## **Focused Monitoring Report**



Education Agency:	Marion County
Special Education Coordinator:	Ms. Eva Carol Sartain
<b>Focused Monitoring Date:</b>	February 7-10, 2011
Date Mailed to Coordinator:	April 12, 2011
Date of Verification Call From Coordinator:	
<b>Date Documentation Due:</b> 30 Day	
Date of Review of New Data: 60 Day	
<b>Date Documentation Due:</b> 6 Month	

Ms. Jan Enstrom

Ms. Cynthia C. Lester

The Focused Monitoring Process is a blend of compliance monitoring and improving outcomes for students. For on-site visits, this report is based on findings from the **System Profile Information**, **Special Education Coordinator's Questionnaire**, **Student File Review**, **Student Services Review**, and any other information obtained during the on-site visit. For on-line file reviews, this report is based on the findings from the individual **Student File Reviews**.

**Special Education Services Team Leader:** 

**Special Education Services Data Analyst:** 

During the Focused Monitoring Process, a designated number of student files were reviewed to verify compliance with state and federal requirements. Also, during the on-site process, a small number of students were selected to determine student status and related system performance results. Each SSR provides information to determine if there is a match between the individual student needs and the services being provided to the student by the agency.

The purpose of this report is to provide feedback to the agency in identifying findings of noncompliance that must be corrected as soon as possible, and in no case later than one year from identification of noncompliance. The report also identifies the corrective action that must be taken by the agency as well as the documentation that must be submitted to the SDE. In addition, the report informs the agency of the steps the SDE will take in order to ensure 100% correction of noncompliance with the statutory requirement(s).

The LEA received an on-line review of student records.
The LEA received an on-site focused monitoring visit.

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The Focused Monitoring Report will include the following:

- Findings of Noncompliance Area(s) of Needed Improvement
- Corrective Action Required (addresses what <u>must</u> be done)
  Immediate Correction Strategies
  Improvement Strategies
- Documentation of Corrective Action (addresses documentation of what must be done)
   Immediate Correction Strategies (documentation that findings of noncompliance in individual records have been corrected)
   Improvement Strategies (documentation of training, technical assistance provided, any changes in current practices and procedures, review of updated data)

## **GLOSSARY**

AACAlabama Administrative Code ADRSAlabama Department of Rehabilitation Services AMSTIAlabama Math, Science and Technology Initiative	LEPLimited English Proficiency LRELeast Restrictive Environment MDMultiple Disabilities
ARIAlabama Reading Initiative	MR Mental Retardation
AYPAdequate Yearly Progress	OHIOther Health Impairment
AODAlabama Occupational Diploma	OI Orthopedic Impairment
BBSSTBuilding-Based Student Support Team	OT Occupational Therapy
CRSChildren's Rehabilitation Services	PTPhysical Therapy
CTIPCareer Technical Implementation Plan	SAT 10Stanford Achievement Test 10
DBDeaf-Blindness	SDEState Department of Education
DDDevelopmental Delay	SESSpecial Education Services
EDEmotional Disturbance	STISETS Special Education Tracking System
EIEarly Intervention	SIG State Improvement Grant
ESLEnglish as a Second Language	SLD Specific Learning Disability
ESYExtended School Year	SLISpeech/Language Impairment
FACEFunctional Assessment of the Classroom Environment	SSRStudent Services Review
GEMSGaining Expertise through Mentoring and Support	STISoftware Technology Incorporated
HIHearing Impairment	TBI Traumatic Brain Injury
IEPIndividualized Education Program	VIVisual Impairment
LEALocal Education Agency	VRSVocational Rehabilitation Services

	FINDINGS OF NONCOMPLIANCE	CORRECTIVE ACTION REQUIRED		DOCUMENTATION OF CORRECTIVE ACTION	
AREAS	Areas of Needed Improvement	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)
Referral to IEP Process. (noncompliance occurring during Referral, Evaluation, Eligibility, and/or Reevaluations and IEP, etc.)	All required items were not entered or were not completed in the STISETS processes (Notice and Consent for the Provision of Special Education Services).		Provide to the appropriate teachers and administrators information, training, and/or technical assistance on the use and proper completion of all processes in STISETS.		Provide to the SDE documentation of the information, training, and/or technical assistance provided on the use and proper completion of all processes in STISETS, including, but not limited to, training agenda/outline and participant sign-in forms.  Participant sign-in forms should contain columns for the following: name, position, and school/worksite.  The SDE will conduct a review of new/updated data in 60 days to determine if the LEA has 100% correction of noncompliance.

