

KY
Part B

FFY2017
State Performance Plan /
Annual Performance Report

The Kentucky Department of Education (KDE) is committed to providing technical assistance and support to local education agencies (LEAs) to ensure that every student is equipped with the necessary knowledge and skills to succeed in life. Through excellent customer service to school districts and parents, KDE oversees compliance with the provisions and requirements of the Individuals with Disabilities Act (IDEA) of 2004. The goals of the KDE Office of Special Education and Early Learning (OSEEL) are to ensure that students with disabilities have unfettered access to a Free Appropriate Public Education (FAPE) and that the unique educational needs of students with disabilities are met through specialized instruction and related services per the Individualized Education Program (IEP).

KDE collaborates with local districts, schools, school-based decision-making councils, parents, special education cooperatives, communities, and other stakeholders to identify needed resources and provide system enhancements to improve outcomes for students with disabilities.

[KDE Reorganization and Strategic Plan](https://education.ky.gov/CommOfEd/CDU/Documents/KDE's%20Strategic%20Plan%20on%20a%20Page_A_mc.pdf) (https://education.ky.gov/CommOfEd/CDU/Documents/KDE's%20Strategic%20Plan%20on%20a%20Page_A_mc.pdf)

The November 2018 reorganization of the KDE represents a significant and important change for the state by elevating special education services to an office-level entity within the KDE, the Office of Special Education and Early Learning (OSEEL). This change confers a larger role within the department on special education support, monitoring, and compliance. This new focus provides the infrastructure to support enhanced technical assistance and improved monitoring to help ensure the educational success of students with disabilities.

The recent KDE reorganization is accompanied by the new [Our Kids, Our Future Strategic Plan 2018-2023](https://education.ky.gov/CommOfEd/CDU/Pages/Delivery_Home.aspx) (https://education.ky.gov/CommOfEd/CDU/Pages/Delivery_Home.aspx), which has a primary emphasis on gap closure. The objectives of the strategic plan target every level of the SEA, but will be especially important for the new OSEEL:

- maintain effective leadership
- cultivate quality of skills and expertise
- improve internal/external communication
- promote systematic operations
- effective use of resources
- strategic use of partnerships
- improve support services
- improve district and school operations
- improve student outcomes

The vision of KDE is that each and every student be empowered and equipped to pursue a successful future.

Attachments

File Name	Uploaded By	Uploaded Date
No APR attachments found.		

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General Supervision System:

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

Kentucky has multiple systems in place to ensure that IDEA Part B requirements are met across the state. The new OSEEL is committed to an approach that builds district capacity by providing technical support and guidance, as well as ongoing monitoring to identify and address known or potential issues. All of these efforts are geared toward achieving compliance with IDEA and improving results for students with disabilities.

IDEA requires SEAs to make annual determinations of district compliance. Since FFY 2014, KDE has used compliance and educational outcome indicators in finalizing district determinations. KDE relies on the State Identified Measurable Result (SIMR) from Kentucky's State Systemic Improvement Plan (SSIP) when issuing determinations.

Kentucky has several systems in place to provide technical assistance and guidance, provide ongoing monitoring, and ensure compliance:

- state performance plan (SPP)

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- data standards for collection and analysis (indicators and CAPs)
- policies, procedures and regulations
- timely dispute resolution
- integrated and consolidated monitoring
- corrective actions, incentives, and sanctions
- fiscal management

State Performance Plan (SPP)

IDEA requires Kentucky to develop a state performance plan/annual performance report (SPP/APR) that evaluates the state's efforts to implement the requirements, and achieve the objectives, of the IDEA. Kentucky must also describe how the state will improve its implementation going forward. The SPP/APR includes 17 indicators that measure student outcomes and state compliance with IDEA requirements.

Kentucky must submit a state performance plan (SPP) at least every six years, and report on the status of targets identified in the SPP in its annual performance report (APR). Kentucky elicited broad stakeholder input in the development of the SPP. This involvement helped KDE set measurable and rigorous annual performance targets. The SPP provides the baseline data, targets, improvement activities, timelines, and resources established by Kentucky for each required indicator.

Data Collection and Analysis

The OSEEL determines Kentucky's status in achieving the targets of the SPP through the collection of data from local school districts, parents, and other sources. These data are reviewed, interpreted, and reported in the APR, but more important, they drive how Kentucky provides targeted guidance to ensure compliance throughout the year.

KDE has established the [Data Standard for Special Education Processes \(https://education.ky.gov/districts/tech/sis/Documents/Standard-Special-Education-Processes.pdf\)](https://education.ky.gov/districts/tech/sis/Documents/Standard-Special-Education-Processes.pdf), which details how to correctly enter data into the state's student information system. Once collected, the analysis of the data is the basis for developing Corrective Action Plans (CAPs). Kentucky posts special education data and SPP/APRs publicly on the KDE website, along with the performance of each district with regard to the SPP indicators. For more information, visit the webpage on [Public Reporting of IDEA Part B data \(https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx\)](https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx).

Policies, Procedures, and Regulations

Kentucky has a regulatory framework in place to provide structure to local district implementation of IDEA Part B requirements.

[Kentucky Administrative Regulations \(KAR\), Title 707, Chapter 1 \(https://education.ky.gov/specialed/excep/Documents/Kentucky%20Administrative%20Regulations.pdf\)](https://education.ky.gov/specialed/excep/Documents/Kentucky%20Administrative%20Regulations.pdf), outlines the regulatory processes developed to assist districts:

- 002 Definitions
- 270 Kentucky Special Education Mentor Program
- 290 Free appropriate public education
- 300 Child find, evaluation, and reevaluation
- 310 Determination of eligibility
- 320 Individual education program
- 340 Procedural safeguards and state complaint procedures
- 350 Placement decisions
- 360 Confidentiality of information
- 370 Children with disabilities enrolled in private schools
- 380 Monitoring and recovery of funds

Effective Dispute Resolution

The KDE has a dispute resolution system to resolve conflicts between parents of students with disabilities and school districts. The OSEEL works with legal staff to respond to formal written complaints and to oversee due process hearings and mediation. Visit the website for more information on [Kentucky's dispute resolution process \(https://education.ky.gov/specialed/excep/Pages/Dispute_Resolution_Process.aspx\)](https://education.ky.gov/specialed/excep/Pages/Dispute_Resolution_Process.aspx).

Integrated and Consolidated Monitoring

The KDE's monitoring system activities include conducting on-site district visits, performing desk audits, and collecting and evaluating self-reported compliance data from districts. On-site monitoring visits occur as a part of the KDE's State Consolidated Monitoring (SCM) process. Consolidated monitoring provides the KDE an opportunity to review state and federal programs and provide support for effective implementation and collaboration. Aside from individual program reports, districts are provided consolidated reports that facilitate collaboration among the districts' federal and state programs. Program monitors identify effective practices during the monitoring process and provide recommendations for addressing common concerns. In addition to SCM, the OSEEL conducts individual monitoring on an as-needed basis, when district-specific concerns arise concerning the IDEA.

The OSEEL collaborates with other KDE offices throughout the year to conduct SCM activities. During on-site visits, the OSEEL verifies the district's

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self-reported data and issues citations for findings of IDEA noncompliance. The OSEEL has embraced the federal focus on Results-Driven Accountability (RDA) by including compliance indicators that reflect student outcomes.

Annual desk audits for compliance indicators in the state performance plan (SPP) and annual performance report (APR) are also conducted.

Disproportionate representation, which is evaluated in Indicators 9 and 10, provides an example. Prior to the desk audit, the KDE collects and validates data related to disproportionate representation. Identified districts provide student due process files for review. If needed, the KDE issues citations for noncompliance, and then works with the districts to develop Corrective Action Plans and verify correction of noncompliance, in accordance with [OSEP Memorandum 09-02, dated October 17, 2008 \(https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep09-02timelycorrectionmemo.pdf\)](https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep09-02timelycorrectionmemo.pdf).

The Kentucky Preschool Program Review is a monitoring and oversight process designed improve teaching and learning in Kentucky's preschool programs. Preschool programs are monitored on a five-year cycle, with additional monitoring conducted as a part of the SCM process or on an as-needed basis.

The Kentucky Preschool Program collaborates with the Cabinet of Health and Family Services to complete work under the federally-funded Race to the Top Grant. One component of this grant is the Kentucky All STARS program, which rates all child care centers and state-funded preschools on a scale of one to five stars. This program provides parents and stakeholders with information regarding a program's overall quality, which, in turn, supports better decision-making regarding early education. The KDE is responsible for implementing grant activities within state-funded preschool sites, and is currently working on combining the Preschool Program Review and Kentucky All STARS into a single review process.

Fiscal Management

The KDE has implemented procedures for performing annual IDEA financial audits. The audits provide assistance to district finance officers related to maintenance of effort; technical assistance on MUNIS (KDE's accounting system), including expenditures with allocations, personnel and payroll reports; and a review of financial documents, files and records.

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Technical Assistance System:

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

The KDE provides schools and districts with targeted technical assistance and professional development through a variety of initiatives and resources.

Kentucky Educational Cooperatives

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

Each cooperative has a special education division supported by the KDE with IDEA state set-aside funds. Special education consultants employed by the cooperatives work on special education initiatives and provide assistance in the areas of transition and services for students with low incidence disabilities. Literacy and math specialists with special education expertise are also hired by the cooperatives to build district capacity in support of teachers working with students with disabilities.

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

Guidance Documents

The KDE provides guidance documents to school districts to support compliance with the IDEA. The *Compliance Record Review Document* was developed by the KDE and its partners to assist school district personnel in conducting accurate student due process record reviews. This and other resources can be found on the [monitoring documents](https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx) page (https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx) of the website.

Additional [IEP guidance and documents \(https://education.ky.gov/specialed/excep/forms/Pages/IEP-Guidance-and-Documents.aspx\)](https://education.ky.gov/specialed/excep/forms/Pages/IEP-Guidance-and-Documents.aspx) for the development and creation of Individualized Education Programs (IEPs) in Kentucky are also available. The *IEP Guidance Document*, the *Specific Learning Disability Guidance Document* and the *IEP and Lesson Plan Development Handbook* are resources available to educators and other interested parties across the state.

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Strategic Partnerships

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

To collect data for SPP Indicator 7, the KDE contracts with the Kentucky Early Childhood Data System (KEDS). The KDE offers frequent, ongoing technical assistance (TA) provided by the KDE's School Readiness Branch, the Kentucky Early Childhood Regional Training Centers (RTCs) and the KEDS staff. TA provided to school districts includes web-based training in the appropriate use of assessment tools and publishers' data entry systems. Validity measures are also discussed with district preschool coordinators. Guidance documents for the appropriate use of assessment measures and data collection are maintained, disseminated through training, and posted on the [KEDS website](https://mediaportal.education.ky.gov/tag/keds/) (<https://mediaportal.education.ky.gov/tag/keds/>).

The KDE also contracts with the State Implementation and Scaling-up of Evidence-based Practices Center ([SISEP](https://sisep.fpg.unc.edu/)) (<https://sisep.fpg.unc.edu/>), which is an OSEP-funded TA Center. SISEP assists the KDE in putting into practice implementation science principles, such as coaching practices, which are a critical part of the KDE's State Systemic Improvement Plan ([SSIP](https://education.ky.gov/specialed/excep/instresources/Pages/State-Systemic-Improvement-Plan-(SSIP).aspx)) ([https://education.ky.gov/specialed/excep/instresources/Pages/State-Systemic-Improvement-Plan-\(SSIP\).aspx](https://education.ky.gov/specialed/excep/instresources/Pages/State-Systemic-Improvement-Plan-(SSIP).aspx)).

Kentucky Student Data System

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

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

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

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

The system also includes information on schools, districts, superintendents, principals and teachers. Visit [KSIS](https://education.ky.gov/districts/tech/sis/Pages/default.aspx) (<https://education.ky.gov/districts/tech/sis/Pages/default.aspx>) for more information.

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Professional Development System:

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

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

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

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

A key objective of the SPDG is the integration of its activities with the Kentucky's Every Student Succeeds Act (ESSA) plan and the State Systemic Improvement Plan (SSIP), as well as with the work of the Collaboration for Effective Educator Development, Accountability and Reform (CEEDAR) Center and the State Implementation and Scaling-up of Evidence-based Practices (SISEP) Center. By implementing research- and classroom-based

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practices and techniques, the SPDG assists children prior to referral for special education.

The Regional Training Centers ([RTCs](https://education.ky.gov/curriculum/conpro/prim-pre/Pages/Early-Childhood-Regional-Training-Centers.aspx)) (<https://education.ky.gov/curriculum/conpro/prim-pre/Pages/Early-Childhood-Regional-Training-Centers.aspx>) provide a range of services for early childhood providers and professionals. This includes regional trainings/workshops, on-site consultations, a lending library of materials and annual statewide and regional collaborative institutes. The RTCs promote school readiness and quality early education by providing resources and information to providers, and by evaluating programs using of the Early Childhood Environmental Rating Scale, Third Edition (ECERS-3). RTCs also provide in-depth professional learning tailored to meet the needs of the region.

