for Outcomes A, B, and C. Across outcomes, results were mixed compared to those of the previous year. All but two targets were met for FFY18; A1 (-8.7%) and B1 (-2.5%) were short.</p> <p>The Teaching Strategies GOLD assessment was revised, and data from the revised assessment was collected beginning in August 2017. The scoring levels of the updated assessment vary from the previous version with many items being shifted into lower age-bands due to the increased age range of the revised instrument and instrument revisions for color bands of the items. This change will continue to have some impact on the analysis until all students assessed with the old version at entry have exited, since students assessed with the original tool at entry may show more progress than those assessed with the current version.</p> <p>Once the number of students who were assessed with the old tool at entry and the new tool at exit declines, the inflated growth scores of this subgroup will have less of an impact on the results. In FFY18, there were 746 students assessed with the old Teaching Strategies GOLD assessment at entry and the new Teaching Strategies GOLD at exit and 4,006 assessed at both points with the new assessment.</p>
<b>B1</b>	<p>For FFY18, Summary Statement 1, the percentage of students who made significant improvement during their time in preschool were 41.8%, 66.0% and 52.6% respectively for Outcomes A, B, and C; target goals were set by KDE using a formula based on prior years' data. For Summary Statement 2, the percentage of students functioning within age expectations upon exit for all approved assessments were 45.3%, 47.8% and 42.7% respectively for Outcomes A, B, and C. Across outcomes, results were mixed compared to those of the previous year. All but two targets were met for FFY18; A1 (-8.7%) and B1 (-2.5%) were short.</p> <p>The Teaching Strategies GOLD assessment was revised, and data from the revised assessment was collected beginning in August 2017. The scoring levels of the updated assessment vary from the previous version with many items being shifted into lower age-bands due to the increased age range of the revised instrument and instrument revisions for color bands of the items. This change will continue to have some impact on the analysis until all students assessed with the old version at entry have exited, since students assessed with the original tool at entry may show more progress than those assessed with the current version.</p> <p>Once the number of students who were assessed with the old tool at entry and the new tool at exit declines, the inflated growth scores of this subgroup will have less of an impact on the results. In FFY18, there were 746 students assessed with the old Teaching Strategies GOLD assessment at entry and the new Teaching Strategies GOLD at exit and 4,006 assessed at both points with the new assessment.</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

Was sampling used?	NO
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**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 Individual Education Program (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 staff of the Kentucky Early Childhood Data System (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 the alignment work of the expert panel. The assigned item score was based on the student's age at the time of assessment. The student's first and last assessments were utilized for 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 more accurately measure change 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 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 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, 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)**

**7 - Prior FFY Required Actions**

None

**7 - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**7 - Required Actions**

## Indicator 8: Parent involvement

### Instructions and Measurement

**Monitoring Priority:** FAPE in the LRE

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

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

#### Data Source

State selected data source.

#### Measurement

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

#### Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

Do you use a separate data collection methodology for preschool children?	NO
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#### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

#### Historical Data

<b>Baseline</b>	2013	80.45%
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FFY	2013	2014	2015	2016	2017
Target >=	80.45%	80.55%	80.65%	80.75%	80.85%
Data	80.45%	85.12%	86.76%	87.88%	88.94%

#### Targets

FFY	2018	2019
Target >=	80.95%	80.95%

#### FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
4,361	4,851	88.94%	80.95%	89.90%	Met Target	No Slippage

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

104,293

**Percentage of respondent parents**

4.65%

**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 sends 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 includes a sample letter to parents explaining the purpose of the survey, as well as a link to an electronic survey. The email requests the DoSEs to forward the survey link and the letter to all LEA parents whose children had Individual Education Programs (IEPs).

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

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

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

Was sampling used?	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 has in the past, and will continue to encourage all LEAs to distribute the survey to all parents, and identify under-represented groups in particular. To encourage LEA's to distribute the survey we provide monthly updates to Regional Special Education Cooperatives regarding all member district responses, suggest allowing parents to complete the survey at the school after meetings and this year will be extending the window the survey is open to parents.

While the overall number of responses increased this year, the increase was most pronounced among parents of white students as well as parents of students located in the western region of the state. The state will continue to inform LEAs about under-represented groups in order to increase responses. The state will make the survey available for a longer period of time in order to gather more responses. The state is also determining the feasibility of sending direct email messages to all parents of students with IEPs.

