

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2023**

Kentucky



PART B DUE February 3, 2025

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

The Kentucky Department of Education (KDE) presents the State Performance Plan and Annual Performance Report (SPP/APR) for Kentucky's federal fiscal year (FFY) 2023. Under the Individuals with Disabilities Education Act (IDEA) of 2004, state education agencies (SEAs) are required to ensure that education programs across the state provide all students with disabilities access to a free appropriate public education (FAPE). The KDE's Office of Special Education and Early Learning (OSEEL) is tasked with monitoring compliance with both federal and state IDEA requirements (20 U.S.C. Sec. 1400), with a primary emphasis on improving educational outcomes and functional results for students with disabilities. This annual report provides an update on the SEA's performance as well as that of each local education agency (LEA) in meeting the requirements of the IDEA for FFY 2023.

OSEEL is dedicated to providing the necessary support and technical assistance to LEAs to ensure that students with disabilities have the resources and opportunities to pursue successful futures. In alignment with this mission, OSEEL has established the following North Star priorities:

Bridging Preschool to Kindergarten
Effective Instruction
Programmatic and Fiscal Responsibilities
Parents and Families
Attract, Recruit and Retain
Discipline Practices
Access for All
Stakeholder Engagement

Additional information related to data collection and reporting

The Kentucky School for the Blind (KSB) and the Kentucky School for the Deaf (KSD) are LEAs within Kentucky. However, the funding for these state schools is separate from other LEAs. For FFY 2023 Kentucky had 175 LEAs including the KSB and the KSD.

Number of Districts in your State/Territory during reporting year

175

General Supervision System:

The systems that are in place to ensure that the IDEA Part B requirements are met (e.g., integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; policies, procedures, and practices resulting in effective implementation; and improvement, correction, incentives, and sanctions). Include a description of all the mechanisms the State uses to identify and verify correction of noncompliance and improve results. This should include, but not be limited to, State monitoring, State database/data system, dispute resolution, fiscal management systems as well as other mechanisms through which the State is able to determine compliance and/or issue written findings of noncompliance. The State should include the following elements:

Describe the process the State uses to select LEAs for monitoring, the schedule, and number of LEAs monitored per year.

The KDE's OSEEL conducts a comprehensive system of monitoring to identify and address noncompliance at the individual student and systemic levels, including integrated monitoring activities; data on processes and results; the SPP/APR; fiscal management; dispute resolution, policies, procedures and practices; and improvement, correction, incentives and sanctions. All LEAs in Kentucky undergo annual monitoring through LEA Annual Determinations, SPP/APR Compliance Indicator reviews and a risk assessment that includes factors related to all federal programs.

Integrated Monitoring Activities-

The KDE uses a monitoring system called Differentiated Monitoring and Tiered Engagement (DMTE) to meet IDEA's general supervision requirements. This system incorporates a tiered support structure, with universal engagement for all LEAs, and differentiated levels of monitoring and assistance tailored to the specific needs of each LEA.

Tier 1 – Universal: Statewide resources and support available to all LEAs.

Tier 2 – Targeted: Personalized assistance for LEAs showing noncompliance in self-assessments, SPP/APR indicator desk reviews or issues identified in participation decisions for alternate assessment aligned with alternate academic achievement standards (AA-AAAS).

Tier 3 – Intensive: Focused engagement with a select group of LEAs, facilitated through processes such as Risk-Focused Monitoring (RFM), Comprehensive Special Education Reviews, Kentucky Educational Collaborative for State Agency Children (KECSAC), Correctional Facilities Monitoring, and management and fiscal reviews.

RFM is a key component of the DMTE system, developed by the KDE's OSEEL to meet IDEA's general supervision requirement. This process is risk-based, cyclical and individualized, incorporating desk reviews, on-site monitoring and the Corrective Action Plan (CAP) process when noncompliance is identified. Using data from LEA Annual Determinations and a Risk Assessment Rubric, KDE determines each LEA's risk level and tailors the monitoring focus to address specific needs and concerns. RFM activities occur throughout the school year.

The Risk Assessment Rubric evaluates factors such as:

- Percentage of students receiving special education services
- Timely and accurate IDEA data submissions
- Formal written complaints substantiating noncompliance
- Experience of Directors of Special Education (DoSE)
- Incidents of Significant Disproportionality under IDEA
- Performance on Indicators 4A, 5A, 6A, 7, 8 and 14C

Bonus points are awarded in four areas to reduce an LEA's risk level:

- Timely, approvable submission of Grant Management Application and Planning (GMAP)
- Participation in the first-year DoSE Mentorship through OSEEL GUIDES
- Engagement in the Transformation Zone (TZ) for the State Systemic Improvement Plan (SSIP)
- Receiving a "Meets Requirements" rating for LEA Annual Determinations for the last five years

These data points help the KDE identify LEAs for RFM, focused on each LEA's specific risk factors. The risk assessment rubric is available at (<https://www.education.ky.gov/specialed/excep/forms/Documents/FinalRiskAssessmentRubric.pdf>).

SPP/APR compliance Indicator Desk Reviews-

For Indicators 11, 12 and 13, all LEAs review their data for compliance and submit self-reported data to KDE. The KDE randomly reviews student records for 10% of LEAs that report 100% compliance using an online randomizer. KDE does not conduct desk reviews for LEAs that self-report noncompliance with Indicators 11, 12 or 13. Instead, KDE validates the self-reported data by reviewing the noncompliant student records reported by the LEA for any anomalies. Once verified, the KDE then issues a report to the LEA based on the self-reported noncompliance, requires a CAP and provides technical assistance and support to the LEA.

For Indicators 4A, 4B, 9 and 10, KDE conducts desk reviews through a two-step review process involving LEAs' Section 618 Part B data. The data manager analyzes Section 618 discipline data for students with disabilities and December 1 Child Count to determine if LEAs' data for Indicators 4B, 9 and 10 meet the definition of significant discrepancy (4A and 4B) or disproportionate representation (9 and 10). Depending on the indicator, the data manager calculates each LEA's data for significant discrepancy or disproportionate representation. KDE then conducts desk reviews for the LEAs whose data indicate significant discrepancy or disproportionate representation.

Beyond the SPP/APR indicators, the KDE has additional monitoring activities within its general supervision system:

Comprehensive Special Education Reviews- a differentiated monitoring process conducted when exceptional concerns arise. It includes desk reviews and on-site visits for a holistic review of IDEA implementation. If noncompliance is identified, KDE requires a CAP and provides technical assistance to the local school district. KDE may be notified in several ways (mail, email, phone calls) of credible allegations of significant IDEA-related concerns.

Management Audits- The Office of Continuous Improvement and Support (OCIS) at KDE conducts management audits per 703 KAR 3:205. KDE may initiate an audit of any LEA to investigate compliance with state and federal statutes, regulations and local policies. OSEEL accompanies OCIS staff to conduct the IDEA portion of the management audit.

KECSAC and Correctional Facilities Reviews (including Department of Juvenile Justice (DJJ) and Department of Adult Corrections)- the Commonwealth annually provides services to state agency children, which include the DJJ, the Department for Community Based Services and the Department for Behavioral Health, Developmental and Intellectual Disabilities. These departments operate, fund or contract services from a variety of programs including residential facilities, group homes and day treatment centers. State agency children also reside in private childcare and mental health programs operated by child welfare agencies and organizations. KECSAC and correctional facilities monitoring is a cyclical process used by KDE to meet IDEA's general supervision requirement, providing technical assistance and support through desk reviews, on-site monitoring and the CAP process when noncompliance is found.

Fiscal Reviews- The KDE has monitoring responsibilities with respect to LEAs, both before and after it approves applications for funds under Part B of the IDEA. Prior to an LEA having an application for IDEA funds approved, KDE must determine that the LEA is an eligible recipient of an IDEA subgrant. When an LEA's application under the IDEA is approved, KDE must provide general supervision, including fiscal oversight. The process for fiscal reviews is documented in the OSEEL IDEA Fiscal Monitoring Manual at (https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/OSEEL_IDEA_Fiscal_Monitoring_Manual_2023.pdf).

LEA Annual Determinations- The KDE's process for making LEA Annual Determinations is explained in depth in the section below as well as at (https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/LEA_Ann_Det.aspx).

Dispute Resolution- Kentucky offers several mechanisms for resolving disputes between parents of students with disabilities and LEAs. The KDE's OSEEL investigates formal written complaints and collaborates with the KDE's Office of Legal Services (OLS) to handle due process hearings, expedited hearings and mediation. For more information, visit (https://education.ky.gov/specialed/excep/Pages/Dispute_Resolution_Process.aspx).

The KDE's monitoring activities are documented in the DMTE monitoring manual at (<https://education.ky.gov/specialed/excep/forms/Documents/DMTEManual.pdf>).

Describe how student files are chosen, including the number of student files that are selected, as part of the State's process for determining an LEA's compliance with IDEA requirements and verifying the LEA's correction of any identified compliance.

The number of student IDEA records to be reviewed for each LEA is based on the following criteria:

Total LEA Child Count in Focus Area Student Records to Review

100 or fewer.....Minimum of 10 (all files reviewed if there are less than 10)
101 or more.....10% up to 50

The number of files randomly identified for review by the KDE may be adjusted based on the LEA size and the nature of monitoring conducted. This adjustment could mean selecting more files, 10% up to 100, depending on the child count in the specific area of focus.

To document the LEA has corrected student level noncompliance KDE reviews all corrected student records to ensure compliance. To ensure the LEA achieved systemic compliance, KDE reviews additional student records. This is called a review of updated data. The individual student records are randomly selected for a review of updated data using an online randomizer. For FFY 2022, the number of additional student records selected for review was based on the following criteria:

Level of Compliance per Issue*	Number of Identified IDEA Students in areas reviewed	Number of Updated Student Records to Review
100%.....	N/A.....	0
90-100%.....	100 or fewer.....	5

101-1,000.....	10
1,001 or more.....	20
0-89%.....100 or fewer.....	10
101-1,000.....	20
1,001 or more.....	30

Based on stakeholder feedback, KDE is revising its process for reviewing additional records related to noncompliance identified in FFY 2023. The verification of corrective actions for noncompliance found in FFY 2023 will be included in the FFY 2024 APR. The number of additional files to be reviewed will be determined according to the criteria outlined below:

Level of Compliance per Issue* Number of Additional Student Records to Review

100%.....	N/A
90%-99.99%.....	1/4 the number of original student records reviewed
50%-89.99%.....	1/3 the number of original student records reviewed
0%-49.99%.....	1/2 the number of original student records reviewed

* Note: "Issue" refers to areas of concern and not each individual item marked "NO" during a record review. For example, Blue County School District has:

-Child Count of 595 students; and

-Fifty student IEPs reviewed for the Office of Special Education Programs (OSEP) Related Requirements pertaining to suspensions and expulsions, 39 IEPs were found in compliance, resulting in a compliance rate of 39/50 or 78%.

-In this scenario, once corrections were verified for the 11 noncompliant student records, Blue County would have to submit an additional 17 student records and be verified as 100% compliant before the LEA's CAP could be closed. If any of the 17 records are still not in compliance, the LEA must ensure each student specific violation of the IDEA has been corrected. Additional records must then be submitted. This process continues until all records submitted are verified by the CAP lead as 100% compliant in the areas originally cited for noncompliance.

If any student record is found noncompliant during the review of updated data, the LEA will be required to correct the noncompliance before the CAP can be closed. The KDE will require the LEA to submit additional student records. All student records submitted according to the table above must be verified at 100% compliant in the areas originally cited before the CAP can be closed.

Describe the data system(s) the State uses to collect monitoring and SPP/APR data, and the period from which records are reviewed.

The state utilizes a statewide student information system, Infinite Campus (IC), to manage and track student data. All LEAs are required to enter data into IC, which is then extracted, reviewed and analyzed. This process helps identify areas of concern, as well as areas showing improved results and functional outcomes. When data analysis indicates a potential issue, the KDE conducts a more in-depth review of LEA policies, procedures and practices to determine whether there is noncompliance. Additionally, data from IC are used across KDE's monitoring activities.

To ensure consistency and accuracy in data entry statewide, the KDE enforces data standardization practices. These standards establish clear procedures for entering data across different student databases, ensuring comparability and consistency. Specifically, the data standards for students with disabilities guide LEAs on how to properly enter data into Kentucky's student information system via the IC platform. These standards include detailed screenshots and explanations of the required data elements for state and federal reporting purposes. Kentucky's data standards align with the Federal Reporting Requirements under Section 618 of IDEA. They cover essential data collection areas, including Child Count, the Special Education Exit Report, the Special Education Behavior/Safe Schools Report and the SPP/APR. Kentucky's data standards are available at (https://education.ky.gov/districts/tech/sis/Documents/Standard-Special_Education-Processes.pdf).

The period for monitoring activities and SPP/APR data in which records are reviewed is a school year (July 1-June 30). Indicators 1, 2, 4A and 4B use lag year data.

Indicators 1 and 2- Data for graduation and dropout comes from EDFacts file submission FS009.

Indicator 3 and 17- Data for statewide assessment including Kentucky's SSIP comes from:

3A- EDFacts file specifications C185 and 188

3B, 3C and 3D-EDFacts file specifications C175 and 178

Indicators 4A and 4B- Data for suspension and expulsion comes from EDFacts file submission FS006. Additionally, EDFacts FS002 and FS089 are used to determine the denominator (total number of all students with disabilities ages 3-21). The Part B data manager reviews Section 618 discipline data for students with disabilities and the IDEA December 1 Child Count to assess whether the data for Indicators 4A and 4B show a significant discrepancy. The data manager calculates each LEA's data to identify any significant discrepancies. If an LEA's data indicates a significant discrepancy, the KDE then conducts desk reviews using student records from IC.

Indicator 5- Data on educational environments for school age students comes from EDFacts file submission FS002.

Indicator 6- Data on preschool environments comes from EDFacts file submission FS089.

Indicator 7- Data on preschool outcomes is extracted from the Child Outcomes Summary (COS) from IC by the 619 coordinator. It contains entry and exit data for preschool students with disabilities.

Indicator 8- The KDE contracts with the University of Kentucky's Human Development Institute (HDI) to collect data for Indicator 8. The Indicator 8 parent survey is open from January- June and can be viewed on the HDI's Kentucky Post School Outcomes Center (KYP SO) website at (https://www.kypso.org/?doing_wp_cron=1667400788.3261990547180175781250). Once the survey window closes, HDI provides KDE with an Indicator 8 report which is used for reporting in the SPP/APR.

Indicators 9 and 10- Data for disproportionate representation comes from EdFacts file submission FS002 and FS052. The Part B data manager reviews and calculates the data for each LEA to assess whether disproportionate representation exists for Indicators 9 and 10. If an LEA's data indicates disproportionate representation, the KDE then conducts desk reviews using student records from IC.

Indicators 11, 12 and 13- Data for child find, early childhood transition and secondary transition is self-reported by LEAs to KDE. The KDE reviews and validates the self-reported data using the statewide student information system, IC, by randomly reviewing student records for 10% of LEAs that report 100% compliance.

Indicator 14- The KDE contracts with the (KYPSO) to collect data for Indicator 14. The Part B Data Manager sends data on students who exited special education ages 14-21 to KYPSO. The data collection window for Indicator 14 is open April-August. Once all data is collected, KYPSO sends a final report to KDE for reporting in the SPP/APR.

Indicators 15 and 16- Data on dispute resolution and mediation is collected under Section 618 of the IDEA by KDE. The OLS provides data logs to the OSEEL, which then compiles the data into spreadsheets. These completed spreadsheets are submitted to the Part B Data Manager for review and final submission.

Describe how the State issues findings: by number of instances or by LEAs.

The state issues findings based on LEAs.

If applicable, describe the adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

The state does not allow pre-finding corrections.

Describe the State's system of graduated and progressive sanctions to ensure the correction of identified noncompliance and to address areas in need of improvement, used as necessary and consistent with IDEA Part B's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

Through Kentucky's monitoring system, the state identifies instances of noncompliance within its LEAs, leading to the development of CAPs. These CAPs are designed to address noncompliance and enhance outcomes for students with disabilities. Should a district exceed the required one-year timeline for CAP closure, the KDE will refer to 707 KAR 1:380, Sections 3 and 4 for next steps for possible sanctions. KDE will provide support including consultation, training and technical assistance no less than monthly through a CAP meeting with the LEA. Required attendees will include the Division of IDEA Monitoring and Results (DIMR) director or assistant director, the DIMR branch manager, the CAP lead, the LEA's DoSE or designee and any other personnel as determined by the DIMR director or LEA DoSE. When sanctions are deemed necessary, the KDE applies them consistently across LEAs, in accordance with the provisions outlined in 707 KAR 1:380, Sections 3 and 4, available at (<https://apps.legislature.ky.gov/law/kar/707/001/380.pdf>).

Causes of Sanctions-

The KDE shall employ progressive sanctions until compliance is achieved, if an LEA:

- Fails to comply with a CAP, including not implementing the activities in an approved CAP;
- Fails to comply with the final decision in a complaint investigation after appeals have been exhausted, or the decision of a due process hearing officer or the Exceptional Children Appeals Board that has become final after appeal rights have been exhausted;
- Fails to manage the special education program in compliance with state and federal law;
- Fails to manage funds in compliance with state and federal law;
- Obtains funds through deception including falsifying application information for the purpose of obtaining funds; or
- Has been brought before a court of competent jurisdiction and found in noncompliance with state and federal special education requirements after appeal rights have been exhausted.

Sanctions-

1. The KDE shall employ intensive assistance for at least a two-year period, including providing consultation, training and technical assistance, or assigning a special education mentor, to remedy deficiencies and obtain voluntary compliance before imposing sanctions beyond a CAP.
2. The KDE shall employ less severe sanctions before more severe sanctions until the LEA is in compliance. Progressive sanctions may include the following:
 - a. Conditional approval of IDEA funds. If verifiable progress is not made in implementing a CAP, conditional funding shall be imposed. Conditions and timelines for continuing to receive IDEA funds shall be stated in the application approval letter or an attachment. Conditional funding may be employed for more than one year before imposing the next sanction, unless the LEA fails or refuses to meet the conditions or timelines. This sanction shall be lifted when the KDE verifies compliance;
 - b. Withholding of payments of IDEA funds. If an LEA fails or refuses to meet the conditions or timelines in the conditional approval letter, IDEA funds may be withheld by the KDE. The KDE shall make no further payments to the LEA until it verifies that compliance has been achieved. If the LEA makes no effort to correct the deficiency within sixty calendar days of withholding of IDEA funds, further sanctions may be imposed pursuant to appropriate provisions in KRS 156.132. Withholding shall remain in effect during the pendency of any additional sanctions;
 - c. Withholding of Support Education Excellence in Kentucky (SEEK) add-on funds. SEEK add-on funds for exceptional children shall be withheld in trust as required in KRS 157.224. This sanction shall be lifted when the KDE verifies compliance with substantive special education requirements; or
 - d. Other actions available under state and federal law shall be employed as circumstances warrant.
3. The KDE may conduct an off-site or on-site review to validate compliance.

KRS 156.265 authorizes the State Committee for School District Audits (SCSDA) to conduct audits of the financial records of Kentucky's local boards of education. The audits must be performed by a certified public accountant, approved by the SCSDA and conducted according to current auditing standards. The SCSDA requires all local boards to have an annual audit of the financial records and accounts under the board's control. In addition, the Office of Management and Budget Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards sets forth cost principles and standards for determining the allowable costs of federally funded grants and contracts administered by the state and local governments and contains provisions for determining indirect cost rates for grantees and subgrantees of federal grants.