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Stakeholder Involvement: apply this to all Part B results indicators

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

The State Advisory Council for Exceptional Children ([SACEC](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](https://education.ky.gov/CommOfEd/adv/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx)) provides policy guidance to the KDE with respect to special education and related services for children with disabilities in Kentucky. In the second half of 2017, the newly-formed SACEC devoted its energy to discussing significant disproportionality, participating in advisory council training and developing priorities for 2018. These priorities focused on council organization, improving communication with agency partners, and increasing transition support for students with disabilities. The SACEC also provided a formal recommendation to KDE regarding how significant disproportionality should be determined for all Kentucky school districts.

In November of 2018, the SACEC again participated in advisory council training and in the development of priorities for 2019. These priorities include support for state corrections, leadership, Admissions and Release Committee (ARC) training and transition guidance. The SACEC chair is responsible for providing an annual report to the KDE.

The SACEC meets quarterly and each meeting includes an open forum in which the public is invited to participate. The KDE values stakeholder input on targets and the revision of targets for the SPP/APR. The SACEC will continue to discuss the SPP/APR and provide feedback to the KDE to assist in setting future targets for the SPP outcome indicators.

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Reporting to the Public:

How and where the State reported to the public on the FFY 2016 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 2016 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP, including any revision if the State has revised the SPP that it submitted with its FFY 2016 APR in 2018, is available.

The KDE publicly reports the performance of local districts on SPP/APR targets on its website. For more information regarding Section 618 data, the SPP/APR and Kentucky's IDEA Part B State Application, please visit the page on [public reporting of IDEA Part B data](https://education.ky.gov/speciald/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx) (<https://education.ky.gov/speciald/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>).

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

Kentucky follows all Family Educational Rights and Privacy Act ([FERPA](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html)) (<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html>) guidelines when reporting. Some individual grade/grade range performance results are suppressed to protect student identity. Individual Student Reports (ISRs) identifying individual student results are shared with districts for distribution to schools and parents. To comply with FERPA guidelines, these results are not made public.

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Actions required in FFY 2016 response

OSEP Response

States were instructed to submit Phase III Year Three of the State Systemic Improvement Plan (SSIP) by April 1, 2019. The State provided the required information.

Required Actions

In the FFY 2018 SPP/APR, the State must report FFY 2018 data for the State-identified Measurable Result (SiMR). Additionally, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress in implementing the SSIP. Specifically, the State must provide: (1) a narrative or graphic representation of the principal activities implemented in Phase III, Year 4; (2) measures and outcomes that were implemented and achieved since the State's last SSIP submission (i.e., April 1, 2019); (3) a summary of the SSIP's coherent improvement strategies, including infrastructure improvement strategies and evidence-based practices that were implemented and progress toward short- and long-term outcomes that are intended to impact the SiMR; and (4) any supporting data that demonstrates that implementation of these activities are impacting the State's capacity to improve its SiMR data.

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 1: Graduation**

Monitoring Priority: FAPE in the LRE

Results indicator:

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

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

Historical Data

Baseline Data: 2011

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

FFY	2015	2016
Target ≥	79.60%	79.60%
Data	65.99%	71.89%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	79.60%	79.60%

Key:

Targets: Description of Stakeholder Input

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

The KDE engaged with stakeholders three times in setting new targets for FFY 2013 through FFY 2018. A description of the indicator was provided to the advisory group, along with information regarding data and trajectories from the original SPP.

The KDE set graduation targets in alignment with the Cohort Graduation Rate established in the KDE's Elementary and Secondary Education Act (ESEA) Waiver and stakeholders were consulted in making this alignment.

Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2016-17 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	9/28/2018	Number of youth with IEPs graduating with a regular diploma	3,253	
SY 2016-17 Cohorts for Regulatory Adjusted-Cohort Graduation Rate (EDFacts file spec C151; Data group 696)	9/28/2018	Number of youth with IEPs eligible to graduate	4,371	null
SY 2016-17 Regulatory Adjusted Cohort Graduation Rate (EDFacts file spec C150; Data group 695)	9/28/2018	2014-15 Regulatory four-year adjusted-cohort graduation rate table	74.42%	Calculate <input type="checkbox"/>

FFY 2017 SPP/APR Data

Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma	Number of youth with IEPs in the current year's adjusted cohort eligible to graduate	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
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Number of youth with IEPs in the current year's adjusted cohort graduating with a regular diploma	Number of youth with IEPs in the current year's adjusted cohort eligible to graduate	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
3,253	4,371	71.89%	79.60%	74.42%

Graduation Conditions

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

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

The four-year graduation rate follows a cohort, or a group of students, who begin as first-time ninth graders in the same school year and who graduate with a regular high school diploma within four years. A "regular high school diploma" means the standard high school diploma awarded to students by a school that is fully aligned with the state's academic content standards. It does not include a GED credential, certificate of attendance or any alternative award. The term "regular high school diploma" does include higher-level diplomas awarded to students who complete requirements beyond those required for a regular diploma.

Kentucky schools must provide students with disabilities the opportunity and necessary instructional supports and accommodations to progress through a course of study leading to a diploma. Students with disabilities who earn the required high school credits through successful completion of content area and elective course work are awarded a regular high school diploma. The conditions that students with IEPs must meet in order to graduate with a regular diploma are the same as the conditions of students without disabilities. The KDE identifies the minimum credits required for graduation, and school districts set local requirements in their district graduation policies (704 KAR 3:305).

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

Actions required in FFY 2016 response

none

OSEP Response**Required Actions**

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 2: Drop Out**

Monitoring Priority: FAPE in the LRE

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

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

Historical Data

Baseline Data: 2011

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

FFY	2015	2016
Target ≤	2.31%	2.11%
Data	2.75%	2.07%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≤	1.91%	1.71%

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP).

The KDE engaged with stakeholders three times to set new targets for FFY 2013 through FFY 2018. A description of the indicator was provided to the advisory group, along with information regarding data and trajectories from the original SPP.

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

Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

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

- Option 1
- Option 2

Has your State made or proposes to make changes to the data source under Option 2 when compared to the information reported in its FFY 2010 SPP/APR submitted on February 1, 2012? Yes

Please include a justification as to why such changes are warranted.

The KDE chose to use Measurement Option 2 to remain consistent with previous years' data. The data for Option 2 was obtained from the C009 EdFacts file and calculated using the sum of each district's exiting youth in the C009 LEA file rather than using the data in the C009 SEA file. The KDE Office of Special Education and Early Learning (OSEEL) determined that the fidelity of the LEA data was more reliable than the SEA data because it accounted for transfers. The statewide dropout rate was calculated as the total number of children with disabilities ages 14-21 reported as the sum of dropouts on the C009 LEA ED Facts data submission divided by the total number of children with disabilities ages 14-21 reported on the C002 ED Facts submission for the same school year.

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 FFY 2017 SPP/APR Data

Number of youth with IEPs who exited special education due to dropping out	Number of students ages 14 - 21 with IEPs.	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
500	24,919	2.07%	1.91%	2.01%

Use a different calculation methodology

- Change numerator description in data table
- Change denominator description in data table

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

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

Youth with IEPs who drop out are counted the same as all youth who drop out. Youth with IEPs who were enrolled at the start of the reporting period (one year prior to the FFY year being reported) but were not enrolled at the end of the same reporting period and exited special education through any of the previously stated means are counted as dropouts.

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

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

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

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

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3B: Participation for Students with IEPs

Monitoring Priority: FAPE in the LRE

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

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

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

Historical Data

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

	Group Name	FFY	2015	2016
Reading	A Grade 3	Target ≥	99.00%	99.00%
		Data	99.92%	99.68%
	B Grade 4	Target ≥	99.00%	99.00%
		Data	99.96%	99.90%
	C Grade 5	Target ≥	99.00%	99.00%
		Data	99.98%	99.77%
	D Grade 6	Target ≥	99.00%	99.00%
		Data	99.93%	99.73%
	E Grade 7	Target ≥	99.00%	99.00%
		Data	99.87%	99.76%
	F Grade 8	Target ≥	99.00%	99.00%
		Data	99.82%	99.61%

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

	Group Name	FFY	2015	2016
	G HS	Target ≥	98.00%	98.00%
		Data	99.06%	98.27%
Math	A Grade 3	Target ≥	99.00%	99.00%
		Data	99.92%	99.72%
	B Grade 4	Target ≥	99.00%	99.00%
		Data	99.96%	99.90%
	C Grade 5	Target ≥	99.00%	99.00%
		Data	99.98%	99.79%
	D Grade 6	Target ≥	99.00%	99.00%
		Data	99.95%	99.63%
	E Grade 7	Target ≥	99.00%	99.00%
		Data	99.88%	99.68%
	F Grade 8	Target ≥	99.00%	99.00%
		Data	99.82%	99.60%
	G HS	Target ≥	98.00%	98.00%
		Data	99.04%	97.84%

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

FFY 2017 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

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

Kentucky has revised Indicator 3B targets, baseline, and method of reporting to align with the Kentucky Unbridled Learning Assessment and Accountability System. The SACEC (formally known as SAPEC) provided feedback on the approval of the alignment of the participation rate for students with disabilities with the 2015 Every Student Succeeds Act (ESSA) waiver and all students in Kentucky. Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](https://education.ky.gov/CommOfEd/adv/Pages/State-Advisory-Panel-1/28/2020) (https://education.ky.gov/CommOfEd/adv/Pages/State-Advisory-Panel-

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
on-Exceptional-Children-(SAPEC).aspx) on the KDE website.

Would you like to use the assessment data below to automatically calculate the actual data reported in your FFY 2017 APR by the grade groups you provided on the Reporting Group Selection page? **yes**

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

Data Source: SY 2017-18 Assessment Data Groups - Reading (EDFacts file spec C188; Data Group: 589) **Date:** 3/28/2019

Reading assessment participation data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	8240	8077	7493	6547	5952	5697	n	n	n	n	4588
b. IEPs in regular assessment with no accommodations	3078	2454	1917	1430	1238	1103					1203
c. IEPs in regular assessment with accommodations	4606	5076	4965	4478	4148	3967					2595
d. IEPs in alternate assessment against grade-level standards											
e. IEPs in alternate assessment against modified standards											
f. IEPs in alternate assessment against alternate standards	522	524	586	620	527	590					580

Data Source: SY 2017-18 Assessment Data Groups - Math (EDFacts file spec C185; Data Group: 588) **Date:** 3/28/2019

Math assessment participation data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs	8243	8079	7494	6548	5952	5698	n	n	n	n	4588
b. IEPs in regular assessment with no accommodations	3077	2455	1916	1427	1237	1102					1206
c. IEPs in regular assessment with accommodations	4613	5076	4967	4478	4147	3967					2597
d. IEPs in alternate assessment against grade-level standards											
e. IEPs in alternate assessment against modified standards											
f. IEPs in alternate assessment against alternate standards	522	525	587	620	527	590					569

FFY 2017 SPP/APR Data: Reading Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Grade 3	8,240	8,206	99.68%	99.00%	99.59%
B Grade 4	8,077	8,054	99.90%	99.00%	99.72%
C Grade 5	7,493	7,468	99.77%	99.00%	99.67%
D Grade 6	6,547	6,528	99.73%	99.00%	99.71%
E Grade 7	5,952	5,913	99.76%	99.00%	99.34%
F Grade 8	5,697	5,660	99.61%	99.00%	99.35%
G HS	4,588	4,378	98.27%	98.00%	95.42%

Reasons for Group G Slippage

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Reading assessment participation data for students in high school with an IEP did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education staff. In 2017-2018 the state no longer administered end-of-course assessments, but instead identified participation rates based on students who completed the American College Test (ACT) in the 11th grade only. The ACT is required by law to be administered to all grade 11 students one time at the expense of the state.

Testing accommodations for students with an IEP who plan to attend a college or university for ACT are more restrictive than the state approved testing accommodations. Although students may test with non-college reportable accommodations without prior ACT approval, some districts may not have been aware of this option which could have resulted in decreased participation of students with IEP's. Communication regarding this option is available on the [KDE Assessment ACT](https://education.ky.gov/AA/Assessments/Pages/ACT.aspx) (https://education.ky.gov/AA/Assessments/Pages/ACT.aspx) webpage.

FFY 2017 SPP/APR Data: Math Assessment

Group Name	Number of Children with IEPs	Number of Children with IEPs Participating	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Grade 3	8,243	8,212	99.72%	99.00%	99.62%
B Grade 4	8,079	8,056	99.90%	99.00%	99.72%
C Grade 5	7,494	7,470	99.79%	99.00%	99.68%
D Grade 6	6,548	6,525	99.63%	99.00%	99.65%
E Grade 7	5,952	5,911	99.68%	99.00%	99.31%
F Grade 8	5,698	5,659	99.60%	99.00%	99.32%
G HS	4,568	4,372	97.84%	98.00%	95.71%

Reasons for Group G Slippage

Math assessment participation data for students in high school with an IEP did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education staff. In previous school years, the total number of students participating in the end-of-course assessments included multiple grade levels which could potentially spread across a four year span. In 2017-2018 the state no longer administered end-of-course assessments, but instead identified their numbers based on students who complete the American College Test (ACT) which was based on the 11th grade only. The ACT is required by law to be administered to all grade 11 students one time at the expense of the state. The ACT is required by law to be administered to all grade 11 students one time at the expense of the state.