**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 are within three percentage points of their population category. We 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 three fell outside this criteria for representativeness: students with Mild Mental Disabilities were under-represented by 4%; students with Autism were over-represented by 8%; and students with Other Health Impairments were under-represented by 8%. In terms of race/ethnicity, White students were over-represented by 6% while Black students were under-represented by 5%. Based on gender, respondents were representative of the population. Geographically the state is divided into 9 regions, 2 of which were under-represented and 2 were over-represented.

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

## 8 - Prior FFY Required Actions

None

## 8 - OSEP Response

The State provided target for FFY 2019 for this indicator, and OSEP accepts that target.

## 8 - 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.

## 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 2018 reporting period (i.e., after June 30, 2019).

#### 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 2018 SPP/APR, the data for FFY 2017), 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

<b>Baseline</b>	2016	0.57%
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FFY	2013	2014	2015	2016	2017
Target	0%	0%	0%	0%	0%
Data	0.00%	0.57%	1.14%	0.57%	0.00%

#### Targets

FFY	2018	2019
Target	0%	0%

#### FFY 2018 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.

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 and/or cell size	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
0	0	175	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 Kentucky Department of Education (KDE) finds that a local educational agency (LEA) has disproportionate representation of the specific racial or ethnic group in special education if the LEA has:

1. A risk ratio of more than 2.0
2. 10 or more students with Individual Education Programs (IEPs) in the specific racial or ethnic group and,
3. 50 or more students in the LEA in the specific racial or ethnic group.

The KDE has determined that disproportionate representation for Indicator 9 occurs when a specific racial or ethnic group's risk of being identified as a student in special education and related services (i.e., having an IEP) is two or more times higher than the risk for students in all other racial and ethnic groups.

The KDE uses the risk ratio method to calculate disproportionate representation for a school LEA. In this method, the "risk" of being identified for special education for students from a given racial or ethnic group is operationalized as the percentage of students from that group who have IEPs. For example, if 20% of students in the LEA from a given racial or ethnic group have IEPs, the risk for that group is 20% or .20. Similarly, the "risk" for students from all other racial and ethnic groups of being identified for special education is the percentage of students from all other groups who have IEPs. For example, if 10% of those students have IEPs, the risk is 10% or 10.

To calculate the percentage of students with IEPs from the specific racial or ethnic group, the number of students with IEPs from that racial or ethnic group is divided by the total number of LEA students in that group. Likewise, to calculate the percentage of students with IEPs from all other racial and ethnic groups in the LEA, the number of students from all other racial and ethnic groups with IEPs is divided by the total number of students in all other racial and ethnic groups.

The data used for the risk calculations are from the KDE's Section 618 data and its Growth Factor Reports, and one year of data is used.

Once the risk has been calculated for both the specific racial or ethnic group and for students in all other racial and ethnic groups, the risk ratio is found by dividing the risk for the given racial or ethnic group by the risk for students from all other racial and ethnic groups. In other words:

Risk for students in a specific racial or ethnic group ÷ Risk for students from all other groups = Risk Ratio

For example, if 20% of students in a specific racial or ethnic group have IEPs (risk = .20) and 20% of all other LEA students have IEPs (risk = .20), the risk ratio is 1.0. However, if 40% of students from a specific racial and ethnic group have IEPs (risk = .40) while 20% of all other LEA students have IEPs (risk = .20), the risk ratio is 2.0.

The first criterion for disproportionate representation in a LEA is a risk ratio of 2.0 or higher. However, the KDE has included two additional criteria for determining disproportionate representation:

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

These additional criteria help ensure the risk ratio accurately identifies disproportionate representation and is not just unusually high due to a small number of students within the racial or ethnic group in the LEA overall.

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

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

No districts were identified as having disproportionate representation under Indicator 9.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

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 2017**

<b>Year Findings of Noncompliance Were Identified</b>	<b>Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2017 APR</b>	<b>Findings of Noncompliance Verified as Corrected</b>	<b>Findings Not Yet Verified as Corrected</b>

**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 2018, 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 2018 reporting period (i.e., after June 30, 2019).