The KDE's Office of Financial Operations (OFO) tracks and manages federal title funds for the agency. The KDE's OSEEL and OFO work collaboratively. The KDE takes additional steps to provide sound fiscal management and oversight of the IDEA funds received by the state. For the state share of IDEA funds, both for administrative purposes and other state-level activities, the KDE organizes regular reconciliation meetings with the OSEEL and OFO to monitor the expenditure of these funds throughout the period of availability. The OSEEL and OFO reconcile funds for each area of expenditure. Staff from both offices ensure the funds are spent appropriately, timely and as budgeted. For a complete outline of the KDE's fiscal management including monitoring policies and procedures, identification of noncompliance and corrections of noncompliance see the IDEA Fiscal

Monitoring Manual at
(https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/OSEEL_IDEA_Fiscal_Monitoring_Manual_2023.pdf).

Describe how the State makes annual determinations of LEA performance, including the criteria the State uses and the schedule for notifying LEAs of their determinations. If the determinations are made public, include a web link for the most recent determinations.

All LEAs are notified of their annual determinations by June 30. The KDE does not publicly post LEA determinations.

The KDE makes LEA determinations using the same categories as the OSEP:

- Meets Requirements
- Needs Assistance
- Needs Intervention
- Needs Substantial Intervention

The KDE evaluates LEAs based on the following measures:

- Indicators 1, 2, 4B, 9, 10, 11, 12 and 13
- Participation in statewide Kentucky Summative Assessment (KSA) (4th and 8th grade Math and Reading)
- Performance on KSA (8th grade Math)
- On-site monitoring visits
- Persistent Failure or Not Able to Comply

Persistent Failure to Comply or Not Able to Comply takes precedence in the LEA determinations process. This could result in a status of either No Finding or Needs Substantial Intervention (NSI). A No Finding status means the LEA's determination will depend on other factors, while an NSI status indicates significant intervention is needed due to ongoing or severe noncompliance.

Noncompliance identified during an on-site monitoring visit can lead to a score of 1 or 3, or a determination that the LEA fails to meet program requirements. The severity and frequency of noncompliance affect the score, which is combined with other category scores to determine the LEA's Final Determination.

LEAs are evaluated in three key categories:

- Indicators: LEAs receive a cumulative score of 0 to 8 based on how many state targets they meet. If four or more indicators fail to meet targets, the LEA is considered to have not met program requirements.
- Outcomes: LEAs are scored from 0 to 2 based on their success in having students with disabilities participate in and perform on statewide assessments. The scores for participation and performance are combined to create an overall outcome score.
- On-Site Monitoring: LEAs with noncompliance or unresolved CAPs may receive a score of 1 or 3 or a specific determination depending on the issues found during the monitoring visit.

Scoring and Final Determination:

If an LEA's total score across these categories is 4 or more, it fails to meet program requirements. If the total score is less than 4, the LEA meets requirements. For LEAs that fail to meet requirements, the Final Determination is based on the previous year's status. This may escalate through levels such as Needs Assistance (NA1, NA2) or Needs Intervention (NI1, NI2, NI3) if noncompliance continues. The KDE LEA Determinations scoring guide can be located at (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/KyDeterProcess.pdf>).

Persistent failure to comply is evaluated separately from the rubric. If an LEA is identified as having Persistent Failure to Comply or Not Able to Comply, it will automatically receive a Final Determination of NSI, regardless of their overall score.

The scoring rubric ranges from 0 to 13 points. A cumulative score of 4 or more indicates the LEA has failed to meet program requirements, which could result in a determination of Needs Assistance, Needs Intervention or Needs Substantial Intervention. This process ensures that LEAs are held accountable for meeting special education requirements, with increasing levels of intervention depending on the severity and persistence of noncompliance.

Summary of LEA Determinations:

Meets Requirements (MEETS)- LEA scores between 0 and 3 on the Determination Scoring Rubric.

Needs Assistance (NA)- LEA scores 4 or more on the Determination Scoring Rubric. If it's the first year scoring 4 or more, the determination is NA1. For the second consecutive year of failing to score MEETS, the determination is NA2.

Needs Intervention (NI)- LEA scores 4 or more on the Determination Scoring Rubric. If it's the third consecutive year of failing to meet the MEETS criteria (with a prior NA2), the determination is NI1. The fourth consecutive year leads to NI2, and the fifth consecutive year results in NI3. An LEA may maintain NI3 for multiple years if they are actively working to improve performance.

Needs Substantial Intervention (NSI)

-If the LEA scores 4 or more on the Determination Scoring Rubric for six consecutive years without meeting the MEETS standard (or has a prior NI3 determination), the LEA may receive an NSI determination, unless the Associate Commissioner of OSEEL finds that sufficient progress is being made; or

- If the LEA is found to meet the criteria for Persistent Failure to Comply/Not Able to Comply, it will receive an NSI determination.

Additional Factors:

-On-site monitoring- an LEA can receive an NSI determination based on the results of an on-site monitoring visit, even if the LEA's score on the Determination Scoring Rubric is lower. Noncompliance identified during the visit could lead to MEETS, NA, NI or NSI, depending on the severity and number of non-compliance areas found.

- Persistent Failure to Comply- if the LEA is found to be in Persistent Failure to Comply, regardless of their rubric score, the NSI determination will apply.

Additional information about Kentucky's Annual Determinations process can be found at
(https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/LEA_Ann_Det.aspx)

Provide the web link to information about the State's general supervision policies, procedures, and process that is made available to the public.

<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/default.aspx>

Technical Assistance System:

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

The KDE relies on its Special Education Technical Assistance Network to support efforts aimed at building the capacity of LEAs to effectively serve students who receive special education and related services. Annually, under Part B of the IDEA, the U.S. Department of Education (USED) allocates federal funds to states through Section 611 (Grants to States) and Section 619 (Preschool). States, in turn, allocate a significant portion of these funds to LEAs, with smaller portions directed to "Other Activities" as outlined by IDEA. The KDE uses these "Other Activities" funds to support a statewide network of technical assistance (TA) providers. Kentucky's TA network assists LEAs in expanding and improving local programs and services to enhance student performance and outcomes. A complete list of TA providers can be found on the KDE website at (<https://education.ky.gov/specialed/Pages/techassist.aspx>).

As part of this statewide TA network, the KDE coordinates support through nine Special Education Regional Technical Assistance Centers (SERTACs) and five early childhood Regional Training Centers (RTCs), all strategically located across the state. These centers provide professional development and specialized instructional support to Kentucky's LEAs.

The SERTACs focus on improving educational opportunities and outcomes for students with disabilities by offering regional leadership and specialized services. They work in close collaboration with the KDE, LEAs, institutions of higher education and other service providers. In addition to their direct support for LEAs, the SERTACs serve as regional forums for collaboration, where educators can access a wide array of support services and innovative practices designed to benefit students with disabilities. Consultants at the SERTACs provide expertise in areas such as literacy, mathematics and behavior, helping build LEA capacity and supporting teachers working with students with disabilities.

All of Kentucky's LEAs are eligible to receive TA services from the SERTACs at no cost. These services are designed to align with KDE initiatives and fulfill federal IDEA requirements, as well as priorities set by OSEP.

The early childhood RTCs provide specialized services for early childhood programs, including regional training, on-site consultations and access to a lending library of materials. They also host annual statewide and regional collaborative institutes. These centers are committed to promoting high-quality learning environments and continuous quality improvement for children with disabilities in state-funded preschool settings.

Additional details about Kentucky's SERTACs and RTCs can be found at (<https://www.education.ky.gov/specialed/Pages/techassist.aspx>).

Kentucky's SSIP focuses on supporting educators in the implementation of evidence-based math practices and Positive Behavioral Interventions and Supports (PBIS). Using the Active Implementation Frameworks (AIF), the SSIP centers on creating systems of support to address achievement gaps and improve math outcomes for students with disabilities. Through the SSIP, the KDE collaborates with SERTACs in select LEAs, known as Transformation Zones (TZs). These regions use continuous improvement cycles to assist participating LEAs in achieving the goals outlined in Kentucky's State-identified Measurable Result (SiMR).

To support a wide range of stakeholders, the KDE develops, maintains and updates resources designed to improve understanding, implementation and compliance with IDEA. The KDE provides a variety of publications and guidance materials for stakeholders, helping them navigate the intricacies of special education services.

The most recent monitoring guidance, including the updated Compliance Record Review, is available on the KDE website at (https://www.education.ky.gov/specialed/excep/forms/Documents/Compliance_Record_Review.pdf). This guidance assists LEAs in conducting accurate student record reviews.

Through its monitoring efforts, the KDE emphasizes the continuous improvement of Individual Education Programs (IEPs). To support this goal, the KDE has developed guidance documents on key topics, including evaluation and eligibility, alternate assessment, English Learners (ELs) qualifying for special education services and assistive technology. The KDE also offers guidance on special transportation, IEP progress monitoring, specially designed instruction (SDI) and related services. These resources are available at (<https://www.education.ky.gov/specialed/excep/GuidanceResources/Pages/default.aspx>).

In addition, the KDE partners with the University of Kentucky's HDI to provide TA to LEAs through web-based training on determining and documenting participation in the AA-AAAS. The KDE's guidance on AA-AAAS participation can be found at (<https://www.education.ky.gov/specialed/excep/GuidanceResources/Pages/kyaltassesspartwaiver.aspx>).

The KDE also collaborates with HDI on Indicators 8 and 14. For Indicator 8, HDI develops the parent survey and analyzes the responses, providing the KDE with the data required for reporting. For Indicator 14, KYPSO, a department within HDI, manages the Youth One Year Out (YOYO) Former Student Interview. KYPSO gathers data from Kentucky's LEAs regarding secondary transition programs and practices and provides Indicator 14 data to the KDE. Additional information about KYPSO can be found at (<https://www.kypso.org/>).

Professional Development System:

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

In FFY 2022, Kentucky received a new State Personnel Development Grant (SPDG), a five-year competitive grant awarded by the OSEP that Kentucky has received since the late 1990s. The current SPDG, KY Transition 360 for Educators, is designed to enhance the capacity of education professionals to improve post-school outcomes for students with disabilities. This is achieved through a professional development program focused on building expertise in postsecondary transition. Key partners in this initiative include Kentucky's Parent Training and Information Center, Kentucky Special Parent Involvement Network (KY-SPIN), the National Technical Assistance Center on Transition: Transition Collaborative and personnel from Morehead University, Murray State University and Western Kentucky University. The overarching goal of the SPDG is to enhance the quality of transition programs for students with disabilities across Kentucky's LEAs. This will be achieved through multi-tiered professional learning that supports every member of the LEA transition team, tailored to their specific role, in five priority areas: policy and procedure changes, collaborative systems, improving transition planning in IEPs, developing student skills and enhancing career development opportunities for students.

In 2020, the KDE was awarded the Kentucky Leading, Educating, Advocating for Directors of Special Education (LEADS) grant. In partnership with the KDE, Kentucky's Part C Early Intervention Services, Morehead State University, Western Kentucky University, Murray State University and KY-SPIN, Kentucky's LEADS Academy has been working toward three primary goals:

1. Recruit – Increase the number of individuals who attain the state's initial Advanced Educational Leader/Director of Special Education (DoSE) certification to ensure a steady pipeline of qualified candidates to serve as leaders at the state, regional and local levels, promoting high expectations

and improving early childhood outcomes for children with disabilities and their families.

2. Retain – Increase and support the retention of individuals in roles involving the supervision, direction, administration or coordination of special education programs who have achieved the state's highest level of Advanced Educational Leader/DoSE certification.

3. Increase Capacity – Expand and strengthen the existing state network to ensure that leaders at all levels—state, regional and local—have the necessary knowledge, skills and resources to improve outcomes for children with disabilities and their families through the systems that serve them.

The KDE's OSEEL offers the Special Ed Connection to all LEAs across the state at no cost. Special Ed Connection is an online resource that provides guidance on special education challenges, including updates on education policy and legal developments.

Additionally, OSEEL introduced a foundational cohort for the Language Essentials for Teachers of Reading and Spelling (LETRS) program aimed at early childhood special educators. LETRS for Early Childhood Educators provides professional learning on effective strategies for teaching the foundational skills required for reading. These strategies support not only young students but also those with unique developmental learning needs. Special educators gain a deeper understanding of the essential skills for literacy development and learn how to support students with disabilities in areas such as oral language, phonological awareness and print knowledge through developmentally appropriate, evidence-based routines and instruction. This professional development empowers special educators with the "how" and "why" of foundational literacy instruction.

The OSEEL at KDE organizes a DoSE Institute every two years. The OSEEL invites all DoSEs and preschool coordinators statewide to attend this two-day conference. The event offers an opportunity for state special education leaders to network and engage in professional learning. Sessions, both large group and breakout, are designed based on feedback from stakeholders and technical assistance data collected by OSEEL. The most recent DoSE Institute featured sessions on topics such as the SPP/APR, IEP development, Kentucky state-funded preschool, Child Find, Evaluation and Eligibility, Universal Design for Learning (UDL), strategies for increasing family engagement, Career and Technical Education (CTE), IDEA spending, CAP development and twice-exceptional students. These sessions are recorded and posted on the KDE website for future use. The latest recordings can be found at (<https://www.education.ky.gov/specialed/Pages/DOSE2019.aspx>).

Stakeholder Engagement:

The mechanisms for broad stakeholder engagement, including activities carried out to obtain input from, and build the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To

ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

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

YES

Number of Parent Members:

7

Parent Members Engagement:

Describe how the parent members of the State Advisory Panel, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.

In FFY 2023, the KDE focused on identifying improvement strategies by collecting data from parent/guardian communication logs (including phone calls and emails) on a monthly basis. This data was analyzed to identify patterns and trends, which revealed a frequent request for further clarification regarding eligibility guidance. In response, the KDE collaborated with KY-SPIN to create additional guidance materials on eligibility, which are now available at (<https://www.education.ky.gov/specialed/excep/GuidanceResources/Pages/evalelig.aspx>).

Additionally, through feedback from stakeholders, communication logs and justification forms submitted by DoSEs, the KDE identified a need for updated parent guidance on Alternate Assessment participation. In response, the KDE developed five informational modules for parents and guardians, covering key topics such as the difference between the regular state assessment and the alternate assessment, completing participation guidelines during IEP meetings, accommodations and modifications, the distinctions between a regular high school diploma and an alternate diploma and participation options for state assessments. The KDE worked with KY-SPIN to review the modules and incorporated their feedback into the final versions. These recorded modules are available for viewing at (<https://www.education.ky.gov/specialed/excep/GuidanceResources/Pages/kyaltassesspartwaiver.aspx>).

The KDE also provided the SAPEC the opportunity to hear about the progress of the SPP/APR and the SSIP. This update included an analysis and evaluation of the data, with SAPEC members given the opportunity to provide feedback during an open public forum. Members were encouraged to ask clarifying questions, suggest improvement strategies and offer input on the indicator data. One key piece of feedback from SAPEC was a request for more detailed guidance on eligibility, specifically regarding students with specific learning disabilities.

At the Kentucky Council for Exceptional Children (CEC) conference, which is attended by many parents from across the state, the KDE presented sessions on topics including IEP development, Career and Technical Education (CTE), SLD guidance, IDEA data collection and family engagement.

Target Setting for FFY 2020-2025-

Parents played a vital role in the target-setting process. Individual parents of students with disabilities, staff from KY-SPIN, and representatives from advocacy organizations participated in stakeholder engagement activities. KY-SPIN worked directly with parents to help facilitate collaboration with the KDE on statewide target-setting efforts. To ensure broad input, parents who could not attend public or virtual forums provided feedback through an online survey. The survey link was shared via email to parents and posted on the KDE's public reporting webpage. Additionally, the KDE sent target-setting information to each LEA's DoSE via the statewide listserv, allowing local directors to solicit further parent feedback. Parent members of Kentucky's SAPEC were also actively engaged in the target-setting process.

Activities to Improve Outcomes for Children with Disabilities:

The activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities.

The KDE has identified an OSEEL educational consultant to collaborate with key stakeholders, including parent groups, the Kentucky Collaborative for Families and Schools (KYCFS), KY-SPIN, LEAs and SERTACs, to enhance response rates and ensure broader representativeness. After reviewing parent participation data, the KDE has recognized the need to strengthen outreach to underrepresented communities, especially Hispanic and Black/African American families, as well as those in the Southeast/South Central and Greater Louisville areas of Kentucky. In partnership with SERTACs, the KDE is developing targeted strategies to increase engagement within these groups and to expand community partnerships. To support these efforts, the KDE has updated the Indicator 8 survey to include additional languages and created a printer-friendly version to make it more accessible to underrepresented families. Additionally, the department began developing an Indicator 8 Data Analysis Protocol tool for LEAs. The purpose of the tool is to assist LEAs in creating an action plan around Indicator 8 data including how to analyze the data for representativeness. The goal of the action plan is to help LEAs promote meaningful family engagement that supports improved outcomes for students with disabilities. Ongoing technical assistance and support are being provided to LEAs, SERTACs and other stakeholders, with specific strategies tailored to address barriers faced by underrepresented regions and racial/ethnic groups throughout the state.

The KDE website offers a Parent and Family Resources section with information on IEP meetings, special education eligibility and training and support opportunities. Many documents are available in Spanish to support Hispanic families. This can be accessed at (<https://www.education.ky.gov/specialed/excep/Pages/FamParRes.aspx>). Additionally, the site features a virtual Parent and Family Toolbox with links to parent organizations in Kentucky, educational resources and family engagement opportunities. Highlights include a focus on equity for multilingual

children, details on the Commonwealth Institute of Parent Leadership (CIPL), information about grants and programs from the U.S. Department of Education (USED) and advisory group opportunities. The Parent and Family Toolbox can be found at (<https://www.education.ky.gov/specialed/excep/Pages/FamParTool.aspx>).

Soliciting Public Input:

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

In FFY 2023, the KDE engaged with stakeholders virtually to reset targets for Indicator 7. The stakeholder group included KY-SPIN who served as a representative for parents across the state. These discussions occurred in the Fall of 2024, once the final data from the COS was available. Stakeholders contributed proposed targets for each of the sub-indicators under Indicator 7. Before finalizing these changes, the proposed adjustments were presented to the SAPEC for review and feedback.

The KDE also maintains ongoing collaboration with the SAPEC to enhance practices for students with disabilities. The SAPEC convenes quarterly to examine data, evaluate the state's progress, identify challenges and explore strategies for improvement. During meetings, SAPEC members are given the opportunity to provide feedback during an open public forum. Members are encouraged to ask clarifying questions and share input. Additionally, SAPEC meetings include a public comment period, providing an opportunity for members of the public to address the committee and offer their input.

To foster direct communication and support, the KDE provided opportunities for SERTACs, RTCs and DoSEs to interact with staff from the KDE's OSEEL. OSEEL liaisons participated in monthly regional meetings, sharing updates, facilitating dialogue between policy and practice and collecting qualitative feedback. This feedback helped identify regional trends, which were then used to shape future guidance, resources and training. Additionally, KDE presented at the KYCASE, where special education administrators, including DoSEs, could take part in small group sessions. These sessions allowed them to ask questions, offer suggestions and request further support.

In FFY 2022, no baseline or targets were reset. Instead, the KDE worked with stakeholders (including parents) to develop new resources for students with hearing impairments (HI) and/or visual impairments (VI). Stakeholders met virtually in the Spring of 2023 to create updated guidance aimed at improving student outcomes.

In FFY 2021, the KDE reset the baseline for Indicator 3. Stakeholder input was gathered through email and an online survey, with engagement activities occurring from August 2022 through January 2023.