Testing accommodations for students with an IEP who plan to attend a college or university for ACT are more restrictive than the state approved testing accommodations. Although students may test with non-college reportable accommodations without prior ACT approval, some districts may not have been aware of this option which could have resulted in decreased participation of students with IEP's. Communication regarding this option is available on the [KDE Assessment ACT](https://education.ky.gov/AA/Assessments/Pages/ACT.aspx) (https://education.ky.gov/AA/Assessments/Pages/ACT.aspx) webpage.

Public Reporting Information

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

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

The right side of the webpage includes links to:

- Kentucky Annual Determination Process
- Annual Performance Reports
- State Performance Plans with Revisions
- Past Years Annual Performance Reports

Scroll down IDEA Public Reporting page (<https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>) to locate:

1. State and District Indicator Performance
 - Click on each indicator link in the "2017-2018 Data Tables"
2. Statewide data on Child Count and Educational Environment
3. IDEA Part C 618 Data can be found on the Cabinet for Health and Family Services by navigating to the "State Reports" link on their First Steps webpage (<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fs-reports.aspx>).

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 3C: Proficiency for Students with IEPs**

Monitoring Priority: FAPE in the LRE

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

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

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

Historical Data

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

	Group Name	FFY	2015	2016
Reading	A Grade 3	Target ≥	56.10%	63.40%
		Data	36.00%	38.87%
	B Grade 4	Target ≥	56.10%	63.40%
		Data	36.29%	33.22%
	C Grade 5	Target ≥	56.10%	63.40%
		Data	33.60%	34.71%
	D Grade 6	Target ≥	50.10%	58.50%
		Data	25.20%	31.54%
	E Grade 7	Target ≥	50.10%	58.50%
		Data	25.31%	24.53%
	F Grade 8	Target ≥	50.10%	58.50%
		Data	20.39%	22.95%

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

	Group Name	FFY	2015	2016
	G HS	Target ≥	45.80%	55.70%
		Data	14.60%	16.46%
	A Grade 3	Target ≥	51.90%	60.00%
		Data	27.20%	31.11%
	B Grade 4	Target ≥	51.90%	60.00%
		Data	29.29%	28.08%
	C Grade 5	Target ≥	51.90%	60.00%
		Data	28.20%	27.16%
	D Grade 6	Target ≥	49.10%	57.60%
		Data	20.30%	22.87%
	E Grade 7	Target ≥	49.10%	57.60%
		Data	17.81%	18.76%
	F Grade 8	Target ≥	49.10%	57.60%
		Data	15.51%	17.94%
Math	G HS	Target ≥	46.10%	55.60%
		Data	14.41%	12.67%

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

FFY 2017 - FFY 2018 Targets

	FFY	2017	2018
Reading	A ≥ Grade 3	70.70%	78.00%
	B ≥ Grade 4	70.70%	78.00%
	C ≥ Grade 5	70.70%	78.00%
	D ≥ Grade 6	66.80%	75.10%
	E ≥ Grade 7	66.80%	75.10%
	F ≥ Grade 8	66.80%	75.10%
	G ≥ HS	63.70%	71.70%
Math	A ≥ Grade 3	68.00%	76.00%
	B ≥ Grade 4	68.00%	76.00%
	C ≥ Grade 5	68.00%	76.00%
	D ≥ Grade 6	66.10%	74.60%
	E ≥ Grade 7	66.10%	74.60%
	F ≥ Grade 8	66.10%	74.60%
	G ≥ HS	63.60%	71.60%

Key:

Targets: Description of Stakeholder Input

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

The KDE consulted with stakeholders three times in setting new SPP targets for FFY 2013 through FFY 2018. A description of each indicator was provided to the advisory group along with information regarding data and trajectories from the original SPP. Feedback was provided and used to assist in determining targets for FFY 2013 - FFY 2018. Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

Would you like to use the assessment data below to automatically calculate the actual data reported in your FFY 2017 APR by the grade groups you provided on the Reporting Group Selection page? yes

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

Data Source: SY 2017-18 Assessment Data Groups - Reading (EDFacts file spec C178; Data Group: 584) Date: 3/28/2019

Reading proficiency data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs who received a valid score and a proficiency was assigned	8206	8054	7468	6528	5913	5660	n	n	n	n	4378
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1274	961	748	472	343	294					148
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	1472	1632	1599	1275	890	942					394
d. IEPs in alternate assessment against grade-level standards scored at or above proficient against grade level											
e. IEPs in alternate assessment against modified standards scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	220	219	250	233	159	161					131

Data Source: SY 2017-18 Assessment Data Groups - Math (EDFacts file spec C175; Data Group: 583) Date: 3/28/2019

Math proficiency data by grade											
Grade	3	4	5	6	7	8	9	10	11	12	HS
a. Children with IEPs who received a valid score and a proficiency was assigned	8212	8056	7470	6525	5911	5659	n	n	n	n	4372
b. IEPs in regular assessment with no accommodations scored at or above proficient against grade level	1170	838	652	331	260	166					70
c. IEPs in regular assessment with accommodations scored at or above proficient against grade level	1048	1315	1223	826	730	608					196
d. IEPs in alternate assessment against grade-level standards scored at or above proficient against grade level											
e. IEPs in alternate assessment against modified standards scored at or above proficient against grade level											
f. IEPs in alternate assessment against alternate standards scored at or above proficient against grade level	118	118	168	193	98	146					118

FFY 2017 SPP/APR Data: Reading Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Grade 3	8,206	2,966	38.87%	70.70%	36.14%
B Grade 4	8,054	2,812	33.22%	70.70%	34.91%
C Grade 5	7,468	2,597	34.71%	70.70%	34.78%
D Grade 6	6,528	1,980	31.54%	66.80%	30.33%

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
E Grade 7	5,913	1,392	24.53%	66.80%	23.54%
F Grade 8	5,660	1,397	22.95%	66.80%	24.68%
G HS	4,378	673	16.46%	63.70%	15.37%

Reasons for Group A Slippage

Reading assessment proficiency data for students with an IEP in third grade did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. Data from the analysis indicated that students with IEPs in third grade decreased in their proficiency scores. The KDE compared data from SY 2016-2017 and SY 2017-2018 for students with IEPs and for students without disabilities. Data from the analysis indicated slippage in the proficiency rate for third grade students with IEPs and students without disabilities in reading. The KDE continues to focus on K-3 initiatives to help strengthen reading performance for all students by grade 4. Fourth grade is identified as a pivotal year moving from a primary, emergent reader focus to an intermediate, fluent reader focus.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis, the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

Reasons for Group D Slippage

Reading assessment proficiency data for students with an IEP in sixth grade did not meet the target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. Data from the analysis indicated that students with IEPs in sixth grade decreased in their proficiency scores.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

Reasons for Group G Slippage

Reading assessment proficiency data for students with an IEP in high school grade levels did not meet target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. The KDE compared data from SY 2016-2017 and SY 2017-2018 for students with IEPs and for students without disabilities. Data from the analysis indicated slippage in the proficiency rate for high school students with disabilities and students without disabilities in reading.

The assessment results received from the KDE 2017-2018 assessment vendor indicated a significant difference in data when compared to previous school years. After further analysis, the vendor indicated there were significant differences nationally for the 2017-2018 assessment scoring. In 2017-2018, the state no longer administered end-of-course assessments but instead based its data on the American College Test (ACT), which is taken only by students in the 11th grade. Since these two assessments are normed differently, it is difficult to have a valid comparison of the student results. For example, while the end-of-course assessments are aligned to the Kentucky state standards, the ACT is aligned to a national subset of standards. When calculating slippage, the KDE analyzed the differences between the 2016-2017 end-of-course state assessments and the 2017-2018 ACT. The KDE found that for end-of-course state assessments, Kentucky has more accommodations available to students than those available for the ACT. The ACT has more restrictions on accommodations and fewer supports available to students.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic

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achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis, the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

FFY 2017 SPP/APR Data: Math Assessment

Group Name	Children with IEPs who received a valid score and a proficiency was assigned	Number of Children with IEPs Proficient	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A Grade 3	8,212	2,336	31.11%	68.00%	28.45%
B Grade 4	8,056	2,271	28.08%	68.00%	28.19%
C Grade 5	7,470	2,043	27.16%	68.00%	27.35%
D Grade 6	6,525	1,350	22.87%	66.10%	20.69%
E Grade 7	5,911	1,088	18.76%	66.10%	18.41%
F Grade 8	5,659	920	17.94%	66.10%	16.26%
G HS	4,372	384	12.67%	63.60%	8.78%

Reasons for Group A Slippage

Math assessment proficiency data for students with an IEP in third grade did not meet target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. The KDE compared data from SY 2016-2017 and SY 2017-2018 for students with IEPs and for students without disabilities. Data from the analysis indicated slippage in the proficiency rate for third-grade students with IEPs and students without disabilities in math. The KDE continues to focus on K-3 initiatives to help strengthen early numeracy for all students.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis, the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

Reasons for Group D Slippage

Math assessment proficiency data for students with an IEP in sixth grade did not meet target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. The KDE compared data from SY 2016-2017 and SY 2017-2018 for students with IEPs and for students without disabilities. Data from the analysis indicated slippage in the proficiency rate for sixth-grade students with IEPs and students without disabilities in math.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis, the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

Reasons for Group F Slippage

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Math assessment proficiency data for students with an IEP in eighth-grade did not meet target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. The KDE compared data from SY 2016-2017 and SY 2017-2018 for students with IEPs and for students without disabilities. Data from the analysis indicated slippage in the proficiency rate for eighth-grade students with IEPs and students without disabilities in mathematics. Eighth-grade mathematics continues to be a focus area of growth for Kentucky. Through the State Systemic Improvement Plan (SSIP) Kentucky has started to see a reduction in novice performance which is the first step in meeting the goal of the State Identified Measurable Result (SiMR) and increasing eighth-grade proficiency in mathematics.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis, the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

Reasons for Group G Slippage

Math assessment proficiency data for students with an IEP in high school grade levels did not meet target and demonstrated slippage. The KDE did a cross-agency root cause analysis that included both general and special education. The KDE compared data from SY 2016-2017 and SY 2017-2018 for students with IEPs and for students without disabilities. Data from the analysis indicated slippage in the proficiency rate for high school students with disabilities and students without disabilities in mathematics.

The assessment results received from the KDE 2017-2018 assessment vendor indicated a significant difference in data when compared to previous school years. After further analysis, the vendor indicated there were significant differences nationally for the 2017-2018 assessment scoring. In 2017-2018 the state no longer administered end-of-course assessments but instead based its data on the American College Test (ACT), which is taken only by students in the 11th grade. Since these two assessments are normed differently, it is difficult to have a valid comparison of the student results. For example, the end-of-course assessments are aligned to the Kentucky state standards, whereas the ACT is aligned to a national subset of standards. When calculating slippage, the KDE analyzed the differences between the 2016-2017 end-of-course state assessments and the 2017-2018 ACT. The KDE found that for end-of-course state assessments, Kentucky has more accommodations available to students than those available for the ACT. The ACT has more restrictions on accommodations and fewer supports available to students.

In December of 2017, the KDE began training on new participation guidelines for state assessment decisions. The KDE improved and clarified eligibility criteria through the Kentucky Alternate Assessment Participation Guidelines for district use in state assessment participation decisions. Districts and the state reviewed state assessment participation and found that some students participating in the alternate assessment based on alternate academic achievement standards (AA-AAAS), also known as the Alternate K-Prep may not meet the needs of the student. The districts were then required to reconvene individual IEP Team meetings (known as the Admissions and Release Committee (ARC) in Kentucky) to redetermine state assessment participation. Through data analysis, the KDE found that the number of students participating in the AA-AAAS decreased and the number of students on the regular state assessment increased. The students who moved from alternate assessment participation in 2016-2017 to the regular state assessment in 2017-2018 had previously been instructed and assessed through alternate academic achievement standards on the alternate assessment versus the full Kentucky Academic Standards (KAS) on the regular state assessment. Changes in instruction and assessment would have an impact on student performance.

Public Reporting Information

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

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

The right side of the webpage includes links to:

- Kentucky Annual Determination Process
- Annual Performance Reports
- State Performance Plans with Revisions
- Past Years Annual Performance Reports

Scroll down IDEA Public Reporting page (<https://education.ky.gov/specialed/excep/IDEA/Pages/Public-Reporting-of-IDEA-B-Data.aspx>) to locate:

1. State and District Indicator Performance
 - Click on each indicator link in the "2017-2018 Data Tables"
2. Statewide data on Child Count and Educational Environment
3. IDEA Part C 618 Data can be found on the Cabinet for Health and Family Services by navigating to the "State Reports" link on their First Steps webpage (<https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fs-reports.aspx>).