### 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 2018 SPP/APR, the data for FFY 2017), 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

<b>Baseline</b>	2016	2.86%			
<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target	0%	0%	0%	0%	0%
Data	2.29%	0.00%	2.29%	2.86%	7.43%

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	0%	0%

### FFY 2018 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.**

0

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 and/or cell size	FFY 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
29	7	175	7.43%	0%	4.00%	Did Not Meet Target	No Slippage

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

YES

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

The Kentucky Department of Education (KDE) uses a “risk ratio” methodology to determine if disproportionate representation exists in an LEA. A risk ratio is the comparison of two risks, the risk of the sub-group being examined compared to the risk of all other students not in that sub-group of being subject to the same outcome.

The risk ratio methodology identifies LEAs that have disproportionate representation in the identifications of any of the seven Federal racial and ethnic sub-groups. The KDE has determined that disproportionate representation may exist under Indicator 10 in the identification of students in any of these six specific disability categories (intellectual disabilities, specific learning disability, other health impairment, emotional behavior disability, autism or a speech language impairment) when the following conditions exist:

- There are at least 50 students in the racial or ethnic group being examined who are enrolled in the LEA.
- There are at least 10 students in the racial or ethnic group being examined who were identified as eligible for any of the six disability categories listed above.
- The rate at which students in the racial or ethnic group being examined is 2 or more times greater than the rate of students in all other races who were identified for that same disability.

All 175 LEAs met the n size for this indicator.

Data is examined by the rate of identification of students individually for each of the seven Federal racial or ethnic groups as compared to the rate of identification of students in all other racial or ethnic categories (i.e., rate of white compared to 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 asks, “What percentage of a LEA’s students falling within a specific racial and ethnic category receive special education and related services for a specific disability?”

The percentage is determined by taking the number of students in specific racial and ethnic groups identified as eligible under the IDEA for a specific disability category 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 as reported on the 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 as having autism in the Blue County School LEA.
- A total of 270 Asian students are enrolled in the Blue County School LEA.
- The risk of being a student receiving special education services in the Blue County School 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 10, risk ratio is 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 in a specific disability category 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 10:

- There are 6,000 non-Asian students enrolled in the LEA, of that 600 non-Asian students receive special education and related services for autism. 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%).  $22.2\% / 10.0\% = 2.22$
- 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 in autism. 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 with autism 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 10 as having disproportionate representation of Asian students in special education.

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

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

In FFY18 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 175 LEAs (including the Kentucky School for the Blind and the Kentucky School for the Deaf), 29 LEAs were identified as having disproportionate representation and were reviewed. Based on the KDE's desk audit review findings, 7 LEAs were cited for disproportionate representation due to inappropriate identification as a result of inappropriate identification.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
17	15	2	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**

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 10. Seventeen LEAs were identified as having noncompliant practices under Indicator 10. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 17 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 20% to 100%.

Each of the 17 LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all 17 LEAs showed districts did not adequately document data during the referral process or made procedural errors in documentation.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant within one year in 15 of the 17 identified LEAs. where findings of noncompliance were issued. Two LEAs were provided increased technical assistance from the KDE. Both were able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance. Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE determined all 17 of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02.

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC) and desk audits conducted through the state's monitoring system to determine compliance with Indicator 10. Seventeen LEAs were identified as having individual cases of noncompliant practices under Indicator 10. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 17 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 20% to 100%.

Each of the 17 LEAs were required to review both individual and systemic identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all 17 LEAs showed districts did not adequately document data during the referral process or

made procedural errors in documentation.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant within one year in 15 of the 17 identified LEAs, where findings of noncompliance were issued. Two LEAs were provided increased technical assistance from the KDE. Both were able to demonstrate subsequent correction of noncompliance and a review of updated data was verified by the KDE at 100% compliance.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE determined all 17 of the LEAs originally identified as having individual cases of noncompliance in FFY 2017 were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**10 - Prior FFY Required Actions**

None

**10 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. The State must demonstrate, in the FFY 2019 SPP/APR, that the districts identified in FFY 2018 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 2019 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 2018, although its FFY 2018 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 2018.