For FFY 2020 target-setting, the KDE sought public input through various channels, including virtual stakeholder meetings, virtual and in-person SAPEC meetings and online surveys. Stakeholders included DoSEs, preschool coordinators, teachers, KDE staff and parents. These engagement activities took place between August 2021 and January 2022.

Making Results Available to the Public:

The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.

The KDE annually shares the SPP/APR and indicator data for each LEA publicly on its website. This data is located at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>). Additional publicly reported data can be found at (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/speddatadashboard.aspx>).

The KDE publicizes updated releases with press announcements. Information is disseminated broadly through the TA Network including the SERTACs and RTCs. In addition, the KDE communicates improvement strategies, data analysis and timelines through a variety of communications including a weekly email update titled News You Can Use and a quarterly OSEEL newsletter sent out via a listserv to all stakeholders.

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

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

Reporting to the Public

How and where the State reported to the public on the FFY 2022 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 2022 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The KDE publicly reports the performance of Kentucky LEAs on the SPP/APR targets on its website. For more information regarding statewide Section 618 data, the SPP/APR and Kentucky's IDEA Part B State Application, please visit (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>). Additional information on LEA's performance on SPP/APR targets can be found at (<https://kystats.ky.gov/Latest/SPEDIndicator>).

The KDE also publicly reports the state summative assessment results for all students, including students participating in the alternate assessment aligned with the AA-AAAS. These data are publicly reported as required by OSEP at (https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/FFY23_Public_Reporting_Instructions_For_OSEP.pdf)

This explains how to view and navigate the participation data posted on OSEEL's Public Reporting page (https://www.education.ky.gov/_layouts/download.aspx?SourceUrl=https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/FFY2023_Assessment_Participation_For_SWDs.xlsx) and how to review the performance data for regular assessment and alternate assessment in Kentucky's School Report Card (<https://reportcard.kyschools.us/>).

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

Intro - Prior FFY Required Actions

None

Intro - OSEP Response

OSEP notes that in its description of how it makes annual determinations of LEA performance, the State did not include all the factors that must be considered when making annual determinations, consistent with OSEP's QA 23-01. Specifically, the State did not include: valid, reliable and timely data; and other data available to the State about the LEA's compliance with IDEA, including any relevant audit findings, in its description of the criteria the State uses to make annual determinations. OSEP may follow up with the State regarding how it makes annual determinations of LEA performance outside of the SPP/APR process.

OSEP notes that the State did not describe a process that constitutes a reasonably designed general supervision system, consistent with OSEP QA 23-01. Specifically, the State described a process that limits the scope of its general supervisory activities to the LEA's performance on SPP/APR indicators. OSEP may follow up with the State regarding its general supervisory activities outside of the SPP/APR process.

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are “lag” data. Describe the results of the State’s examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	81.85%

FFY	2018	2019	2020	2021	2022
Target >=	79.60%	79.60%	81.85%	81.85%	81.99%
Data	74.83%	75.49%	81.85%	84.18%	80.06%

Targets

FFY	2023	2024	2025
Target >=	82.50%	84.00%	85.00%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical

assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	4,034
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	523
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	21
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	469

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
4,034	5,047	80.06%	82.50%	79.93%	Did not meet target	No Slippage

Graduation Conditions

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

The academic conditions that students with IEPs must meet to graduate with a regular diploma are the same as the conditions for students without disabilities. The KDE identifies the minimum credits required for graduation and LEAs establish local graduation requirements in policies consistent with state regulation. For youth to graduate with a high school diploma the youth must earn 22 credits. Specific graduate credit information can be found at (<https://apps.legislature.ky.gov/law/kar/titles/704/003/305/>). Kentucky schools must provide students with disabilities the opportunity and necessary instructional support and accommodations to progress through a course of study leading to a diploma. Students with disabilities who earn the required high school credit through successful completion of the required content areas and elective work are awarded a regular high school diploma.

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

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response
1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the section 618 exiting data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	7.97%

FFY	2018	2019	2020	2021	2022
Target <=	1.71%	1.71%	7.97%	7.97%	7.77%
Data	1.86%	1.79%	7.97%	6.40%	9.74%

Targets

FFY	2023	2024	2025
Target <=	7.00%	6.00%	5.00%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with

disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	4,034
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	523
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	21
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	469

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
469	5,047	9.74%	7.00%	9.29%	Did not meet target	No Slippage

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

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

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

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

NO

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

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

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

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

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

Targets

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

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in

understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

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Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

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Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	8,808	6,392	6,007
b. Children with IEPs in regular assessment with no accommodations (3)	2,254	972	1,298
c. Children with IEPs in regular assessment with accommodations (3)	5,914	4,799	3,960

d. Children with IEPs in alternate assessment against alternate standards	623	541	547
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Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

01/08/2025

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	8,811	6,393	6,009
b. Children with IEPs in regular assessment with no accommodations (3)	2,256	976	1,289
c. Children with IEPs in regular assessment with accommodations (3)	5,913	4,796	3,962
d. Children with IEPs in alternate assessment against alternate standards	626	541	546

(1) The children with IEPs who are English learners and took the ELP in lieu of the regular reading/language arts assessment are not included in the prefilled data in this indicator.

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

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	8,791	8,808	99.83%	96.50%	99.81%	Met target	No Slippage
B	Grade 8	6,312	6,392	99.04%	96.50%	98.75%	Met target	No Slippage
C	Grade HS	5,805	6,007	96.18%	96.50%	96.64%	Met target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	8,795	8,811	99.80%	96.50%	99.82%	Met target	No Slippage
B	Grade 8	6,313	6,393	99.01%	96.50%	98.75%	Met target	No Slippage
C	Grade HS	5,797	6,009	95.94%	96.50%	96.47%	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.

1. Go to the KDE's OSEEL Public Reporting of IDEA Part B Data page (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).
2. Click on the link that says, "Instructions for Navigating FFY 2023 Public Reporting of Assessment Data for Students with Disabilities". This will take you to instructions for navigating the data (https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/FFY23_Public_Reporting_Instructions_For_OSEP.pdf).
3. The instructions include directions to open the link that says, "FFY2023 Assessment Participation for Students with Disabilities" (https://www.education.ky.gov/_layouts/download.aspx?SourceUrl=https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/FFY2023_Assessment_Participation_For_SWDs.xlsx)
4. The instructions will walk the user through how to navigate the data file.

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

Indicator 3B: Proficiency for Children with IEPs (Grade Level Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2021	26.03%
Reading	B	Grade 8	2021	12.93%
Reading	C	Grade HS	2021	11.84%
Math	A	Grade 4	2021	20.59%
Math	B	Grade 8	2021	11.92%
Math	C	Grade HS	2021	8.53%

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	28.03%	29.03%	30.03%
Reading	B >=	Grade 8	14.93%	15.93%	16.93%
Reading	C >=	Grade HS	13.84%	14.84%	15.84%
Math	A >=	Grade 4	22.59%	23.59%	24.59%
Math	B >=	Grade 8	13.92%	14.92%	15.92%
Math	C >=	Grade HS	10.53%	11.53%	12.53%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in

understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	8,168	5,771	5,258
b. Children with IEPs in regular assessment with no accommodations scored at or	941	160	177

above proficient against grade level			
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,613	627	549

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	8,169	5,772	5,251
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	836	124	105
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,259	649	415

(1)The term "regular assessment" is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	2,554	8,168	28.27%	28.03%	31.27%	Met target	No Slippage
B	Grade 8	787	5,771	13.10%	14.93%	13.64%	Did not meet target	No Slippage
C	Grade HS	726	5,258	13.44%	13.84%	13.81%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	2,095	8,169	23.04%	22.59%	25.65%	Met target	No Slippage
B	Grade 8	773	5,772	10.93%	13.92%	13.39%	Did not meet target	No Slippage
C	Grade HS	520	5,251	9.26%	10.53%	9.90%	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.

1. Go to the KDE's OSEEL Public Reporting of IDEA Part B Data page (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

2. Click on the link that says, "Instructions for Navigating FFY 2023 Public Reporting of Assessment Data for Students with Disabilities". This will take you to instructions for navigating the data.

(https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/FFY23_Public_Reporting_Instructions_For_OSEP.pdf)

3. Follow the instructions under "Steps for finding public reporting of assessment proficiency of students with disabilities" in the document to view the proficiency rate for children with IEPs against regular academic achievement standards and the proficiency rate for children with IEPs against alternate academic achievement standards.

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

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

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A >=	Grade 4	29.10%	30.10%	31.10%
Reading	B >=	Grade 8	36.22%	37.22%	38.22%
Reading	C >=	Grade HS	25.22%	26.22%	27.22%
Math	A >=	Grade 4	21.65%	22.65%	23.65%
Math	B >=	Grade 8	22.04%	23.04%	24.04%
Math	C >=	Grade HS	27.50%	28.50%	29.50%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of

stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-
As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

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Indicator 17-
For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	623	541	547

b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	144	131	94
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Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	626	541	546
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	122	142	157

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	144	623	22.90%	29.10%	23.11%	Did not meet target	No Slippage
B	Grade 8	131	541	22.51%	36.22%	24.21%	Did not meet target	No Slippage
C	Grade HS	94	547	22.28%	25.22%	17.18%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

From FFY 2022 to FFY 2023, the proficiency rate for students in high school with IEPs against alternate academic achievement reading standards decreased by 5.1 percentage points, resulting in slippage. The KDE investigated potential reasons for the decrease. In 2021, the KDE revised the Kentucky Academic Standards, leading to changes in the Kentucky Summative Assessment. Due to changes in the assessment in 2021, the KDE reset the Indicator 3 baseline and targets for the FFY 2022 reporting year. OSEP responded that they accepted the new baseline and targets for FFY 2022. It is important to note that in Kentucky, not all grades in high school take the state assessment. High school students do not begin state testing until their tenth-grade year; therefore, this was the first time this group of high school students encountered the new assessment. Consequently, while FFY 2022 is the baseline year, FFY 2023 marks the first time these high school students were tested and reported under the new standards and assessment.

Due to the change in standards, assessment format and questions, these students may have experienced instructional gaps from limited engagement with the new standards. Additionally, the KDE found that test scores reflect the ongoing impact of the COVID-19 pandemic on Kentucky students. For students taking the alternate assessment, the pandemic interrupted the consistency, repetition and one-on-one time with teachers necessary for proficiency. Many students moved to virtual learning due to health concerns, affecting the type of instruction teachers could provide. Furthermore, teacher shortages and chronic student absenteeism have impacted student outcomes.

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	122	626	20.45%	21.65%	19.49%	Did not meet target	No Slippage
B	Grade 8	142	541	25.99%	22.04%	26.25%	Met target	No Slippage
C	Grade HS	157	546	29.95%	27.50%	28.75%	Met 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.

1. Go to the KDE's OSEEL Public Reporting of IDEA Part B Data page (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).
2. Click on the link that says, "Instructions for Navigating FFY 2023 Public Reporting of Assessment Data for Students with Disabilities". This will take you to instructions for navigating the data (https://www.education.ky.gov/specialed/excep/MonitoringnResults/Documents/FFY23_Public_Reporting_Instructions_For_OSEP.pdf).
3. Follow the instructions under "Steps for finding public reporting of assessment proficiency of students with disabilities" in the document to view the proficiency rate for children with IEPs against regular academic achievement standards and the proficiency rate for children with IEPs against alternate academic achievement standards.

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response

OSEP notes that the State reported a new assessment being used for this indicator and that FFY 2023 was the "first year of testing and reporting for this population of students with the new standards and assessment." The State must explain why a change in baseline was not needed.

3C - Required Actions

Indicator 3D: Gap in Proficiency Rates (Grade Level Academic Achievement Standards)

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

- A. Participation rate for children with IEPs.
- B. Proficiency rate for children with IEPs against grade level academic achievement standards.
- C. Proficiency rate for children with IEPs against alternate academic achievement standards.
- D. Gap in proficiency rates for children with IEPs and all students against grade level academic achievement standards.

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

Data Source

3D. Same data as used for reporting to the Department under Title I of the ESEA, using ED*Facts* file specifications FS175 and 178.

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2023-2024 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2023-2024 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

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

Targets

Subject	Group	Group Name	2023	2024	2025
Reading	A <=	Grade 4	19.11	18.61	18.11
Reading	B <=	Grade 8	30.22	29.72	29.22
Reading	C <=	Grade HS	32.83	32.33	31.83
Math	A <=	Grade 4	17.84	17.34	16.84
Math	B <=	Grade 8	23.52	23.02	22.52
Math	C <=	Grade HS	28.14	27.64	27.14

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of

stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

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Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/except/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

SY 2023-24 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	46,661	46,995	49,449

b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	8,168	5,771	5,258
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	21,287	18,613	22,482
d. All students in regular assessment with accommodations scored at or above proficient against grade level	2,137	692	616
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	941	160	177
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,613	627	549

Data Source:

SY 2023-24 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	47,240	47,445	49,871
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	8,169	5,772	5,251
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	18,422	16,723	17,349
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,765	764	485
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	836	124	105
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	1,259	649	415

(1)The term "regular assessment" is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	31.27%	50.20%	19.53	19.11	18.93	Met target	No Slippage
B	Grade 8	13.64%	41.08%	30.74	30.22	27.44	Met target	No Slippage
C	Grade HS	13.81%	46.71%	32.59	32.83	32.90	Did not meet target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	25.65%	42.73%	19.23	17.84	17.09	Met target	No Slippage
B	Grade 8	13.39%	36.86%	24.71	23.52	23.47	Met target	No Slippage
C	Grade HS	9.90%	35.76%	25.09	28.14	25.86	Met target	No Slippage

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to rates of suspensions and expulsions for nondisabled children within the LEAs.

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

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2023 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2017	5.85%

FFY	2018	2019	2020	2021	2022
Target <=	1.14%	1.14%	5.88%	5.88%	5.65%
Data	5.88%	2.92%	3.53%	1.78%	7.10%

Targets

FFY	2023	2024	2025
Target <=	5.41%	4.94%	4.00%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on

the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky’s historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE’s future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-
For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE’s public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 SPP/APR Data

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

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State’s n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State’s cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The out-of-school removal rate is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n-size of 50 and no cell size. The state’s n-size of 50 represents the number of children with disabilities enrolled in an LEA.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The KDE conducts an annual review of all LEAs that meet the state’s definition of a significant discrepancy. The state consistently reviews more than 10 percent of LEAs under Indicator 4A. The KDE has discussed Indicator 4A’s minimum n-size and no cell size with stakeholders and received input most recently during a Spring 2024 SAPEC meeting. Additionally, the KDE consulted with stakeholders prior to resetting baselines and/or targets during the FFY 2020 package. Given the large number of LEAs reviewed each year, both the KDE and stakeholders consider the minimum n-size of 50 and no cell size to be reasonable and appropriate.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

No changes were made to n-size or cell size.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

N/A

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

3

Number of LEAs that have a significant discrepancy	Number of LEAs that met the State’s minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
7	170	7.10%	5.41%	4.12%	Met target	No Slippage

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

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

State’s definition of “significant discrepancy” and methodology

A Kentucky LEA is found to have a significant discrepancy under Indicator 4A if the LEA subjected students with disabilities to out-of-school removals (suspensions or expulsions) for more than 10 days during a school year at a rate that is at least three times higher than the state rate for these types of removals. For the 2022-2023 school year, the state rate was 0.66% and three times this rate is 1.98%.

The out-of-school removal rate is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n-size of 50 students with disabilities enrolled in the LEA. During the 2022-2023 school year, there were 173 LEAs in Kentucky. Of the 173 LEAs, three did not meet the n-size requirement of 50 students with disabilities. Therefore, three LEAS were excluded from the calculation based on the n-size requirement.

For FFY 2023, using 2022-2023 data, seven LEAs, out of 170 that met the n-size, had discrepancies that were at least three times higher than the state rate of 0.66% or at least 1.98% .

Provide additional information about this indicator (optional)

The KSB and the KSD are included in the denominator. Although all students at the KSB and the KSD are students with disabilities, there was a comparison group for this indicator. Calculations for Indicator 4A compare the disciplinary rates for students with disabilities to the state rate, rather than for students without disabilities. Therefore, the KSB and the KSD are not excluded from the calculations based on the comparison group.

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 data)

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

The KDE analyzed 618 discipline data for students with disabilities and IDEA December 1 Child Count data to compare the LEA rate of suspensions/expulsions for children with IEPs in specific racial/ethnic categories to the state rate. The KDE then calculated each LEA's data for significant discrepancy. The KDE contacted all LEAs identified as having a significant discrepancy in the rates of suspension and expulsion greater than 10 school days in a school year for students with IEPs via a notification letter. Following notification, the KDE conducted desk reviews that aligned with the requirements of 34 C.F.R §300.170(b). The KDE required LEAs to provide additional data and information regarding the LEA's policies, procedures and practices. The KDE examined records of students to determine whether the LEA followed applicable IDEA requirements and to determine if the LEA's policies, procedures and practices comply with the requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and procedural safeguards. The KDE staff completed student-level record reviews for a sample of students from each LEA. The KDE reviewed student files from the 2022-2023 school year, including IEPs, conference summaries, manifestation determinations, Functional Behavior Assessments (FBAs), Behavior Intervention Plans (BIPs), attendance records, positive behavioral interventions and supports, enrollment records and behavior detail reports.

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 QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

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

The LEAs, with assistance as needed from the SERTAC and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analyses were used to develop effective CAPs. All LEAs reviewed had compliant policies and procedures, but noncompliance was identified in their practices. Through the CAP process, the LEAs revised their practices to align with IDEA requirements. LEAs are required to address and correct all individual instances of noncompliance as part of their CAP. The KDE ensures that all noncompliance is corrected as soon as possible but not longer than one year from the date of notification of the noncompliance.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
12	10	1	1

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The 12 noncompliant LEAs, with assistance from SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses showed that during the 2020-2021 school year most LEAs were providing virtual instruction due to the pandemic which led to fewer student removals. In the 2021-2022 school year, LEAs returned to in person learning. LEAs reported that upon return to in person learning they faced several issues that increased student removals including staff turnover which resulted in the need for new training on manifestation determination and positive behavioral supports, increased social and emotional issues among children as a result of being isolated during the pandemic and lack of communication between administrators and IEP teams. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE verified all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

A total of 11 LEAs identified for FFY 2022 successfully implemented the regulatory requirements with 100% compliance and closed their CAPs. Consistent with QA 23-01, the KDE verified that 10 LEAs were correctly implementing regulatory requirements with 100% compliance within one year of written notification of noncompliance. The KDE verified that one LEA was correctly implementing regulatory requirements with 100% compliance past one year of written notification of noncompliance.

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

For FFY 2022, 12 LEAs were identified as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student records and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs developed CAPs to address noncompliance and included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE verified all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that 11 LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined 11 LEAs corrected all individual cases of noncompliance for FFY 2022.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

A review of updated data identified one LEA with noncompliance that has not been fully corrected. The KDE determined that the LEA failed to manage its special education program in accordance with applicable state and federal laws, including regulatory requirements. As a result, the LEA is currently receiving intensive, ongoing support from the KDE. The LEA's Compliance Coordinator, a delegate appointed by the DoSE, meets monthly with representatives from the OSEEL, including the DIMR Director or Assistant Director and Branch Manager. While the LEA has made progress toward compliance, including demonstrating the correction of most individual noncompliance cases, it still remains out of compliance overall.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

The State must report, in the FFY 2023 SPP/APR, on the correction of noncompliance that the State identified in FFY 2022 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 QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Response to actions required in FFY 2022 SPP/APR

See the FFY 2022 Findings of Noncompliance Verified as Corrected text box for this information.