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Indicator 4A: Suspension/Expulsion

Monitoring Priority: FAPE in the LRE

Results indicator: Rates of suspension and expulsion:

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

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

Historical Data

Baseline Data: 2009

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

FFY	2015	2016
Target ≤	1.71%	1.71%
Data	0.58%	3.53%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≤	1.14%	1.14%

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP). Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

The KDE consulted with stakeholders during the 2016-2017 school year to set a statewide *static* rate for out-of-school removals of more than 10 days for students with disabilities and to lower the 'n' size.

FFY 2017 SPP/APR Data

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

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

Number of districts that have a significant discrepancy	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
10	171	3.53%	1.14%	5.85%

Reasons for Slippage

The Indicator 4A slippage may be due to Kentucky's recent changes in the cell size used to determine significant discrepancy.

The KDE had noted that several small Kentucky districts were removing students with disabilities for more than 10 days in a school year, yet these districts were not being reviewed for significant discrepancy under 4A. To ensure more thorough oversight, especially over smaller districts, the KDE has been gradually reducing the cell size for 4A. The KDE is now in the final year of a three-year process of lowering the cell size from 10 students removed long-term to one student.

The current definition requires the KDE to review small districts for significant discrepancy in suspensions and expulsions, which is a considerable change from past practice. The previous definition of significant discrepancy required that districts meet two criteria: First, the district had to have suspended or expelled students with disabilities for more than 10 days, at a rate three times higher than the statewide static rate of 0.2% for these types of removals.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Second, the district had to have suspended or expelled two or more students with disabilities for more than 10 days. If both criteria were met, the KDE determined there was significant discrepancy under Indicator 4A.

In FFY 2017, the KDE reviewed all districts meeting the first criterion for significant discrepancy, as the new definition only requires that at least one student with disabilities in the district was suspended/expelled for over 10 days.

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

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

State's definition of "significant discrepancy" and methodology

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

1. The district suspends/expels students with disabilities for more than 10 days during a school year at a rate that is at least three times higher than the statewide static rate of 0.2% for these types of removals; and
2. The district has at least one student with disabilities subject to out-of-school removals for more than 10 days.

The KDE has been in a gradual process of lowering the cell size of Indicator 4A. The number was reduced from 10 for FFY 2014, to five for FFY 2015, two for FFY 2016 and now one for FFY 2017. This change has allowed the KDE to review smaller districts that did not meet earlier minimum cell size requirements.

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

Kentucky uses a minimum *n* size of 50 students with disabilities enrolled in the district. Four districts were excluded from the calculation, based on the *n* size requirement.

For FFY 2017, using 2016-17 data, 10 districts out of 171 had discrepancies that were at least three times higher than the state rate and also met the criterion of suspending/expelling one or more students with disabilities for more than 10 days.

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

Actions required in FFY 2016 response

none

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

FFY 2016 Identification of Noncompliance

Review of Policies, Procedures, and Practices (completed in FFY 2017 using 2016-2017 data)

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

Significant discrepancy in the rate of long-term removals of students with disabilities was identified for 10 districts. Once the significant discrepancy was identified, student-level record reviews were completed by the KDE to examine the policies, procedures and practices relating to long-term removals of students with disabilities.

Individual students who were suspended or expelled for more than 10 days were identified by the KDE. The KDE then reviewed IEP team documentation from the 2016-17 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, enrollment records and behavior detail reports. The KDE also reviewed the policies and procedures of the district.

All of the 10 districts' policies and procedural manuals were found by the KDE to be in compliance with the IDEA. The review of individual student records confirmed that for eight of the 10 districts, district-wide practices were out of compliance with the IDEA, particularly in the documentation of manifestation determination meetings. Both student-specific and systemic noncompliance with the IDEA were identified by KDE.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The KDE identified noncompliance in the following areas:

- IEP development and implementation
- procedural safeguards, including manifestation determination procedures and obtaining parental consent for evaluation

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

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

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

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

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

Once noncompliance was identified by the KDE, a written Report of Findings was issued to the district. The report included the districts' percentage of suspensions and expulsions, along with the statewide static rate for a comparison.

The KDE district Corrective Action Plan (CAP) lead, Regional Special Education Cooperative, and district Director of Special Education (DoSE) are required to review student specific and systemic noncompliance items identified in the Report of Findings. They must also review and, when necessary, update district policies and procedures to be consistent with federal and state regulations. These reviews provide the district an opportunity to identify policies and procedures needing clarification as well as training needs.

The team collaborates to conduct a root cause analysis to determine why problem areas exist and to drive the development of a meaningful CAP that includes activities and action steps to improve district practices in the area of discipline. Training activities identified on the CAP are provided by the KDE approved trainers. Prior to the training, the KDE CAP lead reviews the training materials to ensure all areas of noncompliance are sufficiently addressed within the training.

The KDE requires all noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts are required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

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

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

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

In order to verify systemic compliance, the KDE will review additional student special education records. Additional records must be verified as 100% compliant for all identified areas before the KDE determines the district to have completed all noncompliance. If any of the records are still non-compliant, the district must ensure each student-specific violation of the IDEA has been corrected. Additional records must then be submitted for review. This process continues until all records submitted comply in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reports the noncompliance as corrected and closes the CAP. The KDE determined the districts reported corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

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

Correction of Findings of Noncompliance Identified in FFY 2016

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	4	0	2

FFY 2016 Findings of Noncompliance Verified as Corrected

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

For FFY 2016, using information retrieved from the state data system, six districts were identified as having non-compliant practices under Indicator 4A. Five of those six districts were identified as having systemic noncompliance and one of those six districts was identified as having student-specific noncompliance.

Once the noncompliance was identified by the KDE, a written Report of Findings was issued to the district. Within this report, the KDE included the districts' percentage of suspensions and expulsions, along with the statewide static rate, for comparison.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The KDE district CAP lead, regional special education cooperative, and district director of special education (DoSE) reviewed student-specific and systemic noncompliance items identified in the Report of Findings. They also reviewed and, when necessary, updated district policies and procedures to be consistent with federal and state regulations. These reviews provided the district an opportunity to identify policies and procedures that required revision, as well as needs for additional training.

The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to develop a meaningful CAP that included activities and action steps to improve district practices in the area of discipline. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE CAP lead reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed within the training.

The KDE required all noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The KDE CAP lead reported all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified to be 100% compliant for all identified areas before the KDE determined the district to have corrected all noncompliance. If any of the records were still non-compliant, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined four of the districts corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

The KDE determined that four of the six districts corrected all areas of noncompliance. Because of the large population size, one district continues to have issues of systemic noncompliance. Currently, the district is receiving ongoing support from KDE and the regional special education cooperatives to revise district practices surrounding the discipline of special education students. The district is developing systems to address all areas of noncompliance. The process of creating systemwide capacity and sustainability will take time. To this date, the district has made an effort to correctly implement regulatory requirements through completion of the CAP.

The second district has completed all activities required from the CAP; however, data analysis by the KDE showed additional concerns. The district requires more intensive assistance to create systems which will sustain lasting change. The KDE and the regional special education cooperatives are providing additional support to assist in building systems surrounding the discipline of special education students.

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

For FFY 2016, six districts were identified as having noncompliant practices under Indicator 4A. The KDE reviewed all identified student files and issued student-specific corrective action where necessary. Five of the six districts had systemic noncompliance and each of them developed a Corrective Action Plan (CAP).

The KDE district CAP lead, regional special education cooperative, and district DoSE reviewed student specific items identified in the Report of Findings.

The KDE required all student level noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE CAP lead reported all student specific noncompliance identified had been corrected when the district:

Prong 1 –Had corrected each individual case of noncompliance

In order to verify systemic compliance, the KDE reviewed additional student special education records. The KDE reviewed each student level file and determined each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the LEA consistent with [*OSEP Memorandum 09-02*](#), dated October 17, 2008. Additional records were verified as 100% compliant for all identified areas before the KDE determined the district to have corrected all noncompliance. If any of the records were still non-compliant, the district had to ensure each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined four of the districts corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The KDE determined that four of the six districts corrected all areas of noncompliance. Because of the large population size, one district continues to have issues of systemic noncompliance. Currently, the district is receiving ongoing support from KDE and the regional special education cooperatives to revise district practices surrounding the discipline of special education students. The district is developing systems to address all areas of noncompliance. The process of creating systemwide capacity and sustainability will take time. To this date, the district has made an effort to correctly implement regulatory requirements through completion of the CAP.

The second district has completed all activities required from the CAP; however, data analysis by the KDE showed additional concerns. The district requires more intensive assistance to create systems which will sustain lasting change. The KDE and the regional special education cooperatives are providing additional support to assist in building systems surrounding the discipline of special education students.

FFY 2016 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The KDE determined that four of the six districts corrected all areas of noncompliance. Because of the large population size, one district continues to have issues of systemic noncompliance. Currently, the district is receiving ongoing support from KDE and the regional special education cooperatives to revise district practices surrounding the discipline of special education students. The district is developing systems to address all areas of noncompliance. The process of creating systemwide capacity and sustainability will take time. To this date, the district has made an effort to correctly implement regulatory requirements through completion of the CAP.

The second district has completed all activities required from the CAP; however, data analysis by the KDE showed additional concerns. The district requires more intensive assistance to create systems which will sustain lasting change. The KDE and the regional special education cooperatives are providing additional support to assist in building systems surrounding the discipline of special education students.

OSEP Response

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

Required Actions

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**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 4B: Suspension/Expulsion**

Monitoring Priority: FAPE in the LRE

Compliance indicator: Rates of suspension and expulsion:

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

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

Historical Data

Baseline Data: 2016

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

FFY	2015	2016
Target	0%	0%
Data	0.57%	4.57%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	0%	0%

FFY 2017 SPP/APR Data

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

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

Number of districts that have a significant discrepancy, by race or ethnicity	Number of those districts that have policies, procedures, or practices that contribute to the significant discrepancy and do not comply with requirements	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
21	14	175	4.57%	0%	8.00%

Reasons for Slippage

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The Indicator 4B slippage may be due to Kentucky's recent changes in the cell size used to determine significant discrepancy.

The KDE had noted that several small Kentucky districts were removing students with disabilities for more than 10 days in a school year, yet these districts were not being reviewed for significant discrepancy under 4B. To ensure more thorough oversight, especially over smaller districts, the KDE has been gradually reducing the cell size for 4B. The KDE is now in the final year of a three-year process of lowering the cell size from 10 students removed long-term to one student.

The definition for a district to be reviewed by KDE under significant discrepancy in suspensions and expulsions was a considerable change from past practice. The previous definition of significant discrepancy required that districts meet three criteria. First, the district had to have suspended/expelled students with disabilities for more than 10 days, at a rate three times higher than the statewide static rate of 0.2% for these types of removals. Second, the district had to have suspended or expelled two or more students with disabilities for more than 10 days. Finally, policies, practices and procedures are reviewed to identify findings of noncompliance. If all criteria were met, the KDE determined a district to have significant discrepancy under Indicator 4B.

In FFY 2017, the KDE reviewed all districts meeting the first criterion for significant discrepancy, as the new definition only requires that at least one student with disabilities within the district has been suspended/expelled for over 10 days.

Due to the change in the definition of significant discrepancy, more districts were reviewed in FFY 2017 than had been reviewed in the past. In addition to the increase in districts, the KDE determined that qualifying a district using a single student removal resulted in an inability to determine systemic findings of noncompliance and compromised the quality of Indicator 4B data. A proposal to increase the number of removals to a minimum of two students was shared with the SACEC at the November 2018 meeting. With the stakeholder input received the KDE will revise the methodology for determining if a district has a significant discrepancy under Indicator 4B to include at least two students with disabilities in a racial or ethnic category who are subject to out-of-school removals for greater than 10 days in a school year. This will improve the future quality of Indicator 4B data.

All races and ethnicities were included in the review

State's definition of "significant discrepancy" and methodology

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

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

The KDE has been in a gradual process of lowering the cell size for Indicator 4B. The number was reduced from 10 for FFY 2014, to five for FFY 2015, two for FFY 2016 and now to one for FFY 2017. This change has allowed the KDE to review smaller districts that did not meet the earlier minimum cell size requirements.

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

Kentucky uses a minimum *n* size of 50 with disabilities enrolled in the district. Four districts were excluded from the calculation due to the *n* size requirement.

For FFY 2017, twenty one districts met the criteria listed above for significant discrepancy in one or more racial or ethnic categories.

Actions required in FFY 2016 response

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

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

Responses to actions required in FFY 2016 response, **not including correction of findings**

OSEP requested KDE revise the baseline for this indicator. The KDE reviewed and presented an analysis of the data to the State Advisory Council for Exceptional Children (SACEC) during the 2018-2019 school year. The KDE has reestablished baseline for this indicator.

Review of Policies, Procedures, and Practices (completed in FFY 2017 using 2016-2017 data)

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

Significant discrepancy in the rate of long-term removals of students with disabilities was identified for 14 districts. Once the significant discrepancy was identified, student-level record reviews were completed by the KDE to examine the policies, procedures and practices relating to long-term removals of students with disabilities.

Individual students who were suspended or expelled for more than 10 days were identified by the KDE. The KDE then reviewed IEP team documentation from the 2016-17 school year, including IEPs, conference summaries, manifestation determinations, functional behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, enrollment records and behavior detail reports. The KDE also reviewed the policies and procedures of the district.