**10 - Required Actions**

## Indicator 11: Child Find

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / Child Find

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

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

#### Data Source

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

#### Measurement

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

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

#### Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2018 SPP/APR, the data for FFY 2017), 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	2005	95.43%			
FFY	2013	2014	2015	2016	2017
Target	100%	100%	100%	100%	100%
Data	99.29%	99.45%	99.74%	99.76%	99.43%

### Targets

FFY	2018	2019
Target	100%	100%

### FFY 2018 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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
2,302	2,300	99.43%	100%	99.91%	Did Not Meet Target	No Slippage

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

2

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

There were two students included in (a) but not in (b). The range of days beyond the required 60 school day timeline was from two to three days. The reason for the delays included local educational agency (LEA) miscalculation of range of days included in timeline (LEA did not include non-traditional instructional days in the 60 school day timeline).

**Indicate the evaluation timeline used:**

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

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

Kentucky's timeline for initial evaluations is 60 school days 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 Kentucky Department of Education (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 Directors of Special Education (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 2018-2019 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 reports were due to the KDE by June 30th.

The KDE Part B Data Manager completed a review of data and validated the self-reported data submitted by LEAs. She contacted DoSEs for the LEAs who reported any noncompliance. The KDE did not conduct desk audits for LEAs self-reporting noncompliance with Indicator 11 since they automatically required a Corrective Action Plan (CAP) to address student specific and systemic noncompliance based on their self-reported data. Additionally, the KDE randomly selected 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students initially evaluated during the 2018-2019 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 noncompliance through a Report of Findings issued by the KDE.

For FFY 2018, the KDE received self-reported data from LEAs that indicated two student files from one LEA were noncompliant. The KDE did not cite any additional LEAs with noncompliance as a result of data verification performed through desk reviews. All LEAs included in the desk review were found to be 100% compliant. As such, noncompliance was identified for a total of one LEA for FFY 2018.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14	0	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**

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC), LEA self-reported data and onsite visits conducted through the state's monitoring system to determine compliance with Indicator 11. Fourteen student files from 10 LEAs were identified through self-reported data. An additional three LEAs were identified as having noncompliant practices under Indicator 11 through onsite monitoring. In total, 13 LEAs were issued findings of noncompliance under Indicator 11. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 14 student files in 13 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 2% to 30%.

Each of the 13 LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. In all 14 student files for the 13 LEAs, the root cause of noncompliance included the unavailability of district evaluation personnel, parental factors (excluding the parent repeatedly failing to produce the child for evaluation), excessive student absenteeism, district personnel training issues, and difficulty in obtaining external evaluation components from outside agencies.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic

compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant in all 13 LEAs where findings of noncompliance were issued.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE determined all 13 of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02.

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC), LEA self-reported data and onsite visits conducted through the state's monitoring system to determine compliance with Indicator 11. Fourteen student files from 10 LEAs were identified through self-reported data. An additional three LEAs were identified as having noncompliant practices under Indicator 11 through onsite monitoring. In total, 13 LEAs were issued findings of noncompliance under Indicator 11. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 14 student files in 13 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 2% to 30%.

Each of the 13 LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. In all 14 student files for the 13 LEAs, the root cause of noncompliance included the unavailability of district evaluation personnel, parental factors (excluding the parent repeatedly failing to produce the child for evaluation), excessive student absenteeism, district personnel training issues, and difficulty in obtaining external evaluation components from outside agencies.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance.

Updated data was verified as 100% compliant in all 13 LEAs where findings of noncompliance were issued.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE determined all 14 of the LEAs originally identified as having individual cases of noncompliance in FFY 2017 were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**11 - Prior FFY Required Actions**

None

**11 - OSEP Response**

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2017 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State reported in the data field that there were 14 findings of noncompliance identified. However, the State also reported in the narrative that " KDE determined all 13 of the LEAs identified with findings of

noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02" and " KDE determined all 14 of the LEAs originally identified as having individual cases of noncompliance in FFY 2017 were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02". Therefore, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2017 : (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.

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. In addition, the State must demonstrate, in the FFY 2019 SPP/APR, that the uncorrected findings of noncompliance identified in FFY 2017 were corrected.