4A - OSEP Response

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

If the State has established a minimum n and/or cell size requirement, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, by race and ethnicity, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA, by race and ethnicity).

The State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy, by race and ethnicity. The State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period. If so, the State must provide an explanation why the minimum n and/or cell size was changed.

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2023 SPP/APR, use data from 2022-2023), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

- Option 1: The rates of suspensions and expulsions for children with IEPs among LEAs within the State; or
- Option 2: The rates of suspensions and expulsions for children with IEPs to the rates of suspensions and expulsions for nondisabled children within the LEAs

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

If, under Option 1, the State uses a State-level long-term suspension and expulsion rate for children with disabilities to compare to LEA-level long-term suspension and expulsion rates for the purpose of determining whether an LEA has a significant discrepancy, by race and ethnicity, the State must provide the State-level long-term suspension and expulsion rate used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose long-term suspension/expulsion rate exceeds 2 percentage points above the State-level rate of 0.7%, the State must provide OSEP with the State-level rate of 0.7%).

If, under Option 2, the State uses a rate difference to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate difference used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose rate of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, is 4 percentage points above the long-term suspension/expulsion rate for nondisabled children, the State must provide OSEP with the rate difference of 4 percentage points). Similarly, if, under Option 2, the State uses a rate ratio to compare the rates of long-term suspensions and expulsions for children with IEPs, by race and ethnicity, to the rates of long-term suspensions and expulsions for nondisabled children within the LEA, the State must provide the State-selected rate ratio used in its methodology (e.g., if a State has defined significant discrepancy to exist for an LEA whose ratio of its long-term suspensions and expulsions rate for children with IEPs, by race and ethnicity, to long-term suspensions and expulsions rate for nondisabled children is greater than 3.0, the State must provide OSEP with the rate ratio of 3.0).

Because the Measurement Table requires that the data examined for this indicator are lag year data, States should examine the section 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2022-2023 school year, those 100 LEAs would have reported section 618 data in 2022-2023 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2023-2024, suspension/expulsion data from those 15 new LEAs would not be in the 2022-2023 section 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2022 SPP/APR submission, States must use the number of LEAs reported in 2022-2023 (which can be found in the FFY 2022 SPP/APR introduction).

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

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If discrepancies occurred and the LEA with discrepancies had policies, procedures or practices that contributed to the significant discrepancy, as defined by the State, and that do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards, describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP Memorandum 23-01, dated July.

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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	2.30%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	4.00%	2.29%	2.30%	0.00%	9.25%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

If yes, the State must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

The out-of-school removal rate is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n-size of 10 and no cell size. The state's minimum n-size of 10 represents the number of children with disabilities in a specific racial/ethnic category enrolled in an LEA.

If yes, the State must also provide rationales for its minimum n and/or cell size, including why the definitions chosen are reasonable and based on stakeholder input, and how the definitions ensure that the State is appropriately analyzing and identifying LEAs with significant discrepancy.

The KDE conducts an annual review of all LEAs that meet the state's definition of a significant discrepancy. The state consistently reviews more than 10 percent of LEAs under Indicator 4B. The KDE has discussed Indicator 4B's minimum n-size of 10 and no cell size with stakeholders and received input most recently during a Spring 2024 SAPEC meeting. Additionally, the KDE consulted with stakeholders prior to resetting baselines and/or targets during the FFY 2020 package. Given the large number of LEAs reviewed each year, both the KDE and stakeholders consider the current n-size of 10 and no cell size to be reasonable and appropriate.

If yes, the State must also indicate whether the minimum n and/or cell size represents a change from the prior SPP/APR reporting period.

There were no changes to the n-size or cell size.

If yes, the State must provide an explanation why the minimum n and/or cell size was changed.

N/A

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

0

Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
20	12	173	9.25%	0%	6.94%	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

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

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

1. The LEA subjected students with disabilities by race and ethnicity to out-of-school removals (suspensions or expulsions) for more than 10 days during a school year at a rate that is at least three times higher than the state average rate of 0.66% for these types of removals; and
2. The LEA has at least 10 students with disabilities in the racial or ethnic category being examined.

The out-of-school removal rate to determine significant discrepancy is calculated for each LEA based on its local discipline data and the number of students with IEPs. Kentucky uses a minimum n-size of 10 students with disabilities in a specific race/ethnicity category enrolled in the LEA. The state compared each LEA's rate for students with disabilities by race/ethnicity to the state's threshold of three times the state's rate for students with disabilities to determine if significant discrepancy(ies) existed. The threshold of three times higher than the state rate of 0.66% (or at least 1.98%) is used for all races and ethnicities examined. The same threshold is used across all racial/ethnic categories.

During the 2022-2023 school year, there were 173 LEAs in Kentucky. All 173 LEAs met the minimum n-size.

Provide additional information about this indicator (optional)

The KSB and the KSD are included in the denominator. Although all students at the KSB and the KSD are students with disabilities, there was a comparison group for this indicator. Calculations for Indicator 4B compare the disciplinary rates for students with disabilities to the state rate, rather than for students without disabilities. Therefore, the KSB and the KSD are not excluded from the calculations based on the comparison group.

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 data)

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

The KDE analyzed 618 discipline data for students with disabilities and IDEA December 1 Child Count data to compare the LEA rate of suspensions/expulsions for children with IEPs in specific racial/ethnic categories to the state rate. The KDE then calculated each LEA's data for significant discrepancy. The KDE contacted all LEAs identified as having a significant discrepancy in the rates of suspension and expulsion greater than 10 school days in a school year for students in specific racial/ethnic groups with IEPs via a notification letter. Following notification, the KDE conducted desk reviews that aligned with the requirements of 34 C.F.R §300.170(b). The KDE required LEAs to provide additional data and information regarding the LEA's policies, procedures and practices. The KDE examined records of students to determine whether the LEA followed applicable IDEA requirements and to determine if the LEA's policies, procedures and practices comply with the requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports and procedural safeguards. The KDE staff completed student-level record reviews for a sample of students from each LEA. The KDE reviewed student files from the 2022-2023 school year, including IEPs, conference summaries, manifestation determinations, FBAs, BIPs, attendance records, positive behavioral interventions and supports, enrollment records and behavior detail reports.

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 QA 23-01, dated July 24, 2023.

Describe how the State ensured that such policies, procedures, and practices were revised to comply with applicable requirements consistent with OSEP QA 23-01, dated July 24, 2023.

The KDE identified noncompliance in 12 LEAs and identified all students with disabilities in those LEAs in specific racial/ethnic categories 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 rate for comparison and findings of student-specific and systemic noncompliance.

The LEAs, with assistance as needed from the SERTAC and the KDE, reviewed student-specific and systemic noncompliance items identified in the Report of Findings and conducted a root cause analysis to determine why problem areas existed. The results of the root cause analyses were used to develop effective CAPs. All LEAs reviewed had compliant policies and procedures, but noncompliance was identified in their practices. Through the CAP process, the LEAs revised their practices to align with IDEA requirements. LEAs are required to address and correct all individual instances of noncompliance as part of their CAP. The KDE ensures that all noncompliance is corrected as soon as possible but not longer than one year from the date of notification of the noncompliance.

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
16	14	1	1

FFY 2022 Findings of Noncompliance Verified as Corrected**Describe how the State verified that the source of noncompliance is correctly implementing the regulatory requirements**

The 16 noncompliant LEAs, with assistance from SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses showed that during the 2020-2021 school year most LEAs were providing virtual instruction due to the pandemic which led to fewer student removals. In the 2021-2022 school year, LEAs returned to in person learning. LEAs reported that upon return to in person learning they faced several issues that increased student removals including staff turnover which resulted in the need for new training on manifestation determination and positive behavioral supports, increased social and emotional issues among children as a result of being isolated during the pandemic and lack of communication between administrators and IEP teams. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE verified all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

A total of 15 LEAs identified for FFY 2022 successfully implemented the regulatory requirements with 100% compliance and closed their CAPs. Consistent with QA 23-01, the KDE verified that 14 LEAs were correctly implementing regulatory requirements with 100% compliance within one year of written notification of finding. The KDE verified that one LEA was correctly implementing regulatory requirements with 100% compliance past one year of written notification of finding.

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

For FFY 2022, 16 LEAs were identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student records and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs developed CAPs to address noncompliance and included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE verified all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that 15 LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined 15 LEAs corrected all individual cases of noncompliance for FFY 2022.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected**Actions taken if noncompliance not corrected**

A review of updated data identified one LEA with noncompliance that has not been fully corrected. The KDE determined that the LEA failed to manage its special education program in accordance with applicable state and federal laws, including regulatory requirements. As a result, the LEA is currently receiving intensive, ongoing support from the KDE. The LEA's Compliance Coordinator, a delegate appointed by the DoSE, meets monthly with representatives from the OSEEL, including the DIMR Director or Assistant Director and Branch Manager. While the LEA has made progress toward compliance, including demonstrating the correction of most individual noncompliance cases, it still remains out of compliance overall.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the districts identified with noncompliance in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 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 2022.

Response to actions required in FFY 2022 SPP/APR

See the FFY 2022 Findings of Noncompliance Verified as Corrected text box for this information.

4B - OSEP Response

4B- Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

- A. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class 80% or more of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- B. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served inside the regular class less than 40% of the day) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.
- C. Percent = [(# of children with IEPs aged 5 who are enrolled in kindergarten and aged 6 through 21 served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 5 who are enrolled in kindergarten and aged 6 through 21 with IEPs)] times 100.

Instructions

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

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6.

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target >=	71.80%	71.80%	75.00%	74.99%	75.24%
A	74.99%	Data	73.57%	73.90%	75.00%	75.54%	76.12%
B	2020	Target <=	8.70%	8.70%	8.38%	8.38%	8.15%
B	8.38%	Data	8.48%	8.58%	8.38%	8.33%	8.34%
C	2020	Target <=	1.90%	1.90%	1.55%	1.55%	1.51%
C	1.55%	Data	1.71%	1.82%	1.55%	1.75%	1.57%

Targets

FFY	2023	2024	2025
Target A >=	75.49%	76.00%	77.00%
Target B <=	7.91%	7.44%	6.50%
Target C <=	1.48%	1.40%	1.25%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the

KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	102,069
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	78,468
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	8,378
SY 2023-24 Child Count/Educational Environment	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	477

Source	Date	Description	Data
Data Groups (EDFacts file spec FS002; Data group 74)			
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	215
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	949

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 2023 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	78,468	102,069	76.12%	75.49%	76.88%	Met target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	8,378	102,069	8.34%	7.91%	8.21%	Did not meet target	No Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,641	102,069	1.57%	1.48%	1.61%	Did not meet target	No Slippage

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

- A. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- B. Percent = [(# of children ages 3, 4, and 5 with IEPs attending a separate special education class, separate school, or residential facility) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.
- C. Percent = [(# of children ages 3, 4, and 5 with IEPs receiving special education and related services in the home) divided by the (total # of children ages 3, 4, and 5 with IEPs)] times 100.

Instructions

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

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

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

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

For Indicator 6C: States may express their targets in a range (e.g., 75-85%).

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data (Inclusive) – 6A, 6B, 6C

Part	FFY	2018	2019	2020	2021	2022
A	Target >=	64.00%	64.00%	76.87%	76.87%	77.14%
A	Data	70.47%	71.24%	76.87%	76.05%	74.54%
B	Target <=	6.00%	6.00%	4.13%	4.13%	4.05%
B	Data	4.52%	3.89%	4.13%	6.41%	7.97%
C	Target <=			0.27%	0.27%	0.27%
C	Data			0.27%	0.30%	0.14%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations,

agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Targets

Please select if the State wants to set baselines and targets based on individual age ranges (i.e., separate baseline and targets for each age), or inclusive of all children ages 3, 4, and 5.

Inclusive Targets

Please select if the State wants to use target ranges for 6C.

Target Range not used

Baselines for Inclusive Targets option (A, B, C)

Part	Baseline Year	Baseline Data
A	2020	76.87%

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

Inclusive Targets – 6A, 6B

FFY	2023	2024	2025
Target A >=	77.40%	77.94%	79.00%
Target B <=	3.97%	3.82%	3.50%

Inclusive Targets – 6C

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

Prepopulated Data

Data Source:

SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	3,587	6,281	2,507	12,375
a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	2,746	4,701	1,825	9,272
b1. Number of children attending separate special education class	305	490	212	1,007
b2. Number of children attending separate school	8	5	8	21
b3. Number of children attending residential facility	2	2	1	5
c1. Number of children receiving special education and related services in the home	8	8	3	19

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 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target	FFY 2023 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	9,272	12,375	74.54%	77.40%	74.93%	Did not meet target	No Slippage
B. Separate special education class, separate school, or residential facility	1,033	12,375	7.97%	3.97%	8.35%	Did not meet target	Slippage
C. Home	19	12,375	0.14%	0.27%	0.15%	Met target	No Slippage

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

To better understand the slippage, the state examined potential causes by comparing and analyzing data from FFY 2020 to FFY 2023. A root cause analysis conducted by the state identified a possible factor influencing the data:

Enrollment of preschool students with disabilities has grown across the state, while enrollment of students without disabilities has seen only a slight increase. Preschool enrollment in Kentucky rose by 1.09% for the 2023-2024 school year. Kentucky enrolls students without disabilities in early childhood programs based on income eligibility to foster inclusive classrooms. While the enrollment of students without disabilities grew minimally, the number of students with disabilities increased by 6.89% in the same year. As a result, the higher number of students with disabilities in FFY 2023 led to more regular education programs being classified as special education programs, which were then designated as separate classes.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

Sampling of **children for assessment** is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A1	2023	Target >=	50.50%	50.50%	30.41%	30.41%	32.92%
A1	71.22%	Data	41.84%	40.18%	30.41%	73.21%	71.80%

A2	2023	Target >=	40.50%	40.50%	37.18%	37.18%	38.35%
A2	43.52%	Data	45.30%	44.50%	37.18%	27.14%	54.04%
B1	2023	Target >=	68.50%	68.50%	57.12%	57.12%	59.48%
B1	70.59%	Data	65.97%	68.40%	57.12%	73.09%	70.98%
B2	2023	Target >=	41.00%	41.00%	39.72%	39.72%	41.07%
B2	43.52%	Data	47.78%	48.45%	39.72%	29.03%	54.68%
C1	2023	Target >=	52.00%	52.00%	42.51%	42.51%	44.07%
C1	72.63%	Data	52.55%	53.18%	42.51%	77.00%	71.37%
C2	2023	Target >=	37.00%	37.00%	35.37%	35.37%	36.57%
C2	52.13%	Data	42.74%	43.05%	35.37%	26.42%	62.30%

Targets

FFY	2023	2024	2025
Target A1 >=	71.22%	71.50%	72.42%
Target A2 >=	43.52%	44.25%	44.50%
Target B1 >=	70.59%	71.50%	72.42%
Target B2 >=	43.52%	44.10%	44.20%
Target C1 >=	72.63%	73.75%	74.50%
Target C2 >=	52.13%	52.25%	52.50%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

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Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of

students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

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Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

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Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

2,941

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

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	153	5.20%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	619	21.05%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	889	30.23%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,021	34.72%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	259	8.81%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,910	2,682	71.80%	71.22%	71.22%	N/A	N/A
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,280	2,941	54.04%	43.52%	43.52%	N/A	N/A

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	146	4.96%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	653	22.20%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	862	29.31%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,056	35.91%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	224	7.62%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,918	2,717	70.98%	70.59%	70.59%	N/A	N/A
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,280	2,941	54.68%	43.52%	43.52%	N/A	N/A

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	147	5.00%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	551	18.74%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	710	24.14%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,142	38.83%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	391	13.29%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,852	2,550	71.37%	72.63%	72.63%	N/A	N/A
C2. The percent of preschool children who were functioning within age expectations in Outcome C	1,533	2,941	62.30%	52.13%	52.13%	N/A	N/A

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
by the time they turned 6 years of age or exited the program. <i>Calculation:</i> <i>(d+e)/(a+b+c+d+e)</i>							

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

YES

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

LEAs choose from an approved list of five continuous assessments for this indicator: Work Sampling System, 5th Edition, Assessment, Evaluation and Programming System for Infants and Children, 3rd Edition, Teaching Strategies Gold, Carolina Curriculum Assessment for Children with Special Need or The COR Advantage from High Scope. Continuous assessment information is used, along with input from a parent/caregiver, teaching staff and related service providers to triangulate ratings for the Child Outcome Summary (COS) Process. The COS ratings are collected in Kentucky's state student information system. Reports are taken from the statewide student information system Infinite Campus (IC) and the information is put into the Early Childhood Outcome (ECO) calculator created by The Early Childhood Technical Assistance Center. The ECO calculator is used to process the data into a usable format for reporting outcomes of preschool students with disabilities.

Provide additional information about this indicator (optional)

To maximize data quality and usefulness, Kentucky is in year three of transitioning from using an outside agency for Indicator 7 data collection to an internal process using the COS process and the statewide student information system, IC. The KDE reported FFY 2021 outcomes based on a subset of the raw data from six LEAs. For FFY 2022, the KDE had access to COS data from all Kentucky LEAs for all exiting four- and five-year-old preschool students. In FFY 2023, the KDE has collected entry and exit data for a longitudinal data set that includes three, four and five-year-old preschool students from entry to exit of the preschool program. At this time, with a full data set, the KDE has engaged stakeholders and re-set baseline and targets for Indicator 7.

7 - Prior FFY Required Actions

None

7 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2023, and OSEP accepts that revision.

The State revised its targets 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 3 for additional instructions on sampling.)

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

Provide the actual numbers used in the calculation.

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross-section of parents of children with disabilities.

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Historical Data

Baseline Year	Baseline Data
2013	80.45%

FFY	2018	2019	2020	2021	2022
Target >=	80.95%	80.95%	80.45%	80.45%	81.89%
Data	89.90%	90.04%	89.10%	92.10%	92.99%

Targets

FFY	2023	2024	2025
Target >=	83.34%	86.23%	92.00%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
16,118	17,330	92.99%	83.34%	93.01%	Met target	No Slippage

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

At the beginning of the six-month survey window, the KDE sends an email to all LEAs within the state as part of the process to obtain data for Indicator 8. The email is sent to both Directors of Special Education (DoSEs) and Preschool Coordinators. The email includes information and directions for the survey, as well as a sample parent letter explaining the purpose of the survey and a link to the electronic survey. The email requests that LEAs share the survey link and the letter with all parents whose children had IEPs within the LEA.

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

The number of parents to whom the surveys were distributed.

114,447

Percentage of respondent parents

15.14%

Response Rate

FFY	2022	2023
Response Rate	16.05%	15.14%

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

For Indicator 8, the state used the representativeness calculator developed by the National Post School Outcomes Center. The state considers each sub-group to be representative of the population if its percentage of respondents is within +/- 3% of the percentage of the population.

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

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

Race/Ethnicity:

White (overrepresented by 10.6 percentage points);

Black or African-American (underrepresented by 6.1 percentage points);

Hispanic (underrepresented by 4.7 percentage points)

SERTAC region:

Kentucky Educational Development Cooperative (KEDC) (overrepresented by 5.4 percentage points);

Kentucky Valley Education Cooperative (KVEC) (overrepresented by 10.3 percentage points);

Southeast/Southcentral Education Cooperative (SESC) (underrepresented by 8.2 percentage points);

Western Kentucky Education Cooperative (WKEC) (overrepresented by 5.3 percentage points);

Greater Louisville Education Cooperative (GLEC) (underrepresented by 7.9 percentage points)

The demographics of the children for whom parents are responding are representative of the demographics of children receiving special education services. (yes/no)

NO

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

To address the underrepresented regions (SESC and GLEC) and racial/ethnic groups (Black and Hispanic), the state will use a variety of strategies to ensure future response data is representative of those demographics in the future. The KDE will work to enhance understanding and utilization of survey data, the state will provide stakeholders, such as families and LEAs, with detailed information on why this data is collected and how it is used.