All of the 14 districts' policies and procedural manuals were found by the KDE to be in compliance with the IDEA. The review of individual student records confirmed that for eight of the 14 districts, district-wide practices were out of compliance with the IDEA, particularly in the documentation of manifestation determination meetings. Both student-specific and systemic noncompliance with the IDEA were identified by KDE.

The KDE identified noncompliance in the following areas:

- IEP development and implementation
- procedural safeguards, including manifestation determination procedures and obtaining parental consent for evaluation

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

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

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

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

Significant discrepancy in the rate of long-term removals of students with disabilities was identified for 21 districts. Once the significant discrepancy was identified, the KDE reviewed the district's policies and procedures relating to long-term removals of students with disabilities. The KDE also reviewed the district's practices of the district relating to long-term removals of students with disabilities by conducting student-level record reviews.

Individual students who were suspended or expelled for more than 10 days were identified by the KDE. The KDE then reviewed documentation from the 2016-17 school year, including IEPs, conference summaries, manifestation determinations, function behavior analyses (FBAs), behavior intervention plans (BIPs), attendance records, enrollment records and behavior detail reports. The KDE also reviewed the policies and procedures of the district.

Each of the district's policies and procedural manuals were found by the KDE to be in compliance with the IDEA. The review of individual student records confirmed that for 14 of the 21 districts, district-wide practices were out of compliance with the IDEA, particularly in the documentation of manifestation determination meetings. Both student specific and systemic noncompliance with the IDEA were identified by KDE.

The KDE identified noncompliance in the following areas:

- IEP development and implementation
- Procedural safeguards including manifestation determination procedures and obtaining parental consent for evaluation

Once the noncompliance was identified by the KDE, a written Report of Findings was issued to the district. Within this report, the KDE included the districts' percentage of suspensions and expulsions, along with the statewide static rate, for comparison.

The KDE district CAP lead, regional special education cooperative, and district director of special education (DoSE) reviewed student-specific and systemic noncompliance items identified in the Report of Findings. They also reviewed and, when necessary, updated district policies and procedures to be consistent with federal and state regulations. These reviews provided the district an opportunity to identify policies and procedures that required revision, as well as needs for additional training.

The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to develop a meaningful CAP that included activities and action steps to improve district practices in the area of discipline. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE CAP lead reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed within the training.

The KDE required all noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted by the district to verify the implementation and

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completion of CAP activities. The KDE CAP lead reported all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified to be 100% compliant for all identified areas before the KDE determined the district to have corrected all noncompliance. If any of the records were still non-compliant, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined four of the districts corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

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

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
8	6	0	2

FFY 2016 Findings of Noncompliance Verified as Corrected

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

For FFY 2016, using information retrieved from the state data system, eight districts were identified as having noncompliant practices under Indicator 4B.

Once the noncompliance was identified by the KDE, a written Report of Findings was issued to the district. Within this report, the KDE included the districts’ percentage of suspensions and expulsions, along with the statewide static rate, for comparison.

The KDE district CAP Lead, regional special education cooperative, and district director of special education (DoSE) reviewed student-specific and systemic noncompliance items identified in the Report of Findings. They also reviewed and, when necessary, updated district policies and procedures to be consistent with federal and state regulations. These reviews provided the district an opportunity to identify policies and procedures that required revision, as well as needs for additional training.

The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to develop a meaningful CAP that included activities and action steps to improve district practices in the area of discipline. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE CAP lead reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed within the training.

The KDE required all noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The KDE CAP lead reported all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified to be 100% compliant for all identified areas before the KDE determined the district to have corrected all noncompliance. If any of the records were still non-compliant, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined four of the districts corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

The KDE determined that six of the eight districts corrected all areas of noncompliance. Because of the large population size, one district continues to have issues of systemic noncompliance. Currently, the district is receiving ongoing support from KDE and the regional special education cooperatives to revise district practices surrounding the discipline of special education students. The district is developing systems to address all areas of noncompliance. The

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process of creating systemwide capacity and sustainability will take time. To date, the district has made an effort to correctly implement regulatory requirements through completion of the CAP.

The second district has completed all activities required from the CAP; however, data analysis by the KDE showed additional concerns. The district requires more intensive assistance to create systems which will sustain lasting change. The KDE and the regional special education cooperatives are providing additional support to assist in building systems surrounding the discipline of special education students.

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

For FFY 2016, eight districts were identified as having noncompliant practices under Indicator 4B. The KDE reviewed all identified student files and issued student-specific corrective action, where necessary.

The KDE district Corrective Action Plan (CAP) lead, Regional Special Education Cooperative, and district Director of Special Education (DoSE) reviewed student specific items identified in the Report of Findings.

The KDE required all student level noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE CAP lead concluded and reported all student specific noncompliance identified had been corrected when the district:

Prong 1 – Corrected **each** individual case of noncompliance, and

In order to verify systemic compliance, the KDE reviewed additional student special education records. The KDE reviewed each student level file and determined each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the LEA consistent with [OSEP Memorandum 09-02](#), dated October 17, 2008. Additional records were verified to be 100% compliant for all identified areas before the KDE determined the district to have completed all noncompliance. If any of the additional records were still non-compliant, the district had to correct all noncompliance and ensure each student-specific violation of the IDEA had been corrected. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined four of the districts corrected all student specific and systemic noncompliance under [OSEP Memorandum 09-02](#).

The KDE determined that six of the eight districts corrected all areas of noncompliance. Because of the large population size, one district continues to have issues of systemic noncompliance. Currently, the district is receiving ongoing support from KDE and the regional special education cooperatives to revise district practices surrounding the discipline of special education students. The district is developing systems to address all areas of noncompliance. The process of creating systemwide capacity and sustainability will take time. To this date, the district has made an effort to correctly implement regulatory requirements through completion of the CAP.

The second district has completed all activities required from the CAP; however, data analysis by the KDE showed additional concerns. The district requires more intensive assistance to create systems which will sustain lasting change. The KDE and the regional special education cooperatives are providing additional support to assist in building systems surrounding the discipline of special education students.

FFY 2016 Findings Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

Because of the large population size, one district continues to have issues of systemic noncompliance. Currently, the district is receiving ongoing support from KDE and the regional special education cooperatives to revise district practices surrounding the discipline of special education students. The district is developing systems to address all areas of noncompliance. The process of creating systemwide capacity and sustainability will take time. To this date, the district has made an effort to correctly implement regulatory requirements through completion of the CAP.

The second district has completed all activities required from the CAP; however, data analysis by the KDE showed additional concerns. The district requires more intensive assistance to create systems which will sustain lasting change. The KDE and the regional special education cooperatives are providing additional support to assist in building systems surrounding the discipline of special education students.

OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2016, and OSEP accepts that revision.

Because the State reported less than 100% compliance (greater than 0% actual target data for this indicator) for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. The State must demonstrate, in the FFY 2018 SPP/APR, that the districts identified with noncompliance in FFY 2017 have corrected the noncompliance, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data, such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2018 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 2017, although its FFY 2017 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 2017.

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

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 5: Educational Environments (children 6-21)**

Monitoring Priority: FAPE in the LRE

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

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

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

Historical Data

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

	FFY	2015	2016
A	Target ≥	71.80%	71.80%
	Data	73.73%	73.81%
B	Target ≤	8.70%	8.70%
	Data	8.28%	8.31%
C	Target ≤	1.90%	1.90%
	Data	1.68%	1.72%

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

FFY 2017 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

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

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

Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](https://education.ky.gov/CommOfEd/advp/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx) (https://education.ky.gov/CommOfEd/advp/Pages/State-Advisory-Panel-on-Exceptional-Children-(SAPEC).aspx) on the KDE website.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	Total number of children with IEPs aged 6 through 21	86,200	null

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	63,297	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	7,125	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	c1. Number of children with IEPs aged 6 through 21 in separate schools	495	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	c2. Number of children with IEPs aged 6 through 21 in residential facilities	289	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C002; Data group 74)	7/12/2018	c3. Number of children with IEPs aged 6 through 21 in homebound/hospital placements	752	null

FFY 2017 SPP/APR Data

	Number of children with IEPs aged 6 through 21 served	Total number of children with IEPs aged 6 through 21	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Number of children with IEPs aged 6 through 21 inside the regular class 80% or more of the day	63,297	86,200	73.81%	71.80%	73.43%
B. Number of children with IEPs aged 6 through 21 inside the regular class less than 40% of the day	7,125	86,200	8.31%	8.70%	8.27%
C. Number of children with IEPs aged 6 through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,536	86,200	1.72%	1.90%	1.78%

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 6: Preschool Environments**

Monitoring Priority: FAPE in the LRE

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

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

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

Historical Data

	Baseline Year	FFY	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
A	2011	Target ≥									63.30%	63.30%	64.00%
		Data								63.36%	64.94%	65.10%	66.14%
B	2011	Target ≤									6.81%	6.81%	6.00%
		Data								6.81%	5.04%	4.63%	4.14%

	FFY	2015	2016
A	Target ≥	64.00%	64.00%
	Data	66.50%	67.36%
B	Target ≤	6.00%	6.00%
	Data	4.54%	4.03%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	64.00%	64.00%
Target B ≤	6.00%	6.00%

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP). The KDE with stakeholder input determined that, since data for Indicator 6 was relatively recent and still developing, the data needed to stabilize and be analyzed over a longer period of time. Targets will be reviewed in the future as data is collected and a trajectory of results can be determined.

Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	Total number of children with IEPs aged 3 through 5	18,070	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	a1. Number of children attending a regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	12,517	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	b1. Number of children attending separate special education class	543	null
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	b2. Number of children attending separate school	73	null

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Source	Date	Description	Data	Overwrite Data
SY 2017-18 Child Count/Educational Environment Data Groups (EDFacts file spec C089; Data group 613)	7/12/2018	b3. Number of children attending residential facility	13	null

FFY 2017 SPP/APR Data

	Number of children with IEPs aged 3 through 5 attending	Total number of children with IEPs aged 3 through 5	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	12,517	18,070	67.36%	64.00%	69.27%
B. Separate special education class, separate school or residential facility	629	18,070	4.03%	6.00%	3.48%

Use a different calculation methodology

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 7: Preschool Outcomes**

Monitoring Priority: FAPE in the LRE

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

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

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

Historical Data

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

	FFY	2015	2016
A1	Target ≥	49.30%	50.00%
	Data	39.84%	40.10%
A2	Target ≥	39.20%	40.00%
	Data	28.96%	30.60%
B1	Target ≥	67.40%	68.00%
	Data	63.06%	61.16%
B2	Target ≥	39.90%	40.50%
	Data	36.67%	36.31%
C1	Target ≥	50.70%	51.50%
	Data	33.79%	33.49%
C2	Target ≥	35.70%	36.50%
	Data	24.22%	25.33%

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

FFY 2017 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

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

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information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

After consulting stakeholders, the KDE decided to use new algorithms during FFY 2013 to improve the accuracy of the calculation used to determine a child’s level of development. While the scores for FFY 2013 were lower, they were more accurate than in previous years. The KDE established a new baseline and targets to reflect the more accurate data calculation.

FFY 2017 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed	6,384
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Outcome A: Positive social-emotional skills (including social relationships)

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	245	3.84%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,464	38.60%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	834	13.06%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,767	27.68%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,074	16.82%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
A1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. (c+d)/(a+b+c+d)	2601.00	5310.00	40.10%	50.00%	48.98%
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. (d+e)/(a+b+c+d+e)	2841.00	6384.00	30.60%	40.00%	44.50%

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

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	167	2.62%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	1,583	24.80%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,730	27.10%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,980	31.02%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	924	14.47%

	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
B1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. (c+d)/(a+b+c+d)	3710.00	5460.00	61.16%	68.00%	67.95%
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. (d+e)/(a+b+c+d+e)	2904.00	6384.00	36.31%	40.50%	45.49%

Outcome C: Use of appropriate behaviors to meet their needs

	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	185	2.90%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	2,231	34.95%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	1,239	19.41%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,726	27.04%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,003	15.71%

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	Numerator	Denominator	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
C1. Of those preschool children who entered or exited the preschool program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. $(c+d)/(a+b+c+d)$	2965.00	5381.00	33.49%	51.50%	55.10%
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. $(d+e)/(a+b+c+d+e)$	2729.00	6384.00	25.33%	36.50%	42.75%

Does the State include in the numerator and denominator only children who received special education and related services for at least six months during the age span of three through five years? Yes

Was sampling used? No

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

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

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

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

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

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

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

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

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

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

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

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

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 8: Parent involvement**

Monitoring Priority: FAPE in the LRE

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

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

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

Historical Data

Baseline Data: 2013

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

FFY	2015	2016
Target ≥	80.65%	80.75%
Data	86.76%	87.88%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target ≥	80.85%	80.95%

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP). Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

The KDE consulted with stakeholders in setting new targets for FFY 13 through FFY 18. A description of each indicator was provided to the stakeholder group, along with information regarding data and trajectories from the original SPP. Feedback was provided to the KDE and used to assist in determining targets for FFY 2013- FFY 2018.