When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2018 and each LEA with noncompliance identified in FFY 2017: (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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

## **11 - Required Actions**

## 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 2018 SPP/APR, the data for FFY 2017), 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

<b>Baseline</b>	2005	93.74%
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<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target	100%	100%	100%	100%	100%
Data	99.62%	99.29%	99.81%	99.91%	99.41%

#### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

**FFY 2018 SPP/APR Data**

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,315
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	450
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,345
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.	397
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	108
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2017 Data	FFY 2018 Target	FFY 2018 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.	2,345	2,360	99.41%	100%	99.36%	Did Not Meet Target	No Slippage

**Number of children who served in part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f**  
15

**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.**

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

- The LEA was not able to locate the child and/or family during the transition process
- The LEA was not able to meet timelines due to referrals being received less than 90 days before the child's third birthday.
- Three children have received Individual Education Programs (IEPs) beyond their third birthdays with date ranges between one and thirty days beyond.
- The children were unable to be located by the LEA and their current status is unknown.

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

- Inconsistent policies and procedures used by both Part C and Part B services providers
- Part B receiving LEAs are at times unable to exchange information in a timely manner as to prevent a delay in transition services. At this time, the Kentucky Department of Education (KDE) is researching ways to make this transition smoother and the data collection easier on LEAs.

**Attach PDF table (optional)**

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

State monitoring

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

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

The KDE and Early Childhood Regional Training Centers (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 the Kentucky Student Information System (known as Infinite Campus) and student records. If individual student records were found to be noncompliant, the LEA was required to correct the noncompliance for each student. The KDE then verified these corrections, and reviewed additional randomly-selected student files in order to determine systemic compliance.

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

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
14	14	0	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 KDE collected data from LEAs using the end-of-year Preschool Program Performance Report. LEAs reported their transition rate and any issues they had encountered, including children that had not transitioned due to delays created by the LEA. The KDE then reviewed transition data for errors and noncompliance. When errors were noted, LEAs were required to revise and resubmit data.

For FFY 2017, 14 children served under Part C did not have IEPs implemented by their third birthdays due to LEA staffing issues or LEA errors in monitoring progress of the referral process. LEAs also self-reported to the KDE Indicator 12 preschool transition data. The KDE validated these data using information retrieved from the Kentucky Student Information System and by reviewing student files through desk audits or on-site visits.

The KDE and Early Childhood Regional Training Centers (RTCs) worked with LEAs identified as having noncompliance to help ensure they will meet Indicator 12 compliance in subsequent years. Staff from the KDE and RTCs worked with noncompliant LEAs to meet Indicator 12 compliance goals. Activities included sending the LEA's correspondence from Part C partners regarding children ready for transition, providing professional learning opportunities and offering regional trainings that included best practices for monitoring Part C to Part B transition.

Each LEA that was found in noncompliance was monitored randomly throughout the following school year to ensure compliance measures were being followed. This included random checks of appropriate transition Admissions and Release Committee (ARC) documents to ensure that LEAs were meeting timelines. The KDE determined that the LEAs had achieved systemic compliance with OSEP Memorandum 09-02.

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

The 14 student files originally identified with delayed transition were submitted to the KDE by the LEAs. During its review of student files, the KDE verified individual correction of noncompliance. In FFY 2017, for all student records with delayed transition, if the student qualified for special education and related services, an IEP was developed for the student.

This process was verified by the KDE Part B staff through random checks of appropriate IEP Team meeting documents to ensure LEAs were meeting timelines. The LEAs corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the LEA, as is consistent with OSEP Memorandum 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**12 - Prior FFY Required Actions**

None

**12 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

**12 - Required Actions**

## 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 2018 SPP/APR, the data for FFY 2017), 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

<b>Baseline</b>	2009	92.95%
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<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target	100%	100%	100%	100%	100%
Data	98.98%	99.19%	98.41%	97.37%	99.40%

### Targets

<b>FFY</b>	<b>2018</b>	<b>2019</b>
Target	100%	100%

### FFY 2018 SPP/APR Data

<b>Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition</b>	<b>Number of youth with IEPs aged 16 and above</b>	<b>FFY 2017 Data</b>	<b>FFY 2018 Target</b>	<b>FFY 2018 Data</b>	<b>Status</b>	<b>Slippage</b>
2,110	2,246	99.40%	100%	93.94%	Did Not Meet Target	Slippage

Provide reasons for slippage, if applicable

For Indicator 13, Kentucky did not meet the target for FFY 2018 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 Corrective Action Plans (CAPs) to remedy the non-compliance. The KDE reviewed the root cause analyses to determine common themes across the state that led to non-compliance with Indicator 13. The common themes include lack of training, inexperienced staff and lack of accountability for special education teachers. The KDE developed a training specific to Indicator 13 requirements and disseminated it to the Regional Special Education Cooperatives to utilize in training districts. The training is also available for public access on the KDE website. The KDE will continue to engage stakeholders around improving results for Indicator 13.