Additionally, the state will strategically encourage LEAs to analyze and use the data and reports provided by the University of Kentucky's Human Development Institute (HDI). Supporting DoSEs with data analysis and offering ideas for effective data use for underrepresented groups is also crucial. Furthermore, it is important to examine how the OSEEL analyzes and utilizes Indicator 8 data to inform decision-making.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

To enhance engagement with families from underrepresented groups (Black and Hispanic students; students from the SESC and GLEC regions), the state will revise the parent letter to be more approachable and parent-friendly, while also collaborating with Kentucky's parent training center, KY-SPIN, to broaden outreach efforts. Furthermore, the state will leverage communication channels through DoSE liaison meetings to disseminate information

more effectively. The state will support LEAs in analyzing data and applying it effectively, with a particular focus on English Learners (ELs) with disabilities, rather than EL students in general.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of parents of children with disabilities.

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

Parents of Black students had a mean score of 89.7%, significantly lower than non-Black students (93.2%). The F-statistic for this parameter is 13.22 yielding a p-value of <.01. Nonresponse bias as a result of the underrepresentation of parents of Black students created a significant impact on overall results. Parents of Hispanic students had a mean score of 92.3%, slightly lower than non-Hispanic (93.0%). The F-statistic for this parameter is 0.32 yielding a p-value that is not statistically significant. Nonresponse bias as a result of the underrepresentation of parents of Hispanic students did not create a significant impact on overall results.

Parents of students in the GLEC region had a mean score of 84.3%, significantly lower than the mean for other regions (93.4%). The F-statistic for this model was 112.44, yielding a p-value of <.01. Nonresponse bias as a result of underrepresentation of parents of student in the GLEC region created a significant impact on overall results. Parents of students in the SESC region had a mean score of 93.1%, the mean for other regions was (93.0%). The F-statistic for this model was 0.03, yielding an insignificant p-value. Nonresponse bias as a result of the underrepresentation of parents of students in the SESC region did not create a significant impact on overall results.

The KDE's analysis of the response rate data demonstrated discrepancies in Black/African American families as well as families in the GLEC region. To reduce nonresponse bias and promote responses, the KDE routinely provided reports on participation rate data to the SERTAC regions. Following those reports, the SERTACs encouraged participation within the LEAs in their regions. Previous feedback and anecdotal data from the SERTACs and LEAs indicated a need for additional language options for the survey, as well as access to an improved printer-friendly version of the survey, to support families in underrepresented regions and groups. The KDE responded by providing an improved printer-friendly version of the survey and began analyzing data to determine additional languages that may be translated in future surveys.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 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 response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2022 SPP/APR

As noted above, the KDE reported on the representativeness of the data in the Indicator 8 section entitled, "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." Kentucky analyzed representativeness using race/ethnicity and geographical region. The following subgroups were over or underrepresented by more than 3 percentage points from population figures:

Race/Ethnicity: White (overrepresented by 10.6 percentage points); Black or African-American (underrepresented by 6.1 percentage points); Hispanic (underrepresented by 4.7 percentage points)

SERTAC region: KEDC (overrepresented by 5.4 percentage points); KVEC (overrepresented by 10.3 percentage points); SESC (underrepresented by 8.2 percentage points); WKEC (overrepresented by 5.3 percentage points); GLEC (underrepresented by 7.9 percentage points).

Survey result analyses indicated that families identifying as Black/African American and Hispanic/Latino were less likely to complete the survey, as were families of students living in SESC and GLEC regions. In contrast, White families and families residing in the KEDC, KVEC and WKEC regions were more likely to respond to the survey. The State reported on the actions it is taking to address representativeness in the Indicator 8 section entitled, "Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics." To ensure that future response data are more representative, the KDE will provide stakeholders, such as families and LEAs, with detailed information on why this data is collected and how it is used. Additionally, the state will strategically encourage LEAs to analyze and use the data and reports provided by the HDI. LEAs and SERTACs may request their data from HDI at any point throughout the survey window. Additionally, most KDE representatives provide this data periodically at their monthly SERTAC meetings.

The KDE will continue to review data routinely throughout the survey window and monitor response rates by LEAs.

8 - OSEP Response

The State reported that the data for this indicator were collected from a response group that was not representative of the demographics of children receiving special education services in the State. OSEP notes that the State did not describe the strategies it will use to ensure that in the future the response data are representative of those demographics.

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures. 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 2023 reporting period (i.e., after June 30, 2024).

Instructions

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

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 child-specific and regulatory/systemic 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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	1.17%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	1.17%	0.58%	0.00%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

2

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2	0	173	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

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

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

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

There were 173 LEAs that met the n-size for Indicator 9. One year of data was used to review LEAs for Indicator 9.

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

The percentage is determined by taking the number of students in each specific racial or ethnic group identified as eligible under the IDEA and dividing it by the total number of enrolled students from that racial or ethnic group. These data come from the LEA's December 1 Child Count under the IDEA and the enrollment data for all students as reported on the same year's membership data as of December 1. Below is an example, not based on actual student or school district data, of calculating risk for Asian students in Indicator 9:

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

Risk ratio methodology requires that the risk for the specific race or ethnic group is compared to the risk of students not of that race or ethnic group to be identified. Below is an example, not based on actual student or school district data, of calculating the risk of the comparison group (non-Asian students) for Indicator 9:

- Six hundred non-Asian students are reported on the December 1 Child Count under the IDEA in the Blue County School District.
- A total of 6,000 non-Asian students are enrolled in the Blue County School District.
- The risk for non-Asian students identified for special education in the Blue County School District is 600 divided by 6,000 equals 0.100 or 10.0%. (600 non-Asian special education students divided by 6,000 non-Asian students enrolled in the LEA, multiplied by 100 to obtain a percentage of 10.0%).

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

To determine the risk ratio in this example, not based on actual student or school district data, divide the risk of Asian students identified as eligible for special education (23.3%) by the risk of all other students identified as eligible for special education (10.0%).

Below is an example, not based on actual student or school district data, of risk ratio comparison for Indicator 9:

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

In this example, not based on actual student or school district data, because the LEA has a risk ratio of 2.33 for Asian students, which is greater than the threshold of 2.25, the KDE must examine data from the LEA specific to the identification of students for special education to determine if the disproportionate representation is the result of inappropriate policies, procedures or practices. If the KDE determines the disproportionate identification of Asian students is due to inappropriate policies, procedures or practices, the LEA is identified under Indicator 9 as having disproportionate representation of Asian students in special education and related services that is the result of inappropriate identification.

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

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

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

Out of two LEAs, based on the KDE's desk review findings, zero LEAs were cited as having disproportionate representation due to inappropriate identification.

Provide additional information about this indicator (optional)

Two LEAs were excluded from the calculation for Indicator 9. The KSB and the KSD were excluded from the denominator because there is no comparison group for these schools as all students attending the KSB and the KSD are students with disabilities.

Correction of Findings of Noncompliance Identified in FFY 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

None

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the section 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), (e.g., using monitoring data; reviewing policies, practices and procedures). In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2023 reporting period (i.e., after June 30, 2024).

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	3.51%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%

Data	4.00%	5.23%	3.51%	0.00%	1.75%
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Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

2

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
19	1	173	1.75%	0%	0.58%	Did not meet target	No Slippage

Were all races and ethnicities included in the review?

YES

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

The KDE uses the “risk ratio” methodology to determine disproportionate representation. This methodology identifies LEAs that have disproportionate representation in the identification of students in particular racial or ethnic groups in a certain disability category. Disproportionate representation exists under Indicator 10 in the identification of students in a specific disability category in a particular race or ethnic group when the following conditions exist:

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

There were 173 LEAs that met the n-size for Indicator 10. One year of data was used to review LEAs for Indicator 10.

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

Below is an example of calculating risk for Asian students with Autism in Indicator 10:

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

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

Below is an example, not based on actual student or school district data, of calculating the risk of the comparison group (non-Asian students) for Indicator 10:

- Six Hundred non-Asian students with Autism are reported on the December 1 Child Count under the IDEA in the Blue County School District.
- A total of 6,000 non-Asian students are enrolled in the Blue County School District.

- The risk for non-Asian students identified with Autism in the Blue County School District is 600 divided by 6,000 equals 0.100 or 10.0%. (600 non-Asian special education students with Autism divided by 6,000 non-Asian special education students enrolled in the LEA, multiplied by 100 to obtain a percentage of 10.0%).

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

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

Below is an example, not based on actual student or school district data, of risk ratio comparison for Indicator 10:

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

In this example, not based on actual student or school district data, because the LEA has a risk ratio of 2.33 for Asian students with Autism, which is greater than the threshold of 2.25, the KDE must examine data from the LEA, specific to the identification of students for special education, to determine if the disproportionate representation is the result of inappropriate policies, procedures or practices. If the KDE determines the disproportionate identification of Asian students with Autism is due to inappropriate policies, procedures or practices, the LEA is identified under Indicator 10 as having disproportionate representation of Asian students with Autism in special education and related services that is the result of inappropriate identification.

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

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

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

Out of 173 LEAs included in the calculation, 19 LEAs were identified as having disproportionate representation and were reviewed. Based on the KDE's desk review findings, one LEA was cited as having disproportionate representation due to inappropriate identification.

Provide additional information about this indicator (optional)

Two LEAs were excluded from the calculation for Indicator 10. The KSB and the KSD are excluded from the denominator because there is no comparison group for these schools as all students attending the KSB and the KSD are students with disabilities.

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

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

The results of the root cause analyses showed that LEAs needed additional training in how to clearly document interventions, referrals and decisions made by the IEP team. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE verified all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant

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

The state verified that all LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance and closed their CAPs within one year of written notification of noncompliance.

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

For FFY 2022, three LEAs were identified as having noncompliant practices under Indicator 10. The KDE reviewed all identified student records and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs developed CAPs to address noncompliance and included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE verified all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that three LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined the three LEAs corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the three districts identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 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 2022.

Response to actions required in FFY 2022 SPP/APR

See the FFY 2022 Findings of Noncompliance Verified as Corrected text box for this information.

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

a. # of children for whom parental consent to evaluate was received.

b. # of children whose evaluations were completed within 60 days (or State-established timeline).

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

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

Instructions

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

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

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

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	95.43%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.91%	97.30%	98.79%	99.79%	99.16%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,536	2,532	99.16%	100%	99.84%	Did not meet target	No Slippage

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

4

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.

All four students whose initial evaluations were not completed within the 60-day timeline were completed within 10 days after the end of the timeline. Reasons for the delays included the speech language pathologist not being included in the evaluation and scheduling issues with the parents/guardians.

Indicate the evaluation timeline used:

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

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

State monitoring

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

For Indicator 11, all LEAs reviewed their data for compliance and submitted self-reported data. The KDE verified the data by randomly reviewing student records for 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students initially evaluated during the 2023-2024 school year were randomly selected for desk reviews conducted by the KDE. Reviewers used the Compliance Record Review Document and the statewide student information system to access student records to determine whether a student's file was compliant with Indicator 11. Following the desk reviews, the KDE issued a written Report of Findings addressed to the LEA's superintendent and DoSE. The report included notification of IDEA noncompliance discovered during the review and the requirement that the noncompliance is corrected as soon as possible but in no case more than one year from notification. If noncompliance was identified during the review, the KDE required a CAP and provided technical assistance and support to the LEA.

The KDE reviewed self-reported noncompliance data and, as necessary, data from the statewide student information system Infinite Campus (IC) to exercise due diligence and confirm in a reasonable amount of time whether the information submitted represented noncompliance. The KDE issued a written report to the LEA based on the self-reported noncompliance, required a CAP and provided technical assistance and support to the LEA.

For FFY 2023, the KDE received self-reported data from all LEAs. One LEA self-reported noncompliance. Additionally, the KDE randomly reviewed records from 10% of the LEAs that self-reported 100% compliance. Through desk reviews, two additional LEAs were cited for noncompliance. In total, three LEAs (representing four students) had student files identified as noncompliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The six noncompliant LEAs (representing 23 students), with assistance from SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses showed reasons for delays including scheduling conflicts and missed timelines by school psychologists contracted from outside the LEA as well as the need for additional training for newly hired psychologists. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. Each LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE verified all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP

QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Consistent with QA 23-01, the KDE verified all six LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance within one year of written notification and closed their CAPs.

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

For FFY 2022, six LEAs (representing 23 students) were identified as having noncompliant practices under Indicator 11. The KDE reviewed all identified student records and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs developed CAPs to address noncompliance and included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE verified all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that six LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified by the state as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined the six LEAs (representing 23 students) corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

See the FFY 2022 Findings of Noncompliance Verified as Corrected text box for this information.

11 - OSEP Response

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.

Targets must be 100%.

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

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	93.74%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.36%	91.52%	87.57%	99.76%	99.75%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,227
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	395
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,486
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.	306
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	33
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2022 Data	FFY 2023 Target	FFY 2023 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.	2,486	2,493	99.75%	100%	99.72%	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

7

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

1-10 days over- 2 students
 11-20 days over- 4 students
 50+ days over- 1 student

Reasons for the delays included parents changing their minds about whether the child would attend preschool, lack of communication between Kentucky Early Intervening Services (KEIS) and the receiving LEA and new DoSEs not understanding the preschool timelines.

Attach PDF table (optional)

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

State monitoring

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

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

The KDE reviewed self-reported noncompliance data and, as necessary, data from IC to exercise due diligence and confirm in a reasonable amount of time whether the information submitted represented noncompliance. The KDE issued a written report to the LEA based on the self-reported noncompliance, required a CAP and provided technical assistance and support to the LEA.

For FFY 2023, the KDE received self-reported data from all LEAs. Five LEAs self-reported noncompliance. Additionally, the KDE randomly reviewed student records from 10% of the LEAs that self-reported 100% compliance. Through desk reviews, zero additional LEAs were cited for noncompliance. In total, five LEAs (representing seven students) had student records identified as noncompliant.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

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

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The five noncompliant LEAs (representing six students), with assistance from SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written Report of Findings. The KDE identified the percentage level of noncompliance for the LEA. The noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses showed delays occurred due to the use of contracted school psychologists from out of state and the long-term hospitalization of two students. The results of the root cause analysis were utilized to develop a CAP that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Consistent with QA 23-01, the state verified the five LEAs (representing six students) identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance within one year of written notification and closed their CAPs.

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

For FFY 2022, five LEAs (representing six students) were identified as having noncompliant practices under Indicator 12. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. The LEAs developed a CAP to address noncompliance and included the correction of individual files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that five LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified by the state as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined the five LEAs (representing six students) corrected all individual cases of noncompliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

See the FFY 2022 Findings of Noncompliance Verified as Corrected text box for this information.

12 - OSEP Response

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

Provide detailed information about the timely correction of child-specific and regulatory/systemic 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) 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 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Beginning with the FFY 2024 SPP/APR (due February 2, 2026), if the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction), the explanation within each applicable indicator must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	92.95%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	93.94%	96.74%	94.52%	98.00%	93.11%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
2,171	2,299	93.11%	100%	94.43%	Did not meet target	No Slippage

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

State monitoring

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

For Indicator 13, all LEAs reviewed their data for compliance and submitted self-reported data to the KDE. The KDE verified the data by randomly reviewing student records for 10% of the LEAs that reported 100% compliance. From those LEAs, 10% of students aged 16 or older with IEPs, during the 2023-2024 school year, were randomly selected for desk reviews conducted by the KDE. Reviewers used the Compliance Record Review Document and the statewide student information system to access student records to determine whether a student's file was compliant with Indicator 13. Following the desk reviews, the KDE issued a written Report of Findings addressed to the LEA's superintendent and DoSE. The report included notification of IDEA noncompliance discovered during the review and the requirement that the noncompliance is corrected as soon as possible but in no case more than one year from notification. If noncompliance was identified during the review, the KDE required a CAP and provided technical assistance and support to the LEA.

The KDE reviewed self-reported noncompliance data and, as necessary, data from the statewide student information system Infinite Campus (IC) to exercise due diligence and confirm in a reasonable amount of time whether the information submitted represented noncompliance. The KDE issued a written report to the LEA based on the self-reported noncompliance, required a CAP and provided technical assistance and support to the LEA.

For FFY 2023, the KDE received self-reported data from all LEAs. Noncompliance was self-reported by 16 LEAs. Additionally, the KDE randomly reviewed records from 10% of the LEAs that self-reported 100% compliance. Through desk reviews, 12 additional LEAs were cited for noncompliance. In total, 28 LEAs (representing 128 students) had student records that were identified as noncompliant for Indicator 13.

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

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
28	28	0	0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The 28 LEAs (representing 159 students), with assistance as needed from the SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written Report of Findings. The KDE identified the percentage level of noncompliance for each LEA. Each noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The results of the root cause analyses showed an increase in new staff. Those results were utilized to develop meaningful CAPs that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Consistent with QA 23-01, the KDE verified all 28 LEAs (representing 159 students) identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance within one year of written notification and closed their CAPs.

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

For FFY 2022, 28 LEAs (representing 159 students) were identified as having noncompliant practices under Indicator 13. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs developed CAPs to address noncompliance and included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that 28 LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all 28 LEAs (representing 159 students) corrected all individual cases of noncompliance for FFY 2022.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 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 QA 23-01. In the FFY 2023 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 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

See the FFY 2022 Findings of Noncompliance Verified as Corrected text box for this information.

13 - OSEP Response

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

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 3 for additional instructions on sampling.)

Collect data by September 2024 on students who left school during 2022-2023, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2022-2023 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2023 SPP/APR, compare the FFY 2023 response rate to the FFY 2022 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

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

III. Reporting on the Measures/Indicators

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

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

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

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

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

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

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2018	Target ≥	25.50%	25.50%	17.15%	17.15%	17.63%
A	16.98%	Data	16.98%	17.77%	17.15%	15.99%	18.09%
B	2018	Target ≥	56.00%	56.00%	53.75%	53.75%	54.16%
B	54.23%	Data	54.23%	52.19%	53.75%	50.03%	57.06%
C	2018	Target ≥	66.70%	69.96%	64.79%	64.79%	65.69%
C	69.76%	Data	69.76%	68.05%	64.79%	70.93%	72.10%

FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	18.11%	19.08%	21.00%
Target B ≥	54.56%	55.38%	57.00%
Target C ≥	66.59%	68.40%	72.00%

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually,

facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	4,904
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	3,015
Response Rate	61.48%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	580
2. Number of respondent youth who competitively employed within one year of leaving high school	1,118
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	102
4. Number of respondent youth who are in some other employment within one year of leaving high school (but not enrolled in higher education, some other postsecondary education or training program, or competitively employed).	330

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	580	3,015	18.09%	18.11%	19.24%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,698	3,015	57.06%	54.56%	56.32%	Met target	No Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	2,130	3,015	72.10%	66.59%	70.65%	Met target	No Slippage

Please select the reporting option your State is using:

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

Response Rate

FFY	2022	2023
Response Rate	66.00%	61.48%

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

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

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

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

Representativeness by race/ethnicity:

White (overrepresented by 5.5 percentage points)

Black (underrepresented by 3.8 percentage points)

Representativeness by Region:

KVEC (overrepresented by 3.4 percentage points)

GLEC (underrepresented by 5.1 percentage points)

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

NO

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

The FFY 2023 data reflects the demographics of youth exiting secondary school with an IEP, with some underrepresentation and overrepresentation noted. Specifically, there is an overrepresentation of White students and those from the KVEC region, while Black students and those from the GLEC region are underrepresented. The KDE will continue to provide support and updates to LEAs through various communication methods, including weekly emails, quarterly newsletters and technical assistance in collaboration with Kentucky Post School Outcomes Center (KYP SO). Additionally, KDE will work with Special Education Regional Technical Assistance Centers (SERTACs) to create and share strategies to help LEAs in the affected regions improve response rates. Ongoing updates on current and past response rate data will also be provided. LEAs are encouraged to collect contact information from students before they exit, verify this data prior to the data collection period and follow targeted strategies to improve response rates.

Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

To assist with increased response rates, KDE and KYP SO will communicate monthly during the collection window to monitor LEA's submissions. The KDE will announce window updates through weekly news highlights, quarterly newsletters and emails. Additional support and technical assistance will be provided to LEAs with low response rates throughout the reporting window. The KDE will share data analysis protocols with LEAs and encourage LEAs to identify a system to increase response rates, particularly within underrepresented regions. The KDE will collaborate with the SERTACs to develop and share strategies to support LEAs.

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

For FFY 2023 the overall response rate was 61.48%, which is a 4.52% point drop from the previous year. This represents 3015 respondents out of a total population of 4904 students aged 14-21 with IEPs who exited special education.

To assess the degree to which nonresponse bias impacted results for Indicator 14 A, B and C, the HDI conducted one-way ANOVA tests with a dichotomous variable indicating membership in each underrepresented group as an independent variable and the Indicator 14 scores as the dependent variable. As noted below, the underrepresented groups included former Black students and former students in the GLEC region.

For 14A, the mean was 22.1% for Black students and 18.9% for non-Black students. This yields an F-statistic of 1.97 and an insignificant p-value. For the GLEC region the mean was 15.0% and 19.7% for students outside the GLEC region. This yields an F-static of 3.72 and a p-value greater than .05. Based on this analysis, we find no non-response bias for 14A related to the underrepresentation of Black respondents.

For 14B, the mean was 57.0% for Black students and 56.2% for non-Black students. This yields an F-statistic of .07 and an insignificant p-value. For the GLEC region the mean was 45.7% and 57.5% for students outside the GLEC region. This yields an F-static of 14.8 and a p-value of less than .01. Nonresponse bias related to the underrepresentation of students in the GLEC region did contribute to results for 14B, and the statewide rate is inflated due to this.

For 14C, the mean was 74.0% for Black students and 70.2% for non-Black students. This yields an F-statistic of 2.08 and an insignificant p-value. For the GLEC region the mean was 69.6% and 70.8% for students outside the GLEC region. This yields an F-static of .16 and an insignificant p-value. Based on this analysis, the state found no nonresponse bias for 14C related to the underrepresentation of students in the GLEC region.

While nonresponse bias was identified for GLEC for 14B, this region has met regularly with KYP SO staff to attempt to increase their response rate. While the state response rate dropped by over 4 points, GLEC remained under-represented by the same amount as the previous year (5%). The GLEC region includes Kentucky's largest LEA which is diverse in race, ethnicity and socioeconomic status.

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

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Response to actions required in FFY 2022 SPP/APR

As noted above, the State reported on the representativeness of the data in the Indicator 14 section entitled, "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." Kentucky analyzed representativeness using race/ethnicity and geographical region. The following subgroups were over or underrepresented by more than 3 percentage points from population figures:

Race/Ethnicity: White (overrepresented by 5.5 percentage points); Black (underrepresented 3.8 percentage points)

SERTAC region: KVEC (overrepresented by 3.4 percentage points); GLEC (underrepresented by 5.1 percentage points)

The results of the analysis indicated that respondents from the GLEC region were underrepresented as well as Black respondents and that White student respondents were overrepresented along with respondents from the KVEC region. The State reported on the actions it is taking to address representativeness in the Indicator 14 section entitled, "Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics." The KDE will work with the SERTAC in the one underrepresented region to develop strategies to increase response rates. Additionally, SERTACs hold regularly scheduled meetings with DoSEs in their regions to include regular updates about current and past response rate data. The KDE regularly shares updates with LEAs through weekly emails, quarterly newsletters and technical assistance provided by the KDE and KYPSO. To improve response rates, LEAs have been encouraged to collect contact information for students prior to exiting and to review contact information before the data collection window.

14 - OSEP Response

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	11
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	3

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

NO

Targets: Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Historical Data

Baseline Year	Baseline Data
2017	45.45%

FFY	2018	2019	2020	2021	2022
Target >=	70.00% - 80.00%	70.00%-80.00%	45.45%	45.45%	46.02%
Data	34.62%	35.71%	75.00%	50.00%	50.00%

Targets

FFY	2023	2024	2025
Target >=	46.59%	47.73%	50.00%

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3	11	50.00%	46.59%	27.27%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

From FFY 2022 to FFY 2023, the percentage of hearing requests that resulted in resolution sessions and were resolved through settlement agreements decreased by 23 percentage points, leading to slippage. The state explored potential reasons for this decline through collaboration between the KDE's Office of Special Education and Early Learning (OSEEL) and Office of Legal Services (OLS). The findings indicated that the decrease in settlement agreements was due to various factors, including parties unwilling to engage with one another, scheduling conflicts caused by illnesses, delays from pending evaluation results, petitioners appealing decisions and orders of dismissal.

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

Percent = $(2.1(a)(i) + 2.1(b)(i))$ 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 baselines or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, develop baseline and targets and report on them in the corresponding SPP/APR.

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	14
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	5
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	7

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

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with

disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

Historical Data

Baseline Year	Baseline Data
2017	66.67%

FFY	2018	2019	2020	2021	2022
Target >=	61.00% - 85.00%	61.00%-85.00%	66.67%	66.67%	67.71%
Data	100.00%	75.00%	100.00%	100.00%	80.00%

Targets

FFY	2023	2024	2025
Target >=	68.75%	70.84%	75.00%

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
5	7	14	80.00%	68.75%	85.71%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage, and which is aligned with the State-identified Measurable Result(s) (SiMR) for Children with Disabilities.

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024-June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

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

To increase the percentage of students with disabilities performing at or above proficient in middle school math, specifically at the 8th-grade level, with emphasis on reducing novice performance, by providing professional learning, technical assistance and support to elementary and middle school teachers around implementing, scaling and sustaining Positive Behavioral Interventions and Supports (PBIS) and evidence-based practices (EBP) in math.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

NO

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

<https://education.ky.gov/specialed/excep/instresources/Documents/SSIPTTheoryofAction.pdf>

Progress toward the SiMR

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

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

NO

Historical Data

Baseline Year	Baseline Data
2021	11.92%

Targets

FFY	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	13.92%	14.92%	15.92%

FFY 2023 SPP/APR Data

Number of children with IEPs scoring At or Above Proficient Against Grade Level Academic Achievement Standards (8th grade)	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment (8th grade)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
773	5,772	10.93%	13.92%	13.39%	Did not meet target	No Slippage

Provide the data source for the FFY 2023 data.

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

Please describe how data are collected and analyzed for the SiMR.

The SiMR uses the Kentucky Summative Assessment (KSA) data to measure the percent of students with disabilities performing at or above proficiency in math at the eighth-grade level. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year. The SiMR data and target are aligned with Indicator 3B for eighth-grade mathematics. Student outcome data is analyzed in conjunction with implementation data at each level of the system (state, region, district, school).

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Capacity Assessments-

Capacity assessment data is collected once per year and used to inform the system of support at all levels (state, region, district, school). Implementation teams use these data to develop/refine action plans to improve infrastructure to support the EBP.

Active Implementation Frameworks (AIF) Training Outcome Data-

Transformation Zone (TZ) implementation teams at the regional and district level receive training in Implementation Science fundamentals during the installation phase. The data is used to improve the quality of training and meet the learning needs of participants.

EBP training outcome data-

Districts are responsible for the provision of EBP training for administrators and teachers. District Implementation Teams (DITs) are encouraged to collect math training component worksheets that align training development to adult learning strategies and the Kentucky Math Practice Profile.

Participants in the training complete the Math Training Efficacy survey. When appropriate, math training also includes a pre/post-knowledge assessment. Data is collected as training occurs. The data is used in conjunction with fidelity, coaching and capacity data to make informed decisions on how best to support teachers.

EBP Fidelity Data -

In Kentucky, districts have the option to use multiple classroom walkthrough tools to measure fidelity of EBP implementation. Data is collected at least three times per year. Implementation teams triangulate implementation data (coaching, training, capacity) with fidelity data to inform the system of support for teachers.

Student Mathematics Benchmark Data-

Districts are encouraged to analyze and submit benchmark data three times per year (Spring, Winter, and Fall) using mathematics benchmark data. This data can demonstrate how students are making growth on benchmark goals prior to statewide end of year assessment results. Allowing districts to make data-based decisions in implementation of math EBPs.

Linked-Teaming Survey-

A common survey given to Regional Implementation Teams (RIT) and DITs within the linked teaming infrastructure is collected annually to assess the system of support.

Did the State identify any general data quality concerns, unrelated to COVID-19, which affected progress toward the SiMR during the reporting period? (yes/no)

NO

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

NO

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

<https://www.education.ky.gov/specialed/excep/instrresources/Documents/KySSIPEvalPlan.pdf>

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period:

State Implementation Team (SIT)

In the previous reporting year, the SIT developed a targeted support plan for districts based on feedback from stakeholders. As the targeted support plan was used, the SIT and districts provided feedback that the targeted and intensive methods required too much of a time commitment at the district level. In response to stakeholder feedback, the KDE developed a plan for a new targeted support model for teachers to begin implementation in 2025. The SIT will continue to engage in stakeholder feedback to determine new ways to improve scaling and support.

TZ Infrastructure

Kentucky continues to use a linked teaming structure (state, region, district, school) to provide support on the use of implementation science to

effectively implement EBPs to meet the goals of the SiMR. The KDE has added additional state level staff to support the work of the SSIP.

Tiered Level of Support

The KDE is continuing to receive feedback through the linked teaming structure (regions, districts, and schools) that turnover and staff shortages create barriers to engaging in the Transformation Zone. As a result, Kentucky is making adjustments to the tiered model of support (intensive, targeted, universal) for districts on math EBPs and the Active Implementation Frameworks.

-Universal Support: The state team is developing a communication plan to promote the mathematics toolkit, including the Kentucky Mathematics Practice Profile. Part of the communication plan is to provide support to districts on how to use the toolkit to support teachers on math EBPs.

-Targeted Support: The targeted approach model developed in the last reporting year went through usability testing. Through that process, the KDE received feedback from districts that the model was still too intensive. The state team used the successful model developed through the Pyramid Model implementation in Kentucky's previous State Personnel and Development Grant (SPDG) to restructure targeted support. A community of practice (CoP) is being developed across the state with special education teachers. During each CoP, teachers will receive training on EBPs and an opportunity to conduct an analysis of implementation leading to emerging patterns and action steps for improvement efforts. Using the intensive support structure as a model, data will be collected at the CoPs to measure the implementation drivers (fidelity, training, coaching).

-Intensive Support: Due to minimal scale-up, the state team will continue to work with stakeholders and gather qualitative and quantitative data on the intensive model of support. The team will conduct a data and infrastructure analysis to determine the root cause for lack of participation in the TZ. The results will be used to restructure and usability test potential support models.

TZ data dashboard

The data dashboard platform was reformatted to be more visually appealing and user-friendly by including "quick links" for data collection on each school, district, and region dashboard webpage.

State Personnel Development Grant (SPDG)

Kentucky was awarded a SPDG in 2023 focused on postsecondary transition. The KDE is continuing to leverage the implementation capacity from the SSIP to support data collection and processes for the SPDG. An implementation team was developed using selection criteria that included a variety of stakeholders (career and technical education, regional technical assistance center and field staff). Additionally, several tools developed for the SSIP are being used to inform the installation of an effective coaching and training system (training and coaching service delivery plans and Coaching Practice Profile). The SPDG team has already selected a fidelity measure and will use a data dashboard similar to the SSIP for collecting and analyzing data.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

TZ Infrastructure:

The TZ work aims to build a multi-tiered system of training, coaching and technical assistance (short-term outcomes) to build capacity for local systems to sustain improvement in evidence-based math instruction and scale up as capacity builds. Ultimately, it is anticipated that these successes in short-term outcomes will lead to the achievement of the SiMR.

Based on feedback and input from stakeholders regarding barriers to scale-up, the SIT created a more streamlined process in the prior year for data-informed decision making which includes:

- Capacity assessments completed annually
- Fidelity to data-informed action planning
- Reflection on the system of support
- Linked Teaming Survey annually
- Effective use of measures within the TZ data dashboard (fidelity, training, coaching and student benchmark)

Capacity Assessments

Capacity assessments represent an expected output of infrastructure development and capacity-building activities initiated as a part of TZ work. The assessments represent sustained adherence to accountability monitoring, quality standards, and professional development and are necessary for sustaining systems improvement efforts. The Capacity Assessment is used for the following project measures that represent outputs of TZ efforts:

-90% of implementation teams complete an annual capacity assessment.

Among the 45 implementation teams considered active during the reporting period (7 region, 8 district, 30 building), 19 (4 region, 3 district, 12 building) completed a capacity assessment (42%).

-50% of DITs report having a coaching system present to support schools in the use of Usable Innovations.

Among the 3 districts completing a capacity assessment during the reporting period, all (100%) reported having a coaching system in place to support schools in their use of usable innovations.

-100% of districts secure training on Usable Innovation for all district/school personnel.

Among the 3 districts completing a capacity assessment, all (100%) reported securing training on the usable innovation for all district/school personnel.

-Each year, 80% of RITs engage in exploration activities.

Among the 4 RITs completing a capacity assessment in the reporting period, all (100%) reported engaging in exploration activities.

-80% of implementation teams at each level report having access to relevant SSIP data.

Among the 19 implementation teams completing capacity assessments during the reporting period, 100% at each level (region, district, building) reported having access to relevant SSIP data.

Linked Teaming Survey (LTS)

In the prior reporting period, as part of the update to the evaluation plan, the LTS was modified to match updated project measures and to include stakeholder feedback. This year, it was administered in Spring 2024 and participants were asked to reflect on the support received during the current

school year (2023-2024). Overall, 25 DIT members from 5 districts and 15 RIT members from 4 regions participated, reflecting approximately 42% of all DIT members and 45% of all RIT members respectively.

The LTS measures expected outputs of infrastructure development and capacity -building activities. Attainment of these measures represents adherence to accountability monitoring, quality standards and are necessary for sustainability of systems improvement efforts. The LTS project measures include:

- 80% of RITs and DITs report creating an action plan each year that is based on capacity assessment findings.
- Among those with an action plan, 80% of RITs and DITs reported using the capacity assessment action plan to support decision -making.

Across all 40 participants, 38 (95%) reported that their implementation team had created an action plan based on capacity assessment findings for the current school year; 100% of RIT respondents reported "Yes." In addition, 35 (92%) reported that their team consistently used their capacity assessment action plan to support decision making, reflecting a 8.2% increase from the preceding year (85%).

Outcomes:

The following outcomes and project measures were measured through the LTS, assessing the effectiveness of the linked teaming approach. These measures pertain to professional development and technical assistance offered through the linked teaming structure. When consistently met, they can contribute to 1) ongoing systems change and scale-up, especially for enhancing competency in implementation science, and 2) meeting the SIMR, especially for enhancing teacher support for EBP instruction.

Increase districts' experience with implementation science:

- Each year, 80% of RIT members report the Kentucky Department of Education (KDE) Implementation Team provided high-quality support to increase the use of Implementation Science.
- Each year, 80% of DIT members report the RIT provided high-quality support to increase the use of Implementation Science.

Among the 40 DIT and RIT respondents to LTS, 100% agreed or strongly agreed with these statements indicating that for the previous school year, the [SIT or RIT] provided high quality support to increase our [RIT or DIT's]: 1) use of implementation science, 2) capacity to use implementation data to make informed decisions, and 3) capacity to support districts' use of implementation science. This 100% rate of agreement was maintained from last year. When averaging scores across these statements, DIT respondents rated the supports received slightly higher than RITs (average score of 3.64 vs. 3.60).

Enhanced support for teachers in instruction of evidence-based math practices:

- Each year, 80% of RIT members report the KDE Implementation Team provided high-quality support to improve the implementation of math EBPs.
- Each year, 80% of DIT members report the RIT provided high-quality support to improve the implementation of math EBPs.

Among the 40 RIT and DIT respondents to the LTS, 100% reported either agreed or strongly agreed that the [SIT or RIT] has provided high-quality support to increase the capacity to support districts to implement EBPs to improve math outcomes. The average score for this question was slightly higher at the DIT level than the RIT level: mean score of 3.68 (92%) vs. 3.53 respectively (88%).

Input to Inform Future Implementation:

Most respondents reported that the linked teaming communication strategy was adhered to with 38 (95%) of RIT and DIT members saying that the State or Regional Implementation Team respectively followed through with the planned communication protocol. This adherence to the communication strategy sustained from last year (96%). Furthermore, 39 (98%) of RIT and DIT participants in the LTS agreed or strongly agreed that they were satisfied with the quality of communication with the SIT and RIT respectively, which is also consistent with the previous year's report (99%). Mean scores for this question were slightly higher for DIT members compared to RIT members (3.72 vs. 3.60 respectively).

When asked about desired supports, 80% of RIT respondents said no changes were needed. The following were requested by 1 respondent each: "applying and integrating implementation science approaches," "tailoring support (based on needs, goals and context)," and "growing and sustaining relationships." DIT members were asked about desired feedback elements. The most common requests follow. Ten (40%) respondents sought support in guiding districts in developing infrastructure to support teachers' use of effective innovations with fidelity; 28% requested support in developing district/school expertise to refine or create internal protocols; and 24% requested support in reviewing strengths and needs at the district/school level.

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

YES

Describe each new (newly identified) infrastructure improvement strategy and the short-term or intermediate outcomes achieved.

Tiered Level of Support

The KDE is continuing to receive feedback through the linked teaming structure (regions, districts, and schools) that turnover and staff shortages create barriers to engaging in the Transformation Zone. As a result, Kentucky is making adjustments to the tiered model of support (intensive, targeted, universal) for districts on math EBPs and the Active Implementation Frameworks.

-Universal Support: the state team is developing a communication plan to promote the mathematics toolkit, including the Kentucky Mathematics Practice Profile. Part of the communication plan is to provide support to districts on how to use the toolkit to support teachers on math EBPs.

-Targeted Support: The targeted approach model developed in the last reporting year went through usability testing. Through that process, the KDE received feedback from districts that the model was still too intensive. The state team used the successful model developed through the Pyramid Model implementation in Kentucky's previous State Personnel and Development Grant (SPDG) to restructure targeted support. A community of practice (CoP) is being developed across the state with special education teachers. During each CoP, teachers will receive training on EBPs and an opportunity to conduct an analysis of implementation leading to emerging patterns and action steps for improvement efforts. Using the intensive support structure as a model, data will be collected at the CoPs to measure the implementation drivers (fidelity, training, coaching).

-Intensive Support: Due to minimal scale-up, the state team will continue to work with stakeholders and gather qualitative and quantitative data on the intensive model of support. The team will conduct a data and infrastructure analysis to determine the root cause for lack of participation in the TZ. The results will be used to restructure and usability test potential support models.

Short-term Outcome 1: Implement the new targeted support model focusing on Specially Designed Instruction (SDI) through a CoP.

Intermediate Outcome 1: Teachers receive the support and coaching necessary to effectively implement EBPs in the classroom leading to improved

outcomes for students with disabilities.