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
3,329	3,743	87.88%	80.85%	88.94%

The number of parents to whom the surveys were distributed.	4.17%	89859.00
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The percentage shown is the number of respondent parents divided by the number of parents to whom the survey was distributed.

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

The KDE sent an email to all directors of special education (DOSEs) in the state as part of the process of obtaining data for Indicator 8. The email included a sample letter to parents explaining the purpose of the survey, as well as a link to complete the survey online. The email requested that the DoSEs forward the survey link and the letter to all district parents whose children had Individual Education Programs (IEPs).

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

The survey is intended for parents of both preschool and school-age students. While the results can be broken down between these two groups, the results were automatically combined at the point of initial data collection.

Sample letters to parents were also made available in Spanish and included a link to a Spanish version of the survey.

Was sampling used? No

Was a survey used? Yes

Is it a new or revised survey? No

The demographics of the parents responding are representative of the demographics of children receiving special education services. No

Describe the strategies the State will use to ensure that in the future the response data are representative of those demographics.

The state plans to address this issue by **alerting** school districts to the issue of representativeness in general and specifically, the MMD under-representation. Districts will be encouraged to make surveys available to complete online during parent meetings. Geographic under-representation will be addressed by working with regional educational cooperatives to encourage participation in the survey.

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

The survey targeted all parents of students with IEPs in Kentucky; as such, distribution directly mirrored the state's demographics. The survey does not ask about parent demographics. In many cases they are irrelevant (it is a given that parents will be older and more educated than their school-age children), in other cases they will be redundant or nearly redundant to the child's demographics (race and ethnicity, region). We do not ask for data related to income because it may decrease response rates. In future years we will ask for the gender of the respondent.

The survey responses from parents indicate that their children are generally representative of the demographics of the overall population of students with IEP's in the state. The National Post School Outcomes Center considers respondents to be representative of the population when the percentage of respondents in sub-categories are within three percentage points of its percentage in the population. This was the case for all categories of race and ethnicity in our survey.

Of the 14 disability categories, 12 met the criteria for representativeness. Only two categories of disability fell outside the three-point range for representativeness: Autism, which was overrepresented in the survey, with 16% of respondents compared with 7% in the population, and Mild Mental Disability, which was underrepresented, with 6% of respondents compared with 11% in the population.

Of the state's nine geographic regions, five met the criterion for representativeness. None showed a difference between respondents and population greater than six percentage points.

The survey did not ask about parental demographics. In many cases, these demographics are irrelevant; for example, it can be assumed that parents will be older and more educated than their school-age children. In other cases, the data would be the same, or nearly the same, as the child's demographics (e.g., race and ethnicity, geographic region). The KDE also did not ask for data related to parental income, as this might have led to a decreased response rate. In future years, the KDE will ask about the gender of the respondent.

Actions required in FFY 2016 response

In the FFY 2017 SPP/APR, the State must report whether its FFY 2017 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the parents responding are representative of the demographics of children receiving special education services.

Responses to actions required in FFY 2016 OSEP response

A more thorough explanation of our methods to examine representativeness is included in the section above that address's representativeness. We used the criteria developed by the National Post School Outcomes center to assess representativeness for each group. It should be noted that there are over twenty categories for which representativeness was measured, given this large number of categories, it is difficult to answer a global question regarding whether the sample was representative of the population. In most categories, respondents were representative, however, in a few categories, they were not.

When respondent groups were underrepresented, the KDE notified districts to request that they specifically target students in these groups in distributing the survey to parents.

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 9: Disproportionate Representation**

Monitoring Priority: Disproportionate Representation

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

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

Historical Data

Baseline Data: 2016

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

FFY	2015	2016
Target	0%	0%
Data	1.14%	0.57%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	0%	0%

FFY 2017 SPP/APR Data

Has the State established a minimum n and/or cell size requirement? Yes No

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 totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 0

Number of districts with disproportionate representation of racial and ethnic groups in special education and related services	Number of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
4	0	175	0.57%	0%	0%

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

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).

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

KDE uses the risk ratio method to calculate disproportionate representation for a school district. In this method, the “risk” of being identified for special education for students from a given racial or ethnic group is operationalized as the percentage of students from that group who have IEPs. For example, if 20% of students in the district from a given racial or ethnic group have IEPs, the risk for that group is 20% or .20.

Similarly, the “risk” for students from all other racial and ethnic groups of being identified for special education is the percentage of students from all other groups who have IEPs. For example, if 10% of those students have IEPs, the risk is 10% or .10.

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

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

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

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

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

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

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

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

In summary, the KDE finds that a district has disproportionate representation of the specific racial or ethnic group in special education if the district has:

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

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

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

As in FFY 2016, any district identified with disproportionate representation with a risk ratio of 2.0 or higher was selected for a desk audit. The KDE reviewed evaluation and eligibility determinations for a minimum of five files, if available, per racial or ethnic group identified for the district. Additionally, the desk audit reviewed district policies, procedures and practices.

The KDE used its Compliance Record Review Document to determine if the students had been appropriately identified under IDEA, and cited districts when the desk audit discovered disproportionate representation due to inappropriate identification within the specific racial or ethnic group.

The KDE's Compliance Record Review Document may be found on the [Forms and Documents page](https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx) (<https://education.ky.gov/specialed/excep/forms/Pages/Monitoring-Documents.aspx>) of the KDE webpage.

Out of 175 districts (which includes the Kentucky School for the Blind and the Kentucky School for the Deaf), four districts had a risk ratio of 2.0 or higher and were reviewed. Of the four districts, no district was cited for disproportionate representation due to inappropriate identification as a result of policies, procedures and practices.

Actions required in FFY 2016 response

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

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

Responses to actions required in FFY 2016 response, **not including correction of findings**

OSEP requested KDE revise the baseline for this indicator. The KDE reviewed and presented an analysis of the data to the State Advisory Council for Exceptional Children (SACEC) during the 2018-2019 school year. The KDE has reestablished baseline for this indicator.

Correction of Findings of Noncompliance Identified in FFY 2016

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

FFY 2016 Findings of Noncompliance Verified as Corrected

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

In FFY 2016, the KDE reviewed data to determine those districts meeting the criteria for disproportionate representation. The KDE conducted desk audits to determine if students in the specific racial and ethnic group reviewed have been inappropriately identified under IDEA.

For FFY 2016, one district was identified as having disproportionate representation of racial and ethnic groups in special education that is the result of inappropriate identification.

Once the noncompliance was identified by the KDE, a written Report of Findings was issued to the district. Within this report, the KDE included the districts' percentage of suspensions and expulsions, along with the statewide static rate, for comparison.

The KDE district CAP Lead, regional special education cooperative, and district director of special education (DoSE) reviewed student-specific and systemic noncompliance items identified in the Report of Findings. They also reviewed and, when necessary, updated district policies and procedures to be consistent with federal and state regulations. These reviews provided the district an opportunity to identify policies and procedures that required revision, as well as needs for additional training.

The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to develop a meaningful CAP that included activities and action steps to improve district practices in the area of disproportionate representation of racial/ethnic groups. Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE CAP lead reviewed the training materials to ensure all areas of noncompliance were sufficiently addressed within the training.

The KDE required all noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The KDE CAP lead reported all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified to be 100% compliant for all identified areas before the KDE determined the district to have corrected all noncompliance. If any of the records were still non-compliant, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted for review. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined four of the districts corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

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

In FFY 2016, the KDE reviewed data to determine those districts meeting the criteria for disproportionate representation. The KDE conducted desk audits to determine if students in the specific racial and ethnic group reviewed have been inappropriately identified under IDEA.

For FFY 2016, one district was identified as having disproportionate representation of racial and ethnic groups in special education that is the result of inappropriate identification.

The KDE district CAP lead, regional special education cooperative, and district DoSE reviewed student specific items identified in the Report of Findings.

The KDE required all student level noncompliance to be corrected as soon as possible but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance and reviewed evidence submitted to verify the implementation and completion of student specific corrections and CAP activities. The KDE CAP Lead reported all student specific noncompliance identified had been corrected when the district:

Prong 1 – Corrected each individual case of noncompliance, and

In order to verify student specific and systemic compliance, the KDE reviewed additional student special education records. The KDE reviewed each student level file and determined each individual case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the LEA consistent with *OSEP Memorandum 09-02*. Additional records were verified to be 100% compliant for all identified areas before the KDE determined the

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district to have completed all noncompliance. If any of the additional records were still non-compliant, the district had to correct all noncompliance and ensure each student-specific violation of the IDEA had been corrected. This process continued until all records submitted complied in the area(s) cited.

With verification of CAP completion and all records submitted verified as 100% compliant in the areas identified, the CAP lead reported the noncompliance as corrected and closed the CAP. The KDE determined the districts corrected all student specific and systemic noncompliance under *OSEP Memorandum 09-02*.

OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2016, and OSEP accepts that revision.

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 10: Disproportionate Representation in Specific Disability Categories**

Monitoring Priority: Disproportionate Representation

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

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

Historical Data

Baseline Data: 2016

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

FFY	2015	2016
Target	0%	0%
Data	2.29%	2.86%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	0%	0%

FFY 2017 SPP/APR Data

Has the State established a minimum n and/or cell size requirement? Yes No

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 totally excluded from the calculation as a result of the requirement because the district did not meet the minimum n and/or cell size. 0

Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n-size	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
26	13	175	2.86%	0%	7.43%

Reasons for Slippage

For indicator 10, Kentucky did not meet the target for FFY 2017 and demonstrated slippage. The KDE did a root cause analysis of longitudinal Indicator 10 data. The KDE found that a significant factor influencing slippage was the recent change in the KDE Indicator 10 monitoring process. The revised process included an increase in the number of district files reviewed (based on the number of students with IEP's in the district) to ensure a more accurate representation of student sampling. This increase in the number of district files reviewed in the 2017-2018 school year resulted in an increased identification of noncompliance.

Additionally, the KDE selected several more districts for monitoring in 17-18 school year than in prior years. This increase is to ensure a more accurate representation of student sampling, and to ensure a larger selection of districts are monitored. Consequently, increased monitoring correlates with the identification of an increased number of districts with possible disproportionate representation. The KDE will continue to engage stakeholders around improving results for Indicator 10.

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

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

As in FFY16 any district identified with disproportionate representation with a risk-ratio of 2.0 or higher was selected for a desk audit. The KDE reviewed evaluation and eligibility determinations for a minimum of five files, if available, per racial and ethnic groups in a specific disability category for the district. Additionally the desk audit reviewed district policies, procedures and practices.

The KDE uses its Compliance Record Review Document to determine if the students had been appropriately identified under IDEA. When the KDE found through the desk audit, that students had been inappropriately identified, the district was cited by the KDE as having disproportionate representation due to inappropriate identification within the specific racial or ethnic group.

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The KDE's Compliance Record Review Document may be found on the [KDE Forms and Monitoring Documents webpage](https://education.ky.gov/special/except/forms/Pages/Monitoring-Documents.aspx) (https://education.ky.gov/special/except/forms/Pages/Monitoring-Documents.aspx).

Out of 175 districts (including the Kentucky School for the Blind and the Kentucky School for the Deaf), 28 were reviewed. Based on the KDE's desk audit review findings, 17 districts were cited for disproportionate representation due to inappropriate identification as a result of policies, procedures and practices.

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).

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

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

Similarly, the "risk" for students from all other racial and ethnic groups of being identified for special education is the percentage of students from all other groups who have IEPs. For example, if 10% of those students have IEPs, the risk is 10% or .10.

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

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

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

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

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

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

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

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

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

A risk ratio of 2.0 or higher (≥ 2.0)

1. 10 or more students with IEPs in the specific racial or ethnic group ($n \geq 10$); and,
2. 50 or more students in the district in the specific racial or ethnic group ($n \geq 50$).

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

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.

As in FFY16 any district identified with disproportionate representation with a risk-ratio of 2.0 or higher was selected for a desk audit. The KDE reviewed evaluation and eligibility determinations for a minimum of five files, if available, per racial and ethnic groups in a specific disability category for the district. Additionally the desk audit reviewed district policies, procedures and practices.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The KDE uses its Compliance Record Review Document to determine if the students had been appropriately identified under IDEA. When the KDE found through the desk audit, that students had been inappropriately identified, the district was cited by the KDE as having disproportionate representation due to inappropriate identification within the specific racial or ethnic group.

The KDE’s Compliance Record Review Document may be found on the [KDE Forms and Monitoring Documents webpage](https://education.ky.gov/specialed/except/forms/Pages/Monitoring-Documents.aspx) (https://education.ky.gov/specialed/except/forms/Pages/Monitoring-Documents.aspx).

Out of 175 districts (including the Kentucky School for the Blind and the Kentucky School for the Deaf), 28 were reviewed. Based on the KDE's desk audit review findings, 17 districts were cited for disproportionate representation due to inappropriate identification as a result of policies, procedures and practices.

Actions required in FFY 2016 response

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

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

Responses to actions required in FFY 2016 response, not including correction of findings

OSEP requested KDE revise the baseline for this indicator. The KDE reviewed and presented an analysis of the data to the State Advisory Council for Exceptional Children (SACEC) during the 2018-2019 school year. The KDE has reestablished baseline for this indicator.