**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 Directors of Special Education (DoSE) 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 Individual Education Program (IEP), and whose data is included on the spreadsheet, identifying for review no less than 10 students and no more than 50 students. LEAs with 10 or less students who were initially evaluated, must send data for all students evaluated. The reports are due to the KDE by June 30th.

The KDE validates the self-reported data submitted by the LEA by the Part B Data Manager and Indicator 13 lead completing a review of data and contacting the DoSE, for LEAs reporting any noncompliance. LEAs self-reporting noncompliance with Indicator 13 automatically require a Corrective Action Plan (CAP) based on their self-reported data to address student specific and systemic noncompliance. Additionally, the KDE conducts desk reviews for 10% of LEAs that report 100% compliance in order 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, that student files are not in compliance with Indicator 13 under the IDEA, the LEA is cited by the KDE as having noncompliance for this indicator. If a LEA is cited for IDEA noncompliance and is subject to a CAP the KDE is charged with ensuring the LEA corrects individual student specific noncompliance which was discovered during the desk audit process. If the noncompliance is systemic, the KDE must also review LEA records and include additional action steps in the CAP to make sure the noncompliance issue has been remedied throughout the LEA per OSEP Memorandum 09-02 requirements.

For FFY 2018, 22 LEAs were found noncompliant for Indicator 13.

The data above represents LEAs in Kentucky that had the required prerequisites for reporting on secondary transition for Indicator 13.

Do the State’s policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	NO
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**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2017**

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
11	11	0	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**

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC), LEA self-reported data and onsite visits conducted through the state’s monitoring system to determine compliance with Indicator 13. Eleven LEAs were identified as having noncompliant practices under Indicator 13. Six districts were identified through self-reported data. An additional five LEAs were identified through onsite monitoring. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 11 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 3% to 40%.

Each of the 11 LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all 11 LEAs showed districts did misunderstand post-secondary transition requirements and how to document in the IEP. Additional training was needed for new teachers.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs’ practices in the area of transition. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed

during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance. Updated data was verified as 100% compliant in all 11 LEAs where findings of noncompliance were issued.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE determined all 11 of the LEAs identified with findings of noncompliance were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02.

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

For FFY 2017, the KDE reviewed the statewide student information system known as Infinite Campus (IC), LEA self-reported data and onsite monitoring conducted through the state's monitoring system to determine compliance with Indicator 13. Eleven LEAs were identified as having noncompliant practices under Indicator 13. Six LEAs were identified through self-reported data. An additional five districts were identified through onsite monitoring. When noncompliance was identified by the KDE, the state made a finding of noncompliance within a written Report of Findings. The KDE determined the percentage level of noncompliance for each of the 11 LEAs where noncompliance was identified. Percentage levels of noncompliance ranged from 3% to 40%.

Each of the 11 LEAs were required to review identified noncompliance to determine the root cause of the noncompliance. LEAs were provided assistance as needed from the Regional Special Education Cooperatives and the KDE to help them develop meaningful root cause analyses. Root cause analyses reviewed by the KDE from all 11 LEAs showed districts did misunderstood post-secondary transition requirements and how to document in the IEP. Additional training was needed for new teachers.

The district-level results of the root cause analysis were utilized to develop meaningful corrective action plans (CAPs) that included both student-specific and systemic action steps to improve LEAs' practices in the area of transition. The KDE also required LEAs to change any policies, procedures or practices that contributed to or resulted in the findings of noncompliance as part of the corrective action plan.

The KDE required all cases of individual noncompliance to be corrected as soon as possible but not greater than one year from the original notification of the noncompliance.

LEAs were required to submit CAP status reports to the KDE on at least a quarterly basis. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE reviewed training materials to ensure all areas of noncompliance were addressed. The KDE provided technical assistance, guidance and reviewed evidence to verify the implementation and completion of CAP activities.