SiMR Improvement Group (SIG)

Based on stakeholder input, data analysis and outcomes the KDE developed the SIG to examine improvement strategies for the SiMR. The state team developed selection criteria for SIG membership. Stakeholders were selected to ensure statewide perspective and commitment when determining next steps for the SiMR.

Short-term Outcome 2: Meet with the SIG to examine improvement strategies for the SiMR.

Intermediate Outcome 2: Possible changes to the SiMR based on stakeholder feedback that will lead to improved outcomes for students with disabilities.

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The KDE will continue to work with the Scaling-up of Evidence-based Practices Center (SISEP) to support the use of active implementation within the linked teaming structure (State, Region, District, School). All planned activities will continue to support effective mathematics instruction to improve educational outcomes for students with disabilities.

SIT

Next Step 1: The SIT will continue to meet and focus on the initial implementation and installation of the tiered support plan. Usability testing or improvement cycles will be used to make adjustments to the tiered support plan. Intensive support TZs will continue to build capacity through the linked teaming structure.

Anticipated Outcome 1: Scale to additional districts and schools using the tiered support model to participate in the TZ to impact the progress toward the SiMR.

Next Step 2: Develop project measures for targeted and universal support.

Anticipated Outcome 2: Scale-up to additional districts and schools leading to a greater impact on the SiMR.

Infrastructure

Next Step 3: Continue to collect data through the LTS to inform improvements to the system of support for teachers.

Anticipated Outcome 3: Using the data to improve the system will support the removal of barriers for teachers to effectively implement EBPs.

SPDG

Next Step 4: The SSIP team and transition team will continue to establish connections between the new SPDG and the SSIP.

Anticipated Outcome 4: The SSIP will support the new SPDG by focusing on quality mathematics instruction so that students have the math skills needed to be successful.

List the selected evidence-based practices implement in the reporting period:

EBPs in Mathematics that align to the Kentucky Mathematics Practice Profile

Active Implementation Frameworks (AIFs)

Provide a summary of each evidence-based practice.

EBPs in Mathematics:

To meet the goals of the SiMR, the KDE supports districts and regions in the implementation of EBPs in mathematics grounded in the eight mathematics teaching practices using the Kentucky Mathematics Practice Profile. While the KDE does not mandate a specific innovation, districts use the hexagon tool to select an innovation that is aligned to the EBPs in the practice profile and with the Every Student Succeeds Act Levels of Evidence to best meet the needs of students.

Active Implementation Frameworks (AIF):

In 2005, the National Implementation Research Network (NIRN) released a monograph that synthesized implementation research findings across a range of fields. Based on these findings, the evolving field of research and practice evidence, NIRN developed five overarching frameworks referred to as the Active Implementation Frameworks. Implementation science, the multi-disciplinary study of methods and strategies to promote the use of research findings in practice, seeks to address this by providing frameworks to guide the creation of conditions and activities that facilitate the use of EBP (<https://implementation.fpg.unc.edu/wp-content/uploads/Active-Implementation-Overview.pdf>).

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g., behaviors), parent/caregiver outcomes, and/or child /outcomes.

EBP in Mathematics:

The district-selected math innovation aligned to the EBPs within the Kentucky Mathematics Practice Profile, supports teacher practices in the classroom. The fidelity, training, and coaching implementation data within the data dashboard is anchored in the eight mathematics teaching practices. DITs meet monthly to analyze the system of support for teachers to effectively implement EBPs. Districts and coaches use the results of the analysis to provide feedback and support to teachers to impact student outcomes in mathematics and support the SiMR.

AIFs:

The AIFs are intended to impact the SiMR by providing support at each level of the system to increase the effective implementation of EBPs and achieve improved student outcomes. To accomplish these goals, the formula for success is used to put the frameworks in place by,

1. Usable Innovation: An EBP or program that is intended to improve results is chosen based on need, the best available evidence to achieve the specified goal and is operationalized to be teachable, learnable, doable and measurable.
2. Effective Implementation and Improvement: Teams receive training, coaching and feedback to effectively use the EBP and make improvements based on feedback.
3. Enabling Context: The team actively creates a hospitable environment to ensure an enabling context exists to support implementation and

improvement in the use of the EBP.

4. Educationally Significant Outcomes: Successful implementation of the formula of success results in educationally significant outcomes.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Fidelity of EBP Implementation:

In Kentucky, districts have the option to select a TZ-approved tool to measure the fidelity of EBP implementation. The Observation Tool for Instructional Supports and Systems (OTISS) is a TZ-approved fidelity tool that identifies highly effective, research-based instructional practices being used during classroom instruction. The OTISS is comprised of seven items based on John Hattie's (2009) work evaluating research behind factors that influence educational achievement. The Kentucky Mathematics Innovation Tool (KMIT) is another approved fidelity tool based on the Kentucky Mathematics Practice Profile which was informed by the eight Mathematics Teaching Practices as identified by the National Council of Teachers of Mathematics.

24 schools (80% of all BITs) from 6 districts participated in fidelity monitoring during the reporting period (November 2023-October 2024); 9 schools (11 cohorts) used the OTISS and 15 schools used the KMIT. While only 7 schools (23%) achieved the project measure of updating their fidelity databases across 3 months annually, 20 (67%) did so across 2 months or more so as to assess growth over time. One school assessed multiple cohorts; therefore, 22 total cohorts are included.

Among the 22 cohorts with 2+ months of data, 15 (68%) met the project measure of either increasing or maintaining high levels of fidelity (score of 1.5 of 2 or 75%) from their baseline to year end assessment. The average change over time from first to last KMIT observation showed a 3% decline from an average score of 1.23 to 1.20 (out of 2). The average change for the OTISS showed a 0.7% increase from an average score of 1.51 to 1.52 (out of 2). The average KMIT score across all domains at all timepoints during the reporting period was 1.34 (67%); The average OTISS score across all domains at all timepoints was 1.57 (79%). When averaging OTISS domain scores throughout the reporting period, Clear Instruction was lowest at 1.29 (65%) and Provides Feedback was highest at 1.84 (92%). When averaging KMIT domain scores throughout the reporting period, Establish Goals was lowest at 1.10 (55%) while Implement Tasks was highest at 1.51 (76%).

Capacity Assessments:

Annual capacity assessments are expected to be completed among all TZ sites to inform sites' action planning processes. Among the 45 implementation teams considered active during the reporting period of November 2023 to October 2024 (7 region, 8 district, 30 building), 19 (4 region, 3 district, 12 building) completed a capacity assessment (42%).

State capacity assessment

The state's Total Domain score in its current capacity assessment was 77.1%, which is the same as its prior assessment in 2022. The domains with highest scores were Leadership (77.8%) and Communication and Engagement (77.8%).

Regional capacity Assessment

Among the 4 regions completing capacity assessments from the reporting period, 3 (75%) grew in their capacity to implement SSIP Usable EBPs as reflected by their scores in the Total domain from the prior reporting period. The fourth maintained a score of 75% in the total domain from the prior year. The Leadership, Staff Selection, and Training Domains all had average scores of 100% among respondents. Although Coaching had the lowest score for the current period (70.8%), the average score for this domain was higher than in the prior reporting period (61.1% of all participant RITs).

District Capacity Assessment

Among the 3 districts completing capacity assessments during the reporting period, all (100%) grew in their capacity to implement SSIP Usable EBPs from the prior reporting period as reflected by their scores in the Total domain. The domain with the highest average score was Training (91.7%); domains with lowest scores of 58.3% were Selection and Facilitative Administration. Nonetheless, growth or maintenance was observed across every domain from the prior reporting period.

Building Capacity Assessment

The building capacity assessment tool was modified during the prior reporting period and no data were collected. Therefore, growth from the prior assessment cannot be calculated. However, among the 12 buildings completing capacity assessments during the reporting period, 10 (83%) had ratings of >80% in their Total domain, indicating high capacity to implement Usable EBPs. The domain with the highest average score was Decision Support (94.4%); the lowest average score was in the Systems Intervention domain (68.8%).

Describe any additional data (e.g., progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

Student Benchmark Data:

13 schools (43% of all Building Implementation Teams or BITs) across 5 districts submitted student benchmark data during the 2023-2024 school year. Of the 13 schools, 1 reported data separately for different cohorts. Ten cohorts across 9 schools and 1 district had at least 3 datapoints; an equal number reported both Winter and Spring data.

All (100%) of these cohorts showed growth from Winter to Spring in the proportion of students meeting benchmarks. The average proportion of students meeting benchmarks rose from 31.4% in Winter to 49.5%, a 58% increase. Similarly, all cohorts (100%) reported that students with disabilities showed growth and that benchmark goals were met for students with disabilities.

Math Training Efficacy and Impact:

Participant evaluation results from one Math training event in one school were recorded during the reporting period. In all, 4 teachers responded to 7 questions on a 4-point scale (1=strongly disagree, 4=strongly agree); an eighth question asked respondents to rate their current knowledge of math practices from 1 (beginner) to 4 (expert). For individual questions, the lowest average rating 2.75 (69%) was for the question "how would you rate your current knowledge level regarding math practices." Half (50%) of participants self-rated their knowledge as 'competent' (score of 3 or 4). Responses to all other questions averaged 3.75 (94%). 75% of participants strongly agreed that the event helped further their understanding of math practices and that the event made them both more efficient and effective at meeting the math needs of students. Average pre/post-test results revealed a gain of 76 percentage points (from an average score of 4% on the pre-test to an average score of 80% on the post-test).

AIF Efficacy Data

Participant evaluation results from one AI training event were recorded this year. In all, 7 participants responded to 7 questions on a 4-point scale (1=strongly disagree, 4=strongly agree); an eighth question asked respondents to rate their current knowledge from 1 (beginner) to 4 (expert). For individual questions, the lowest average rating? 2.75 (69%) was for the question "how would you rate your current knowledge of the specific terms,

frameworks, resources, and materials discussed at these meetings." 86% of participants self-rated their knowledge as 'competent' (score of 3 or 4). Average responses to all other questions was 3.71 (93%).

RIT data collection

To monitor ongoing fidelity of RITs to the linked teaming infrastructure and supports, the state transformation specialist records RITs' participation in various TZ activities. During regular meetings with RITs, 6 of the 7 provided updates related to the following activities that map to expected project measures. All 6 (100% of respondents and 86% of RITs overall) reported:

- adherence to a consistent training/onboarding process for district teams.
- fidelity-measure observer teams undergo training that includes inter-observer agreement.
- using a communication protocol with DITs that is mutually agreed upon.

Further, one new school entered into a mutual selection agreement during the reporting period and a different region embedded exploration activities into their networks by incorporating Active Implementation tools and frameworks.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

EBPs and AIFs

Next Step 1: The KDE will develop a tiered model of support related to the math EBPs and AIFs.

Anticipated Outcome 1: The tiered support model will add additional districts and schools to work toward achieving the goals of the SiMR (scale-up efforts).

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Capacity Data:

Capacity to implement Usable EBPs was relatively strong or grew among participating implementation teams.

Regions

Among the 4 regions completing capacity assessments during the reporting period, 3 (75%) grew in their capacity to implement SSIP Usable EBPs as reflected by their scores in the Total domain from the prior reporting period. The fourth maintained a score of 75% in the total domain from the prior year. The Leadership, Staff Selection, and Training Domains all had average scores of 100% among respondents. Although Coaching had the lowest score for the current period (70.8%), the average score for this domain was higher than in the prior reporting period (61.1% of all participant RITs).

Districts

Among the 3 districts completing capacity assessments during the reporting period, all (100%) grew in their capacity to implement SSIP Usable EBPs from the prior reporting period as reflected by their scores in the Total domain. Growth or maintenance was observed across every domain from the prior reporting period.

Buildings

Although growth could not be assessed for the Building Capacity Assessment due to changes in its structure, among the 12 buildings completing capacity assessments during the reporting period, 10 (83%) had ratings of >80% in their Total domain, indicating high capacity to implement Usable EBPs.

Linked Teaming Survey Data

Participants in the Linked Teaming Survey consistently rated the multitiered support they received positively. Among the 40 respondents to the DIT and RIT Linked Teaming Survey, 100% reported that they either agreed or strongly agreed that the [SIT or RIT] provided high quality support to do the following for the prior school year:

- increase our [RIT's or DIT's] use of implementation science (e.g. effective systems).
- increase our [RIT's or DIT's] capacity to use implementation data to make informed decisions.
- increase our [RIT's or DIT's] capacity to support districts' use of implementation science (e.g., effective systems).
- increase our [RIT's or DIT's] capacity to support [districts or schools] in implementing evidence-based practices (EBPs) to improve math outcomes.

This 100% rate of agreement was maintained from the prior reporting period.

Student Benchmark Data:

All (100%) of the cohorts reporting Winter and Spring Benchmark data (representing 30% of BITs) showed growth from Winter to Spring in the proportion of students meeting benchmarks. The average proportion of students meeting benchmarks rose from 31.4% in Winter to 49.5%, a 58% increase). Similarly, all cohorts (100%) reported that students with disabilities showed growth and that benchmark goals were met for students with disabilities.

Overall, the state team would like to see higher participation in TZ data monitoring activities. Stakeholders have continued to provide feedback on barriers to implementation. For this reason, in the coming year, a tiered support model is being developed and the SIG has been created to address concerns from stakeholders.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Current Stakeholder Engagement (FFY 2023)

For FFY 2023, revisions were made to Indicator 7 baseline and targets. In the 2021-2022 school year, the KDE began transitioning to the Child Outcomes Summary (COS) to improve data quality and usability for Indicator 7. During the 2022-2023 school year, the KDE had access to COS data from all Kentucky LEAs for exiting four-year-old students only. In FFY 2023, the KDE expanded its data collection to include both entry and exit data for

a longitudinal dataset covering three, four and five-year-old preschool students from entry to exit within the preschool program. With this updated approach and a more comprehensive data set, the KDE proposed resetting the baseline and targets for Indicator 7, effective starting in FFY 2023.

To ensure the targets reflected a broad perspective, the KDE engaged a representative group of stakeholders to assist in setting new targets. This group included preschool coordinators, DoSEs and preschool teachers from various regions across the state to ensure input from a diverse group of stakeholders. Additionally, a representative from KY-SPIN participated to represent parents from across the state. The stakeholder group met virtually, facilitated by the 619 coordinator. During the meeting, participants were informed about the target setting process through PowerPoint presentations, agendas, meeting notes and visual representations. Stakeholders were presented with three years of historical data for Indicator 7 to assist them in understanding what the indicator measures and the changes to the data collection method. Input was gathered from stakeholders on proposed future targets. The group emphasized the importance of setting reasonable yet achievable targets. The proposed targets were then presented to the State Advisory Panel for Exceptional Children (SAPEC) for further review and discussion. After discussions with the stakeholder group as well as SAPEC, the KDE accepted the proposed baseline and new targets for Indicator 7.

In FFY 2023, the KDE continued to engage stakeholders in efforts to analyze data, develop improvement strategies and assess progress.

The KDE provided opportunities for SERTACs, RTCs and DoSEs to engage directly with OSEEL staff. The OSEEL liaisons attended monthly regional meetings to share updates, facilitate communication between practice and policy and gather qualitative feedback. This feedback helped identify regional trends, which informed the development of future guidance, resources and training. The KDE also presented at the Kentucky Council of Administrators of Special Education (KYCASE), where special education administrators, including DoSEs and preschool coordinators, had the opportunity to participate in small group sessions. These sessions allowed attendees to ask questions, offer suggestions and request additional support.

To further engage stakeholders, the KDE sent out a weekly email update, News You Can Use, to LEAs, SERTAC directors, regional technical assistance providers, gifted and talented directors, DoSEs, KY-SPIN and other special education staff, including those from the DJJ and the Department of Corrections. These updates provided key information on upcoming dates, KDE initiatives and relevant news that could impact students with disabilities and their families, as well as LEAs.

The KDE scheduled quarterly meetings with SAPEC. SAPEC members, including parents, were given an opportunity to provide feedback, ask for clarification or make suggestions during an open public forum. The KDE actively solicited input from a wide range of stakeholders, including parents and educators, to help enhance support for activities aimed at improving student outcomes. More information about SAPEC can be found on the KDE website: ([https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-\(SAPEC\).aspx](https://education.ky.gov/CommofEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)).

Target Setting for FFY 2020-2025 (occurred in FFY 2020)-

As part of the new SPP package, the KDE engaged a broad spectrum of stakeholders in setting new targets. These stakeholders included parents of students with disabilities, KY-SPIN staff, educators, LEA staff, state agency partners, disability advocates, affiliated agency staff, disability organizations, and members of Kentucky's SAPEC. The selection of stakeholders was designed to ensure diverse input, considering urban and rural regions, various ethnicities, disabilities and socioeconomic backgrounds.

The KDE organized and facilitated stakeholder meetings to gather input and advice. The primary goal of these meetings was to present participants with historical data for each indicator, enhance understanding of the indicators, and solicit feedback on proposed future targets. Participants were briefed on the process, expectations, and desired outcomes through presentations, agendas, meeting notes, and visual aids. A neutral facilitator led a group explanation of the indicators, after which stakeholders were divided into smaller groups to review and discuss them. Participants were provided with visual representations of Kentucky's historical data for each indicator, along with three proposed target options. An expert statistician developed these potential targets for KDE's future focus, though stakeholders were also invited to propose alternative targets outside of the three options presented.

Following each target-setting meeting, stakeholders were encouraged to share the information discussed and any feedback received with others. To ensure broader engagement, the KDE created surveys and posted them on the public reporting website, inviting input from a larger and more diverse group of individuals across Kentucky. These surveys provided stakeholders with an opportunity to share their thoughts on progress, barriers, and suggested improvement strategies.

Indicator 17-

For Indicator 17, the KDE engaged SAPEC in the target-setting process related to the SSIP and the SiMR. The KDE presented results from previous SiMR targets and Results-Driven Accountability (RDA) discussions. Potential new SiMR targets were also shared, including the proposed alignment to Indicator 3B (8th-grade mathematics). SAPEC members expressed no concerns regarding this alignment.

In addition, the KDE involved the All-Transformation Zones (All-TZ) in the target-setting process for Indicator 17. The All-TZs consist of Regional Implementation Teams (RITs) from across the state that support Kentucky LEAs. RIT members participated in biannual meetings where they provided feedback on SSIP implementation activities. At one such meeting, the KDE shared the proposed alignment for the SiMR targets (2020-2025). The All-TZ members affirmed that the proposed SiMR target was both rigorous and achievable, supporting the alignment to Indicator 3B (8th-grade mathematics).

Before finalizing the SPP targets for FFY 2020-2025, the KDE considered all stakeholder input from the engagement activities. The new targets were then posted on the KDE's public reporting page for transparency and further review at: (<https://www.education.ky.gov/specialed/excep/MonitoringnResults/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

Current information for FFY 2023 Indicator 17 stakeholder engagement can be found in the SSIP section of the SPP/APR.

The KDE uses a Practice to Policy Communication Cycle to gather input and remove barriers through the linked teaming structure with regions, districts and schools within the TZs. Feedback reported through the linked teaming structure indicated staff turnover within implementation teams continues to increase.

Additionally, the KDE presented on the SSIP, SiMR and the targeted model to support teachers on EBPs during the 2024 DoSE Institute. Stakeholders included special education directors and preschool coordinators, and regional staff. Stakeholders indicated that the targeted support model would be a great opportunity for teachers to enhance their learning of SDI.