Correction of Findings of Noncompliance Identified in FFY 2016

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 2016 Findings of Noncompliance Verified as Corrected

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

In FFY 2016, the KDE reviewed data to identify districts meeting the criteria for disproportionate representation. The KDE conducted desk audits to determine if disproportionate representation of students in racial or ethnic groups who were in specific disability categories was due to inappropriate identification.

For FFY 2016, five districts were identified as having disproportionate representation of students in racial or ethnic groups in specific disability categories, due to inappropriate identification.

The identified districts were issued a written Report of Findings that included notification of noncompliance, student-specific feedback and a Corrective Action Plan (CAP) template.

The KDE CAP lead, regional special education cooperative, and district director of special education reviewed student-specific and systemic noncompliance items identified in the report. They also reviewed and, when necessary, updated district policies and procedures to align them with federal and state regulations. The review also provided an opportunity to determine the district’s needs for additional training. The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to inform the development of a CAP that included activities and action steps to improve district practices in the areas of evaluation and eligibility determination.

Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE CAP lead reviewed the training materials.

The KDE required that all noncompliance be corrected as soon as possible, but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance, and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The CAP lead reported that all noncompliance identified had been corrected and closed the CAP when the district:

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

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified as 100% compliant for all identified areas before the KDE determined that the district had corrected all noncompliance. If any of the records were still not in compliance, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted. This process continued until all records submitted complied in the area(s) cited.

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

In FFY 2016, the KDE reviewed data to identify districts meeting the criteria for disproportionate representation. The KDE conducted desk audits to determine if students in the specific racial or ethnic group reviewed had been inappropriately identified under IDEA.

For FFY 2016, five districts were identified as having disproportionate representation of racial and ethnic groups in special education as a result of inappropriate identification.

The identified district was issued a written Report of Findings that included notification of noncompliance, student-specific feedback and a Corrective Action Plan (CAP) template.

The KDE CAP lead, regional special education cooperative, and district director of special education reviewed student-specific and systemic noncompliance items identified in the report. They also reviewed and, when necessary, updated district policies and procedures to align them with federal and state regulations. The review also provided an opportunity to determine the district’s needs for additional training. The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to inform the development of a CAP that included activities and action steps to improve district practices in the areas of evaluation and eligibility determination.

Training activities identified on the CAP were provided by KDE-approved trainers. Prior to the training, the KDE CAP lead reviewed the training materials.

The KDE required that all noncompliance be corrected as soon as possible, but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance, and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The CAP lead reported that all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified as 100% compliant for all identified areas before the KDE determined that the district had corrected all noncompliance. If any of the records were still not in compliance, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted. This process continued until all records submitted complied in the area(s) cited.

OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2016, and OSEP accepts that revision.

Because the State reported less than 100% compliance for FFY 2017 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. The State must demonstrate, in the FFY 2018 SPP/APR, that the 13 districts identified in FFY 2017 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 CFR §§300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2018 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 2017, although its FFY 2017 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 2017.

Required Actions

[Empty box for Required Actions]

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 11: Child Find**

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Historical Data

Baseline Data: 2005

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

FFY	2015	2016
Target	100%	100%
Data	99.74%	99.76%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
2,440	2,426	99.76%	100%	99.43%

Number of children included in (a), but not included in (b) [a-b]	14
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Account for children included in (a) but not included in (b). Indicate the range of days beyond the timeline when the evaluation was completed and any reasons for the delays.

There were 14 students included in (a) but not in (b). The range of days beyond the required 60-day timeline was from one to 25. The reasons for the delays included the unavailability of district evaluation personnel, parental factors (excluding the parent repeatedly failing to produce the child for evaluation), excessive student absenteeism, district personnel training issues, and difficulty in obtaining external evaluation components from outside agencies.

Indicate the evaluation timeline used

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

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

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

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

The Kentucky Department of Education (KDE) collected State Performance Plan (SPP) and Annual Performance Report (APR) data for Indicator 11 by requiring all districts to submit a self-assessment report to the KDE containing randomly-selected, child-specific data. The reports were due to the KDE by June 15.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

The KDE validated the data report submitted by the district by conducting desk audits for districts reporting noncompliance. Additionally, the KDE conducted on-site monitoring reviews for a sampling of districts that had reported 100% compliance. The KDE used its Compliance Record Review Document, the data information system, and student due process records to determine whether a student’s file was in compliance with the evaluation timeline. When the KDE found through the desk audits or on-site monitoring that student files were not in compliance with Indicator 11 under IDEA, the district was cited by the KDE as having noncompliance for this indicator.

For FFY 2017, the KDE received data from districts that indicated 14 student files from 10 districts were noncompliant. The KDE also cited three additional districts as a result of data verification performed during on-site monitoring for a sampling of districts that had self-reported 100% compliance for Indicator 11. As such, noncompliance was identified for a total of 13 districts for FFY 2017.

Therefore, findings of noncompliance identified for FFY 2017 = (10 + 3) 13 districts.

Actions required in FFY 2016 response

none

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

Correction of Findings of Noncompliance Identified in FFY 2016

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 2016 Findings of Noncompliance Verified as Corrected

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

For FFY 2016, six districts were identified as having noncompliance for Indicator 11. Each identified district received a Report of Findings that included notification of the noncompliance, student-specific feedback and a Corrective Action Plan (CAP). To verify that the district was correctly implementing the regulatory requirements, the KDE used the CAP process as described below.

The KDE CAP lead, regional special education cooperative, and district director of special education reviewed student-specific and systemic noncompliance items identified in the report. They also reviewed and, when necessary, updated district policies and procedures to align them with federal and state regulations. The review also provided an opportunity to determine the district’s needs for additional training. The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to inform the development of a CAP that included activities and action steps to improve district practices in the area of timely initial evaluation of students for special education services.

The KDE required that all noncompliance be corrected as soon as possible, but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance, and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The CAP lead reported that all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified as 100% compliant for all identified areas before the KDE determined that the district had corrected all noncompliance. If any of the records were still not in compliance, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted. This process continued until all records submitted complied in the area(s) cited.

Based on its record review and CAP process, the KDE determined that the districts identified with noncompliance in FFY 2016 had corrected systemic noncompliance, consistent with OSEP Memorandum 09-02, dated October 17, 2008.

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

For FFY 2016, six districts were identified as having noncompliance for Indicator 11. The KDE notified districts of noncompliance if the district submitted data that reported less than 100% compliance with Indicator 11. Districts were required to submit the student files to the KDE that were identified as exceeding the 60-school-day timeline. During its review of student files, the KDE verified individual correction of noncompliance. For all student records

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

exceeding the 60-school-day timeline, the KDE found that the evaluations had been completed, eligibility determined and, if appropriate, an IEP developed for the student, even if late. This is consistent with OSEP Memorandum 09-02, dated October 17, 2008.

The identified districts were notified of the noncompliance and were provided with student-specific feedback and a Corrective Action Plan (CAP). To verify that the district was correctly implementing the regulatory requirements, the KDE used the CAP process as described below.

The KDE CAP lead, regional special education cooperative, and district director of special education reviewed student-specific and systemic noncompliance items identified in the report. They also reviewed and, when necessary, updated district policies and procedures to align them with federal and state regulations. The review also provided an opportunity to determine the district’s needs for additional training. The team collaborated to conduct a root cause analysis to determine why problem areas existed, and to inform the development of a CAP that included activities and action steps to improve district practices in the area of timely initial evaluation of students for special education services.

The KDE required that all noncompliance be corrected as soon as possible, but in no case later than one year from the date of notification of the noncompliance. Districts were required to submit CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead provided guidance and technical assistance, and reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The CAP lead reported that all noncompliance identified had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified as 100% compliant for all identified areas before the KDE determined that the district had corrected all noncompliance. If any of the records were still not in compliance, the district had to ensure that each student-specific violation of the IDEA had been corrected. Additional records were then submitted. This process continued until all records submitted complied in the area(s) cited.

Based on its record review and CAP process, the KDE determined that the districts identified with noncompliance in FFY 2016 had corrected all student-specific and systemic noncompliance. The districts had corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the district, as is consistent with OSEP Memorandum 09-02, dated October 17, 2008. Kentucky also verified that the districts had completed the corrections within the required timelines.

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2017 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

[Empty text box for Required Actions]

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 12: Early Childhood Transition**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Historical Data

Baseline Data: 2005

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

FFY	2015	2016
Target	100%	100%
Data	99.81%	99.91%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	3,273
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to their third birthdays.	407
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	2,358
d. Number of children for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	354
e. Number of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.	140
f. Number of children whose parents chose to continue early intervention services beyond the child's third birthday through a State's policy under 34 CFR §303.211 or a similar State option.	0

	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. $[c/(a-b-d-e-f)] \times 100$	2,358	2,372	99.91%	100%	99.41%

Number of children who have been served in Part C and referred to Part B for eligibility determination that are not included in b, c, d, e, or f	14
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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.

Seven districts reported non compliance. Reasons given for not meeting timelines include:

- District not able to locate the child and/or family during the transition process
- District not able to meet timelines due to referrals being received less than 90 days before the child's third birthday.
- Seven children have received IEP's beyond their third birthday, with date ranges between one and twenty-one days beyond.
- Seven children were unable to be located by the district and their current status is unknown.

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

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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

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

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

The Kentucky Department of Education's (KDE's) School Readiness Branch collected data from school districts using the end-of-year Preschool Program Performance Report. School readiness staff then reviewed transition data for errors and noncompliance. When errors were noted, districts were required to revise and resubmit data.

Staff from the branch and Regional Training Centers (RTCs) worked with districts to help ensure Indicator 12 compliance going forward. Districts also self-reported Indicator 12 preschool transition data to the KDE's Division of IDEA Implementation and Preschool (DIIP). The DIIP validated the data through random desk audits, using data from its student information system and student records. If individual student records were found to be noncompliant, the district was required to correct the noncompliance for each student. The DIIP then verified these corrections, and reviewed additional randomly-selected student files in order to determine systemic compliance.

Actions required in FFY 2016 response

none

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

Correction of Findings of Noncompliance Identified in FFY 2016

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

FFY 2016 Findings of Noncompliance Verified as Corrected

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

The KDE collected data from school districts using the end-of-year Preschool Program Performance Report. Districts reported their transition rate and any issues they had encountered, including children that had not transitioned due to delays created by the district. The KDE then reviewed transition data for errors and noncompliance. When errors were noted, districts were required to revise and resubmit data.

For FFY 2016, two children served under Part C did not have IEPs implemented by their third birthdays due to district staffing issues or district errors in monitoring progress of the referral process.

Districts also self-reported to KDE Indicator 12 preschool transition data. The KDE validated these data using information retrieved from the Kentucky Student Information System and by reviewing student files through desk audits or on-site visits.

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

Each district that was found in noncompliance was monitored randomly throughout the following school year to ensure compliance measures were being followed. This included random checks of appropriate transition Admissions and Release Committee (ARC) documents to ensure that districts were meeting timelines. The KDE determined that the districts had achieved systemic compliance with *OSEP Memorandum 09-02*, dated October 17, 2008.

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

The two student files originally identified with delayed transition were submitted to the KDE by the districts. During its review of student files, the KDE verified individual correction of noncompliance. In FFY 2016, for all student records with delayed transition, if the student qualified for services, an IEP was developed for the student.

This process was verified by KDE Part C staff through random checks of appropriate ARC documents to ensure districts were meeting timelines. Additionally, KDE DLS staff independently verified corrections. The districts corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the district, as is consistent with *OSEP Memorandum 09-02*, dated October 17, 2008.

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Kentucky verified that the districts had completed the corrections within required timelines.

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2017 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 13: Secondary Transition**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Historical Data

Baseline Data: 2009

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

FFY	2015	2016
Target	100%	100%
Data	98.41%	97.37%

Key: Gray – Data Prior to Baseline Yellow – Baseline

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target	100%	100%

FFY 2017 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 2016 Data	FFY 2017 Target	FFY 2017 Data
2,143	2,156	97.37%	100%	99.40%

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

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

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

The Kentucky Department of Education (KDE) collected State Performance Plan (SPP) and Annual Performance Report (APR) data for Indicator 13 by requiring all districts to submit a self-assessment report to the KDE containing randomly selected, child-specific data. The reports were due to the KDE by June 15.

The KDE validated the data report submitted by the district by conducting desk audits for districts reporting noncompliance. Additionally, to validate the data report, the KDE conducted on-site monitoring reviews for a sampling of districts that had reported 100% compliance. The KDE used its Compliance Record Review Document, and data from the data information system and student due process records to determine whether the student's file was in compliance with secondary transition. When the KDE found, through the desk audits or on-site monitoring, that student files were not in compliance with Indicator 13 under IDEA, the district was cited by the KDE as having noncompliance for this indicator.

The KDE's Compliance Record Review Document may be found on the [KDE Forms and Monitoring Documents webpage \(https://education.ky.gov/specialed/except/forms/Pages/Monitoring-Documents.aspx\)](https://education.ky.gov/specialed/except/forms/Pages/Monitoring-Documents.aspx).