Once the KDE verified the LEA corrected each individual case of noncompliance at 100%, the KDE reviewed updated data for each LEA to ensure systemic compliance with the specified regulatory requirements. The KDE reviewed updated data from IC and conducted a desk audit of the due process records of additional students. Desk audits of updated data are known as comparison folders. The number of comparison folders reviewed during the updated audit varied depending on the original percentage of compliance identified in the LEA and the number of identified IDEA students in the area originally reviewed. If noncompliance was identified in updated data, additional updated data reviews commenced until the LEA was able to achieve 100% compliance. Updated data was verified as 100% compliant in all 11 LEAs where findings of noncompliance were issued.

Findings of noncompliance were not closed until the KDE ensured 100% compliance was achieved for each individual case of noncompliance and updated data was reviewed and also verified at 100% compliance. Following verification of correction of noncompliance and all updated records verified at 100% compliance, the KDE reported the noncompliance as corrected and closed the CAP.

The KDE determined all 11 of the LEAs originally identified as having individual cases of noncompliance in FFY 2017 were correctly implementing the regulatory requirements as outlined in OSEP Memo 09-02.

**Correction of Findings of Noncompliance Identified Prior to FFY 2017**

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

**13 - Prior FFY Required Actions**

None

**13 - OSEP Response**

Because the State reported less than 100% compliance for FFY 2018, the State must report on the status of correction of noncompliance identified in FFY 2018 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2019 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2018 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 2019 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 2018, although its FFY 2018 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2018.

## 13 - Required Actions

## 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 2019 on students who left school during 2017-2018, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2017-2018 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 2018 SPP/APR, due February 2020:

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

	Baseline	FFY	2013	2014	2015	2016	2017
A	2018	Target >=	25.50%	25.50%	25.50%	25.50%	25.50%
A	16.98%	Data	18.75%	18.43%	18.02%	18.09%	17.96%
B	2018	Target >=	55.00%	55.20%	55.40%	55.60%	55.80%
B	54.23%	Data	59.49%	58.17%	60.94%	59.39%	59.51%
C	2018	Target >=	65.70%	65.90%	66.10%	66.30%	66.50%
C	69.76%	Data	67.59%	67.82%	69.06%	68.87%	69.49%

### FFY 2018 Targets

FFY	2018	2019
Target A >=	25.50%	25.50%
Target B >=	56.00%	56.00%
Target C >=	66.70%	69.96%

### Targets: Description of Stakeholder Input

The State Advisory Council for Exceptional Children (SACEC) provides policy guidance to the Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

The KDE engaged stakeholders through the SACEC to revise the baselines for Indicator 14 and to provide FFY 2019 targets to reflect improvement for this indicator.

**FFY 2018 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	2,480
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	421
2. Number of respondent youth who competitively employed within one year of leaving high school	924
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)	126
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).	259

	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 2017 Data	FFY 2018 Target	FFY 2018 Data	Status	Slippage
A. Enrolled in higher education (1)	421	2,480	17.96%	25.50%	16.98%	Did Not Meet Target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,345	2,480	59.51%	56.00%	54.23%	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)	1,730	2,480	69.49%	66.70%	69.76%	Met Target	No Slippage

Part	Reasons for slippage, if applicable
<b>B</b>	Slippage is solely due to the new measure of competitive employment. Using last year's measure 14B increased.

**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.

Was sampling used?	NO
--------------------	----

Was a survey used?	YES
If yes, is it a new or revised survey?	YES
If yes, attach a copy of the survey	Kentucky FFY2018 Indicator 14 survey

**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. We have full population data for exiters with Individual Education Programs (IEPs) and compare this to demographics of respondents. One geographic region of the state and students who dropped out were under represented. In all other areas (race/ethnicity, gender and disability category) respondents are representative of the population.

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.**

The state continues to work to improve the collection of contact information for exiters. The KDE is considering an online version of the instrument.

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

## 14 - Prior FFY Required Actions

None

## 14 - OSEP Response

The State revised its targets for this indicator, and OSEP accepts those targets.

The State changed its definition of competitive employment to Option 2 to align 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 C.F.R. § 361.5(c)(9). Therefore, the State must revise its baseline and provide FFY 2019 targets to reflect improvement for this indicator. The State has revised the baseline for this indicator, using data from FFY 2018, and OSEP accepts that revision.