The KDE also provided a session at the Kentucky Council for Exceptional Children's Conference and a virtual online session for teachers across the state on SDI. Overall, participants stated the training was informative and allowed them to think deeply about SDI. They enjoyed the interaction opportunities with other training participants and the resources that were provided. One participant noted that the pacing of the content was a bit fast and slowing down would be helpful.

Within the intensive TZ, the LTS was administered in the spring of 2024 to all regions and districts across the TZ. Data from the survey is analyzed and used to make informed decisions on the system of support for teachers. The LTS results indicated that RIT members were satisfied with the supports from the SIT. DIT members generally expressed satisfaction with communication; however, the responses were less positive between the RIT and DIT than the SIT to RIT.

The SIT met during the reporting period to provide feedback on infrastructure improvements.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

As described in Phase II, the KDE uses a Linked Teaming Structure consisting of implementation teams at all levels of the system (state, region, district and school) to create an “enabling context” or a system that effectively removes barriers to achieving the goals of the SiMR.

The KDE also uses a Practice Policy Communication Cycle. This allows barriers encountered in practice to be rapidly communicated through the linked teaming structure to the highest level required for a solution. Stakeholder input reaches multiple levels of the system to inform practice and influence policy. (<https://sisep.fpg.unc.edu/blog/the-role-of-feedback-in-effective-implementation-creating-feedback-loops-in-k-12-education/>)

Stakeholder activities within reporting period:

Considering feedback reported through the linked teaming structure, the state team is conducting a data and infrastructure analysis to develop a tiered model of support for districts.

Based on stakeholder input, data analysis and outcomes, the KDE developed a SIG to examine improvement strategies for the SiMR. The state team developed selection criteria for SIG membership. Stakeholders were selected to ensure statewide perspective and commitment when determining next steps for the SiMR. Stakeholders invited represent the following: STSs, state leadership, RIT, Parent Training and Information (PTI), content experts (general and special education), state- funded preschool, Institutes of Higher Education (IHE).

RITs received regular updates from the STS. During meetings, implementation celebrations and barriers were shared. The STS also provided training and coaching on the Active Implementation Frameworks or other needs identified by RITs.

The KDE presented at the 2024 Kentucky CEC and conducted a virtual session on EBPs to support the SiMR. Participants learned about a targeted approach opportunity available through the SSIP to support teacher practice to improve educational outcomes for students with disabilities. Participants completed a survey at the conclusion of the session to provide input on their learning and strategies for improving training. Overall, participants stated the training was informative and allowed them to think deeply about SDI. They enjoyed the interaction opportunities with other training participants and the resources that were provided. One participant noted that the pacing of the content was a bit fast and slowing down would be helpful.

The 2024 SISEP Active States Forum was held virtually in June. The forum is held annually and includes STSs and implementation team members from SISEP Active States. During the conference, the KDE and RITs presented on the SSIP work in Kentucky, highlighting the effective use of data.

During the fall of 2024, the Office of Special Education and Early Learning (OSEEL) hosted a Director of Special Education (DoSE) Institute which DoSE and Preschool Coordinators from every district across the state were invited to attend. Sessions focused on indicators were presented, including information on Kentucky's SSIP. Additionally, participants were able to learn about the targeted approach model available to support teacher practice on Specially Designed Instruction to support the SiMR. Much of the feedback received was that it is an excellent opportunity for teachers because the training content targets areas that teachers need support with.

The State Advisory Panel for Exceptional Children (SAPEC) provides guidance to the KDE with respect to special education and related services for students with disabilities in Kentucky. The panel meets quarterly with an SSIP update given annually. This update included a review of the support available to districts through the SSIP and an evaluation of the data, with SAPEC members given the opportunity to provide input. The SAPEC did not have any feedback.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

Stakeholders identified the need to focus on a tiered model of support. In response to stakeholder feedback, a targeted support model will be implemented in 2025. The state team is also conducting a data and infrastructure analysis to determine the root cause for lack of participation in the TZ. The results will be used to restructure and usability test potential support models.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Describe any newly identified barriers and include steps to address these barriers.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	97.73%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
16	6	14	6	2

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

16- written findings of noncompliance reported in FFY 2022 SPP/APR under Indicator 4B

2- written findings of noncompliance from Risk Focused Monitoring (RFM)

1- written finding of noncompliance from Kentucky Educational Collaborative for State Agency Children (KECSAC) monitoring

3- written findings of noncompliance from Dispute Resolution

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Noncompliance identified from FFY 2022 SPP/APR, RFM and KECSAC-

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

Each noncompliant LEA was required to develop and submit a CAP for KDE approval that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Noncompliance identified from Dispute Resolution-

The KDE issued a CAP to each noncompliant LEA, outlining steps to ensure the LEA addressed the noncompliance, properly implemented the regulatory requirements and improved its practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured that all instances of noncompliance were corrected promptly, no later than one year from the date the noncompliance was identified. Documentation confirming the correction of noncompliance was required to be submitted by the specific due dates outlined in the CAP. Similarly, for formal special education complaint CAPs where compensatory education services were provided to the student, LEAs were required to submit regular progress reports by the internal due dates specified in the CAP. These reports detailed the LEAs' progress in delivering the compensatory education services to the student.

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original student records were verified as 100% compliant in the areas originally cited. The KDE reviewed evidence submitted by the LEA to ensure that every violation identified within the formal complaint CAPs was effectively corrected and that every CAP activity was successfully completed by the OSEP's one-year deadline.

Summary-

For FFY 2022, 20 LEAs successfully implemented the regulatory requirements at 100% compliance and closed their CAPs within the one-year timeline. One LEA subsequently corrected the noncompliance and one LEA remains noncompliant. The KDE is actively working with the one remaining LEA to correct the noncompliance and close their CAP.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

For FFY 2022, 22 LEAs were identified as having noncompliant practices. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs identified through the SPP/APR, RFM or KECSAC monitoring developed CAPs with KDE approval to address noncompliance while the LEAs identified through Dispute Resolution were issued a CAP by KDE. The CAPs included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that 20 LEAs had corrected all cases of noncompliance within one year of written notification and one LEA subsequently corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined 20 LEAs timely corrected all individual cases of noncompliance for FFY 2022. One LEA subsequently corrected the noncompliance while one LEA still has not corrected the noncompliance. The KDE is actively working with that one remaining LEA to correct the noncompliance and close their CAP.

Indicator 9. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
	5		5	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

0- written findings of noncompliance reported in FFY 2022 SPP/APR under Indicator 9

1- written findings of noncompliance from RFM

4- written findings of noncompliance from Dispute Resolution

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Noncompliance identified from RFM-

The LEA, with assistance as needed from the SERTACs and the KDE, reviewed student-specific and systemic noncompliance items identified in the written Report of Findings. The KDE identified the percentage level of noncompliance for the LEA. The noncompliant LEA was required to conduct a root cause analysis to determine why problem areas existed.

The LEA was required to develop and submit a CAP for KDE approval that included action steps to ensure the LEA corrected the root cause of noncompliance, ensure the LEA was correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. The LEA was required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Noncompliance identified from Dispute Resolution-

The KDE issued a CAP to each noncompliant LEA, outlining steps to ensure the LEA addressed the noncompliance, properly implemented the regulatory requirements and improved its practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured that all instances of noncompliance were corrected promptly, no later than one year from the date the noncompliance was identified. Documentation confirming the correction of noncompliance was required to be submitted by the specific due dates outlined in the CAP. Similarly, for formal special education complaint CAPs where compensatory education services were provided to the student, LEAs were required to submit regular progress reports by the internal due dates specified in the CAP. These reports detailed the LEAs' progress in delivering the compensatory education services to the student..

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original student records were verified as 100% compliant in the areas originally cited. The KDE reviewed evidence submitted by the LEA to ensure that every violation identified within the formal complaint CAPs was effectively corrected and that every CAP activity was successfully completed by the OSEP's one-year deadline.

Summary-

All five LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

For FFY 2022, five LEAs were identified as having noncompliant practices. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs identified through RFM monitoring developed CAPs with KDE approval to address noncompliance while the LEAs identified through Dispute Resolution were issued a CAP by KDE. The CAPs included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that five LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all five LEAs corrected all individual cases of noncompliance for FFY 2022.

Indicator 10. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
3	5	3	5	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).

3- written findings of noncompliance reported in FFY 2022 SPP/APR under Indicator 10

3- written findings of noncompliance from RFM

2- written findings of noncompliance from Dispute Resolution

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Noncompliance identified from FFY 2022 SPP/APR and RFM-

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

The LEA was required to develop and submit a CAP for KDE approval that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant

policies, procedures and practices in the written Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Noncompliance identified from Dispute Resolution-

The KDE issued a CAP to each noncompliant LEA, outlining steps to ensure the LEA addressed the noncompliance, properly implemented the regulatory requirements and improved its practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured that all instances of noncompliance were corrected promptly, no later than one year from the date the noncompliance was identified. Documentation confirming the correction of noncompliance was required to be submitted by the specific due dates outlined in the CAP. Similarly, for formal special education complaint CAPs where compensatory education services were provided to the student, LEAs were required to submit regular progress reports by the internal due dates specified in the CAP. These reports detailed the LEAs' progress in delivering the compensatory education services to the student.

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original student records were verified as 100% compliant in the areas originally cited. The KDE reviewed evidence submitted by the LEA to ensure that every violation identified within the formal complaint CAPs was effectively corrected and that every CAP activity was successfully completed by the OSEP's one-year deadline.

Summary-

All eight LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

For FFY 2022, eight LEAs were identified as having noncompliant practices. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs identified through the SPP/APR and RFM monitoring developed CAPs with KDE approval to address noncompliance while the LEAs identified through Dispute Resolution were issued a CAP by KDE. The CAPs included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that eight LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all eight LEAs corrected all individual cases of noncompliance for FFY 2022.

Indicator 11. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
6	2	6	2	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).

6- written findings of noncompliance reported in FFY 2022 SPP/APR under Indicator 11

2- written findings of noncompliance from Dispute Resolution

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Noncompliance identified from FFY 2022 SPP/APR -

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

The LEA was required to develop and submit CAP for KDE approval that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Noncompliance identified from Dispute Resolution-

The KDE issued a CAP to each noncompliant LEA, outlining steps to ensure the LEA addressed the noncompliance, properly implemented the regulatory requirements and improved its practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured that all instances of noncompliance were corrected promptly, no later than one year from the date the noncompliance was identified. Documentation confirming the correction of noncompliance was required to be submitted by the specific due dates outlined in the CAP. Similarly, for formal special education complaint CAPs where compensatory education services were provided to the student, LEAs were required to submit regular progress reports by the internal due dates specified in the CAP. These reports detailed the LEAs' progress in delivering the compensatory education services to the student.

Summary-

All eight LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For FFY 2022, eight LEAs were identified as having noncompliant practices. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs identified through the SPP/APR developed CAPs with approval from KDE to address noncompliance while the LEAs identified through Dispute Resolution were issued a CAP by KDE. The CAPs included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of

noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that eight LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all eight LEAs corrected all individual cases of noncompliance for FFY 2022.

Indicator 12. 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5	2	5	2	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

5- written findings of noncompliance reported in FFY 2022 SPP/APR under Indicator 12

2- written findings of noncompliance from RFM

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Noncompliance identified from FFY 2022 SPP/APR and RFM-

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

The LEA was required to develop and submit a CAP for KDE approval that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Summary-

All seven LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance and closed their CAPs

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For FFY 2022, seven LEAs were identified as having noncompliant practices. The KDE reviewed all identified student files with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs identified through the SPP/APR and RFM monitoring developed CAPs with KDE approval to address noncompliance. The CAPs included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that seven LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all seven LEAs corrected all individual cases of noncompliance for FFY 2022.

Indicator 13. 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 and 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 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))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected)
28	10	28	10	0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

28- written findings of noncompliance reported in FFY 2022 SPP/APR under Indicator 13

4- written findings of noncompliance from RFM

5- written findings of noncompliance from KECSAC

1- written finding of noncompliance from Dispute Resolution

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Noncompliance identified from FFY 2022 SPP/APR, RFM and KECSAC-

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

The LEA was required to develop and submit a CAP for KDE approval that included action steps to ensure the LEAs corrected the root cause of noncompliance, ensure the LEAs were correctly implementing the regulatory requirements and improve LEA practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for each LEA. The LEAs were required to change any noncompliant policies, procedures and practices within their CAP. Additional CAP activities varied by LEA and were related to the root cause of noncompliance in the LEA. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured all noncompliance was corrected as soon as possible, but no more than one year from the date of notification of the noncompliance. LEAs were required to submit CAP status reports to the KDE on a quarterly basis.

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

If any student record was found noncompliant during the review of updated data, the LEA was required to correct the noncompliance pursuant to OSEP QA 23-01. All original records were verified as 100% compliant in the areas originally cited. Additional student records were verified as 100% compliant before the KDE determined the LEA had corrected all areas of noncompliance. The review of updated data was repeated until the LEA was correctly implementing the regulatory requirements at 100% compliance. With verification of CAP completion and all updated data verified as 100% compliant, the KDE reported the noncompliance as corrected and closed the CAP.

Noncompliance identified from Dispute Resolution-

The KDE issued a CAP to each noncompliant LEA, outlining steps to ensure the LEA addressed the noncompliance, properly implemented the regulatory requirements and improved its practices. The KDE identified noncompliant policies, procedures and practices in the written Report of Findings for the LEA. The LEA was required to change any noncompliant policies, procedures and practices within their CAP. Training activities identified in the CAP were provided by KDE approved trainers which included consultants from the SERTACs. Prior to training events, the KDE reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed.

The KDE ensured that all instances of noncompliance were corrected promptly, no later than one year from the date the noncompliance was identified. Documentation confirming the correction of noncompliance was required to be submitted by the specific due dates outlined in the CAP. Similarly, for formal special education complaint CAPs where compensatory education services were provided to the student, LEAs were required to submit regular progress reports by the internal due dates specified in the CAP. These reports detailed the LEAs' progress in delivering the compensatory education services to the student.

Summary-

All 38 LEAs identified for FFY 2022 successfully implemented the regulatory requirements at 100% compliance and closed their CAPs.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

For FFY 2022, 38 LEAs were identified as having noncompliant practices. The KDE reviewed all identified student records with noncompliance and issued a written Report of Findings which included student-specific corrective action when necessary. LEAs identified through the SPP/APR, RFM and KECSAC monitoring developed CAPs with approval from KDE to address noncompliance while LEAs identified from Dispute Resolution were issued a CAP by KDE. The CAPs included the correction of individual student files as part of the CAP activities.

The LEAs, with assistance from the SERTACs and the KDE, reviewed student-specific items identified in the written Report of Findings. The KDE ensured all student-level noncompliance was corrected as soon as possible but no more than one year from the date of the notification of noncompliance.

The KDE provided guidance, technical assistance and reviewed the evidence submitted to verify the implementation and completion of student-specific corrections and CAP activities. LEAs were required to submit CAP status reports to the KDE quarterly, which included evidence of correction of individual cases of noncompliance. The KDE reviewed the evidence and verified that 38 LEAs had corrected all cases of noncompliance.

With verification of CAP completion and all updated data verified as 100% compliant in the areas identified, the KDE reported the noncompliance as corrected. The KDE determined all 38 LEAs corrected all individual cases of noncompliance for FFY 2022.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case of noncompliance* was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
58	30	56	30	2

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
86	88		100%	97.73%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	2.27%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	88
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	86
3. Number of findings <u>not</u> verified as corrected within one year	2

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	2
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	1
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	0
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	0
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	0
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	0
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	0
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	0
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	0
7. Number of findings <u>not</u> yet verified as corrected	1

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

A review of updated data identified one LEA with noncompliance that has not been fully corrected under Indicator 4B in the FFY 2022 SPP/APR. The KDE determined that the LEA failed to manage its special education program in accordance with applicable state and federal laws, including regulatory requirements. As a result, the LEA is currently receiving intensive, ongoing support from the KDE. The LEA's Compliance Coordinator, a delegate appointed by the DoSE, meets monthly with representatives from the OSEEL, including the DIMR Director or Assistant Director and Branch Manager. While the LEA has made progress toward compliance, including demonstrating the correction of most individual noncompliance cases, it still remains out of compliance overall.

18 - OSEP Response

The State has established the baseline for this indicator, using data from FFY 2023, and OSEP accepts that baseline.

18 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role:

Designated by the Chief State School Officer to certify

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

Name:

Carol Ann Morrison

Title:

Director of the Division of IDEA Monitoring and Results

Email:

carol.morrison@education.ky.gov

Phone:

(502) 564-4970 ext. 4123

Submitted on:

04/22/25 10:35:55 AM

Determination Enclosures

Data Rubric Kentucky

FFY 2023 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5

Grand Total - (Sum of Subtotal and Timely Submission Points) =	27
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(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/31/24	1	1	1	3
Personnel Due Date: 2/19/25	1	1	1	3
Exiting Due Date: 2/19/25	1	1	1	3
Discipline Due Date: 2/19/25	1	1	1	3
State Assessment Due Date: 1/8/25	1	1	1	3
Dispute Resolution Due Date: 11/13/24	1	1	1	3
MOE/CEIS Due Date: 9/4/24	1	1	1	3

618 Score Calculation

Subtotal	21
Grand Total (Subtotal X 1.28571429) =	27.00

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	27.00
C. APR Grand Total (A) + 618 Grand Total (B) =	54.00
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	1.0000
E. Indicator Score (Subtotal D x 100) =	100.00

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files or the entire *EMAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/31/2024
Part B Personnel	FS070, FS099, FS112	2/19/2025
Part B Exiting	FS009	2/19/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	2/19/2025
Part B Assessment	FS175, FS178, FS185, FS188	1/8/2025
Part B Dispute Resolution	Part B Dispute Resolution Survey in <i>EMAPS</i>	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in <i>EMAPS</i>	9/4/2024

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Kentucky

School Year: 2023-24

A zero count should be used when there were no events or occurrences to report in the specific category for the given reporting period. Check "Missing" if the state did not collect or could not report a count for the specific category. Please provide an explanation for the missing data in the comment box at the top of the page.

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	47
(1.1) Complaints with reports issued.	32
(1.1) (a) Reports with findings of noncompliance	19
(1.1) (b) Reports within timelines	29
(1.1) (c) Reports within extended timelines	3
(1.2) Complaints pending.	0
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	15

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	20
(2.1) Mediations held.	14
(2.1) (a) Mediations held related to due process complaints.	6
(2.1) (a) (i) Mediation agreements related to due process complaints.	5
(2.1) (b) Mediations held not related to due process complaints.	8
(2.1) (b) (i) Mediation agreements not related to due process complaints.	7
(2.2) Mediations pending.	5
(2.3) Mediations withdrawn or not held.	1

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	27
(3.1) Resolution meetings.	11
(3.1) (a) Written settlement agreements reached through resolution meetings.	3
(3.2) Hearings fully adjudicated.	0
(3.2) (a) Decisions within timeline (include expedited).	0
(3.2) (b) Decisions within extended timeline.	0
(3.3) Due process complaints pending.	14
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	13

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	2
(4.1) Expedited resolution meetings.	0
(4.1) (a) Expedited written settlement agreements.	0
(4.2) Expedited hearings fully adjudicated.	0
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0

(4.4) Expedited due process complaints withdrawn or dismissed.	2
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State Comments:

More than 50% of the due process complaints were filed in May and June, causing them to be pending as of June 30.

Errors:

Please note that the data entered result in the following relationships which violate edit checks:

PartB-DR-034: (3.3 / 3) > 25%

State error comments:

More than 50% of the due process complaints were filed in May and June, causing them to be pending as of June 30.

This report shows the most recent data that was entered by:

Kentucky

These data were extracted on the close date:

11/13/2024