For FFY 2017, the KDE received data that indicated 13 student files from five districts showed noncompliance for the required components for secondary transition. The KDE also independently verified Indicator 13 data while conducting on-site monitoring for a sampling of districts that had self-reported 100% compliance with Indicator 13. Of those districts, six districts were cited for Indicator 13 noncompliance.

Findings of noncompliance identified for FFY 2017 = (5 + 6) 11 districts.

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

that had no high schools were not required to report.

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

Yes No

Actions required in FFY 2016 response

none

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

Correction of Findings of Noncompliance Identified in FFY 2016

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
17	17	0	0

FFY 2016 Findings of Noncompliance Verified as Corrected

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

During the FFY 2016, the KDE cited 13 districts who self-reported noncompliance for Indicator 13. During the data validation process, the KDE also conducted desk audits for a sampling of districts reporting 100% compliance. This resulted in an additional four districts cited for Indicator 13 noncompliance.

The KDE notified districts of all noncompliance identified. The KDE CAP lead, regional special education cooperative, and district director of special education conducted a root cause analysis of noncompliance items identified in the desk audits. This analysis and review informed the development of a CAP that included activities and action steps to improve district practices in the areas of transition.

The CAP included a review and update of district policies and procedures to align them with federal and state regulations. The review also helped identify additional training needs. As additional support and guidance for systemic issues, the KDE provided updated Indicator 13 transition- focused resources on its website, and also offered technical assistance.

The KDE required that all noncompliance be corrected as soon as possible, but in no case later than one year from the date of notification of the noncompliance. Districts submitted CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The CAP lead reported that all identified noncompliance had been corrected and closed the CAP when the district:

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

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

In order to verify systemic compliance, the KDE reviewed additional student special education records. Additional records were verified as 100% compliant for all identified areas before the KDE determined the district to have corrected all noncompliance. If any of the records were still not in compliance, the district was required to submit additional records for review. This process continued until all records submitted complied in the area(s) cited.

The KDE determined that the districts had achieved systemic compliance with *OSEP Memorandum 09-02*, dated October 17, 2008.

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

During the FFY 2016, the KDE cited 13 districts who self-reported noncompliance for Indicator 13. During the data validation process, the KDE also conducted desk audits for a sampling of districts reporting 100% compliance. These audits resulted in an additional four districts cited for Indicator 13 noncompliance.

The KDE notified districts of all noncompliance identified. The KDE CAP lead, regional special education cooperative, and district director of special education conducted a root cause analysis of noncompliance items identified in the desk audits. This analysis informed the development of a CAP that included activities and action steps to improve district practices in the areas of transition, and to address all student-specific noncompliance.

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The KDE required that all noncompliance be corrected as soon as possible, but in no case later than one year from the date of notification of the noncompliance. Districts submitted CAP status reports to the KDE CAP lead on a quarterly basis.

The KDE CAP lead reviewed evidence submitted by the district to verify the implementation and completion of CAP activities. The CAP lead reported that all noncompliance identified had been corrected and closed the CAP when the district:

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

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

Once the district had corrected all individual cases of noncompliance and completed the activities in the CAP, the KDE verified systemic compliance by reviewing additional student special education records.

Additional records were verified as 100% compliant for all identified areas before the KDE determined the district had corrected all noncompliance. If any of the records were still not in compliance, the district was required to submit additional records for review. This process continued until all records submitted complied in the area(s) cited.

The KDE determined that the districts had achieved compliance with *OSEP Memorandum 09-02*, dated October 17, 2008.

OSEP Response

Because the State reported less than 100% compliance for FFY 2017, the State must report on the status of correction of noncompliance identified in FFY 2017 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2018 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2017 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2018 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 2017, although its FFY 2017 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2017.

Required Actions

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**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 14: Post-School Outcomes**

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Historical Data

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

	FFY	2015	2016
A	Target ≥	25.50%	25.50%
	Data	18.02%	18.09%
B	Target ≥	55.40%	55.60%
	Data	60.94%	59.39%
C	Target ≥	66.10%	66.30%
	Data	69.06%	68.87%

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

FFY 2017 - FFY 2018 Targets

FFY	2017	2018
Target A ≥	25.50%	25.50%
Target B ≥	55.80%	56.00%
Target C ≥	66.50%	66.70%

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP). Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

The KDE consulted with stakeholders in setting new targets for FFY 2013 through FFY 2018. A description of each indicator was provided to the stakeholder group, along with information regarding data and trajectories from the original SPP. Feedback was provided to the KDE and used to assist in determining targets for FFY 2013–FFY 2018.

FFY 2017 SPP/APR Data

Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	2534.00
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	455.00
2. Number of respondent youth who competitively employed within one year of leaving high school	1053.00
3. Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school (but not enrolled in higher education or competitively employed)	91.00

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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).

162.00

	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 2016 Data	FFY 2017 Target	FFY 2017 Data
A. Enrolled in higher education (1)	455.00	2534.00	18.09%	25.50%	17.96%
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1508.00	2534.00	59.39%	55.80%	59.51%
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)	1761.00	2534.00	68.87%	66.50%	69.49%

Please select the reporting option your State is using:

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

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

Was sampling used? No

Was a survey used? Yes

Is it a new or revised survey? No

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.

Respondents for the FFY 2016 post-school outcomes survey were generally representative of the demographics of all youth who had IEPs in place at the time of exit. The National Post-School Outcomes Center has stated that when respondent figures are within three percentage points of population figures, they may be considered representative for that parameter. In the Kentucky survey, this was the case for the categories of gender, race/ethnicity and disability. The state is divided into nine geographic regions, eight of which had response rates within three percentage points of the region's percentage of the state population. However, one urban region was underrepresented by 4%.

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

Describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.

Kentucky is giving specialized training for the one under-represented region. This training involves interviewing former students as well as a pilot method to conduct interviews more efficiently.

Actions required in FFY 2016 response

In the FFY 2017 SPP/APR, the State must report whether the FFY 2017 data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

Responses to actions required in FFY 2016 OSEP response

A more thorough explanation of the methods used to examine representativeness is included in the FFY 2017 Data section of this report. The KDE used the criteria developed by the National Post-School Outcomes Center to assess representativeness for each group. Respondents for the FFY 2016 post-school outcomes survey were generally representative of the demographics of all youth with IEP's in place at the time of exit. The National Post School Outcomes Center has previously stated that when respondent figures are within three percentage points of population figures that they may be considered representative for that parameter. This holds true for gender (females are over-represented (0.2%), and the major disability categories (intellectual disability over-represented by 1.4, emotional and behavioral disability under-represented by 1.7% and specific learning disability under-represented by 1.1%). African Americans were under-represented by 3.2%. It should be noted that there were over twenty categories for which representativeness was measured. The state is divided into nine geographic regions. One urban region is comprised of a single district which had several problems interviewing students and was under-represented by 5.9. All other regions of the state had responses that were representative of their target population.

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To address those cases in which respondent groups were under-represented, the KDE is encouraging districts to make further efforts toward maintaining proper and up-to-date contact information and to increase their attempts to contact former students from under-represented groups in order to complete interviews.

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 15: Resolution Sessions**

Monitoring Priority: Effective General Supervision Part B / General Supervision

Results indicator: Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements.

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

Historical Data

Baseline Data: 2005

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

FFY	2015	2016
Target ≥		
Data	44.44%	82.35%

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

FFY 2017 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP). Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

The KDE consulted with stakeholders in setting new targets for FFY 2013 through FFY 2018. A description of each indicator was provided to the stakeholder group, along with information regarding data and trajectories from the original SPP. Feedback was provided to the KDE and used to assist in determining targets for FFY 2013–FFY 2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1(a) Number resolution sessions resolved through settlement agreements	10	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/8/2018	3.1 Number of resolution sessions	22	null

FFY 2017 SPP/APR Data

3.1(a) Number resolution sessions resolved through settlement agreements	3.1 Number of resolution sessions	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
10	22	82.35%	70.00% - 80.00%	45.45%

Reasons for Slippage

Kentucky’s percentage of dispute resolution sessions did not meet this target for FFY 2017. Kentucky also exhibited slippage on this indicator.

Of the 12, due process resolution sessions that did not result in written settlement agreements prior to June 30, 2018, three were fully adjudicated through due process hearings with written decisions on or before June 30, 2018. Another resolution session resulted in a due process hearing in October 2018 (after the June 30, 2018 cutoff date) and is awaiting the hearing officer’s decision. Yet another is scheduled to be adjudicated through a due process hearing

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

scheduled for February 6, 2019.

The remaining seven resolution sessions were still undergoing cooperative negotiation efforts through their counsel as of the June 30, 2018 cut-off date. One of the seven reached effective settlement in September 2018, and the petitioner motioned that their request for a due process hearing be withdrawn in October 2018. Furthermore, four of the seven involved a set of four siblings (all involving the same school district) where the parties were still working through counsel to amicably negotiate a successful settlement agreement as of June 30, 2018. As of January 17, 2019, some issues have been dismissed after resolution sessions/efforts by the Parties to negotiate. Still issues remain to be resolved through negotiations and it appears a new due process hearing has not been officially scheduled yet.

One other resolution session from FFY 2017 involved a due process hearing request made at the end of March 2018. As of November 2018, this case is currently being held in abeyance by the hearing officer at the mutual agreement of the parties as there is a related case being heard in federal court. A due process hearing has been scheduled for March 28 -29, 2019.

It appears that slippage in FFY 2017 may be due to the mutual willingness of the parties to invest more time to cooperatively resolve their issues of dispute prior to convening a due process hearing but without having arrived at an actual settlement agreement before the end of the fiscal year on June 30, 2018.

Actions required in FFY 2016 response

none

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 16: Mediation**

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Historical Data

Baseline Data: 2005

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

FFY	2015	2016
Target ≥		
Data	40.00%	37.50%

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

FFY 2017 - FFY 2018 Targets

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

Key:

Targets: Description of Stakeholder Input

The Kentucky Department of Education (KDE) has a collaborative relationship with the State Advisory Council for Exceptional Children (SACEC), previously known as the State Advisory Panel for Exceptional Children (SAPEC), through which it strives to improve outcomes for students with disabilities. The KDE continues to consult with stakeholders on progress toward meeting its targets for the State Performance Plan (SPP). Stakeholder information can be accessed on the [Advisory Group page for State Advisory Council for Exceptional Children](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) on the KDE website.

The KDE consulted with stakeholders in setting new targets for FFY 2013 through FFY 2018. A description of each indicator was provided to the stakeholder group, along with information regarding data and trajectories from the original SPP. Feedback was provided to the KDE and used to assist in determining targets for FFY 2013–FFY 2018.

Prepopulated Data

Source	Date	Description	Data	Overwrite Data
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.a.i Mediations agreements related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1.b.i Mediations agreements not related to due process complaints	n	null
SY 2017-18 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/8/2018	2.1 Mediations held	6	null

FFY 2017 SPP/APR Data

2.1.a.i Mediations agreements related to due process complaints	2.1.b.i Mediations agreements not related to due process complaints	2.1 Mediations held	FFY 2016 Data	FFY 2017 Target	FFY 2017 Data
2	2	6	37.50%	61.00% - 85.00%	66.67%

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

none

OSEP Response

The State reported fewer than ten mediations held in FFY 2017. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Indicator 17: State Systemic Improvement Plan**

Monitoring Priority: General Supervision

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

Reported Data

Baseline Data: 2013

FFY	2013	2014	2015	2016	2017
Target ≥		22.20%	30.90%	39.50%	48.20%
Data	14.00%	12.80%	13.40%	16.40%	15.20%

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

FFY 2018 Target

FFY	2018
Target ≥	56.80%

Key:

Description of Measure

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

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

Targets: Description of Stakeholder Input

Please see attachment.

Overview

Data Analysis

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

Please see attachment.

Analysis of State Infrastructure to Support Improvement and Build Capacity

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

Please see attachment.

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

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

Statement

Please see attachment.

Description

Please see attachment.

Selection of Coherent Improvement Strategies

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

Please see attachments.

Theory of Action

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

Submitted Theory of Action: No Theory of Action Submitted

Provide a description of the provided graphic illustration (optional)

Description of Illustration

Please see attachment.

Infrastructure Development

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

Please see attachment.

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

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

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

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

Please see attachment.

Evaluation

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

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

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

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

Please see attachment.

Technical Assistance and Support

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

Please see attachment.

Phase III submissions should include:

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

A. Summary of Phase 3

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

Please see attachment.

B. Progress in Implementing the SSIP

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

Please see attachment.

C. Data on Implementation and Outcomes

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

Please see attachment.

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

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

Please see attachment.

E. Progress Toward Achieving Intended Improvements

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

FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)

Please see attachment.

F. Plans for Next Year

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

Please see attachment.

OSEP Response

Required Actions

**FFY 2017 Part B State Performance Plan (SPP)/Annual Performance Report (APR)
Certify and Submit your SPP/APR**

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

Selected: Designated by the Chief State School Officer to certify

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

Name: Gretta Hylton

Title: Associate Commissioner / State Director

Email: gretta.hylton@education.ky.gov

Phone: 502-564-4970