## 14 - 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.

## 14 - State Attachments



Kentucky FFY2018  
Indicator 14 survey.r

## Indicator 15: Resolution Sessions

### Instructions and Measurement

**Monitoring Priority:** Effective General Supervision Part B / General Supervision

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

#### Data Source

Data collected under section 618 of the IDEA (IDEA Part B Dispute Resolution Survey in the EDFacts Metadata and Process System (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 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1 Number of resolution sessions	26
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/11/2019	3.1(a) Number resolution sessions resolved through settlement agreements	9

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 Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

#### Historical Data

Baseline	2005	2013	2014	2015	2016	2017
Target >=						70.00% - 80.00%
Data	33.33%	16.67%	44.44%	82.35%	45.45%	

**Targets**

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	70.00%	80.00%	70.00%	80.00%

**FFY 2018 SPP/APR Data**

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
9	26	45.45%	70.00%	80.00%	34.62%	Did Not Meet Target	Slippage

**Provide reasons for slippage, if applicable**

Kentucky's percentage of resolution sessions did not meet the target for Indicator 16 for FFY 2018. Kentucky also exhibited slippage on this indicator. There were three hearings involving the same student. None of the resolution sessions regarding the student came to resolution. Kentucky is seeing a trend across FFY2017 and FFY2018 of parties possibly being willing to invest more time to cooperatively resolve their issues of dispute prior to convening a due process hearing, but are not reaching settlement agreements prior to the end of the fiscal year. The KDE plans to delve further into the reasons for this and will work to increase the rates of settlement agreements.

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

**15 - Prior FFY Required Actions**

None

**15 - OSEP Response**

The State provided targets for FFY 2019 for this indicator, and OSEP accepts those targets.

**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)(i)) divided by 2.1 times 100.

#### Instructions

Sampling is not allowed.

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

States are not required to establish baseline or targets if the number of 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 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1 Mediations held	9
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	2.1.a.i Mediations agreements related to due process complaints	6
SY 2018-19 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/11/2019	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 Office of Special Education and Early Learning (OSEEL) at the Kentucky Department of Education (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. The SACEC members have made an intentional effort to schedule open forum meetings that will be more convenient for parents and families to attend. For example, the February 2020 meeting is in conjunction with the annual Arc of Kentucky Conference. The Arc of Kentucky is the largest volunteer organization in the state. It is a grassroots organization that was formed in 1955 by a group of parents. The group advocates for the rights and full participation of children and adults with intellectual and developmental disabilities. The open forum held during the Arc of Kentucky Conference yielded a large turnout of family participation. 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 State Systemic Improvement Plan (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/APR outcome indicators.

#### Historical Data

Baseline	2005	66.00%			
<b>FFY</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Target >=					61.00% - 85.00%
Data	75.00%	85.71%	40.00%	37.50%	66.67%

**Targets**

FFY	2018 (low)	2018 (high)	2019 (low)	2019 (high)
Target	61.00%	85.00%	61.00%	85.00%

**FFY 2018 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 2017 Data	FFY 2018 Target (low)	FFY 2018 Target (high)	FFY 2018 Data	Status	Slippage
6	3	9	66.67%	61.00%	85.00%	100.00%	Met Target	No Slippage

Provide additional information about this indicator (optional)

**16 - Prior FFY Required Actions**

None

**16 - OSEP Response**

The State reported fewer than ten mediations held in FFY 2018. The State is not required to meet its targets until any fiscal year in which ten or more mediations were held.

**16 - Required Actions**

**Indicator 17: State Systemic Improvement Plan**



Kentucky SSIP  
Phase III--4 Final.pdf

## **Overall State Attachments**

The State did not submit 508 compliant attachments. Non-compliant attachments will be made available by the State.

## **Certification**

### **Instructions**

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

#### **Certify**

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

#### **Select the certifier's role:**

Designated by the Chief State School Officer to certify

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

#### **Name:**

Carol Ann Morrison

#### **Title:**

KBE/KDE Academic Education Program Manager

#### **Email:**

carol.morrison@education.ky.gov

#### **Phone:**

502-564-4970 ext. 4123

#### **Submitted on:**

04/30/20 4:26:19 PM

**ED Attachments**



KY-B Dispute  
Resolution 2018-19.



KY-2020DataRubricP  
artB.pdf



2020 HTDMD Part  
B.pdf



KY-aprltr-2020b.pdf



ky-resultsmatrix-202  
0b.pdf