	FINDINGS OF NONCOMPLIANCE	CORRECTIVE ACTION REQUIRED		DOCUMENTATION OF CORRECTIVE ACTION	
AREAS	Areas of Needed Improvement	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)
Evaluation, Eligibility, and/or Reevaluations. (i.e., appropriate evaluations completed and documented on eligibility report, process for initial evaluation or reevaluation, notice of meeting, timelines met, appropriate membership including parents, decision regarding reevaluation, consent for reevaluation).	(1) Notice and Eligibility Decision Regarding Special Education Services form did not document all evaluation data (e.g., documentation of appropriate instruction, missing observation and interview summaries, SLI criteria, additional instrument to support delay, etc.) as required by the AAC. (300.503; 300.300; 300.311; 300.502)  Findings of noncompliance with completion of the eligibility report at both initial eligibility and reevaluation for continued eligibility were noted during the initial review of student records.  All individual student folders with these findings were corrected prior to the development of this report.		(1) Provide to the appropriate teachers and administrators training and/or technical assistance on the required information that must be documented on the eligibility report.		(1) Provide to the SDE documentation of training on completion of the eligibility report with all required evaluation data including, but not limited to, training agenda/outline and participant sign-in forms.  Participant sign-in forms should contain columns for the following: name, position, and school/worksite.  The SDE will conduct a review of new/updated data in 60 days to determine if the LEA has 100% correction of noncompliance.

	FINDINGS OF NONCOMPLIANCE	CORRECTIVE ACTION REQUIRED		DOCUMENTATION OF CORRECTIVE ACTION	
AREAS	Areas of Needed Improvement	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)
	(2) Evaluation data was not interpreted correctly to determine eligibility as required by the AAC. (300.304; 300.311; 300.502)  Findings of noncompliance with both initial eligibility and reevaluation for continued eligibility decisions using the disability criteria in the AAC were noted during the initial review of student records.  All individual student folders with these findings were corrected prior to the development of this report.		(2) Provide to the appropriate teachers and administrators training on interpreting evaluation data correctly.		(2) Provide to the SDE documentation on the evaluation, eligibility, and reevaluation process/training requirements including, but not limited to, training agenda/outline and participant sign-in forms.  Participant sign-in forms should contain columns for the following: name, position, and school/worksite.  The SDE will conduct a review of new/updated data in 60 days to determine if the LEA has 100% correction of noncompliance.
IEP Development/ Implementation. (i.e., IEP notice, implementation/ duration date, implementation date for preschoolers beginning on third birthday, student	(1) Progress reports reflecting progress toward IEP goals were not developed, updated, and/or provided as required by the AAC. (300.320; 300.322)		(1) Provide to the appropriate teachers and administrators training, information, and/or technical assistance on written progress reports that		(1) Provide to the SDE documentation of training, information, and/or technical assistance on progress reports reflecting progress toward IEP

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AREAS	Areas of Needed Improvement	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)
profile, goals, benchmarks, supplementary aids and services, related services/ supports for school personnel, reporting of progress, transition, state testing information, appropriate membership, LRE, documentation copy of IEP given to parents and service providers informing them of their responsibilities and access to IEP, behavior intervention plan review, notice of intent, consent for placement).	Findings of noncompliance with providing progress reports as often as parents of nondisabled students are provided progress reports were noted during the initial review of student records.  All individual student folders with these findings were corrected prior to the development of this report.		reflect progress toward IEP goals and are provided to the parent according to the schedule in the IEP.		goals including, but not limited to, training agenda/outline, and participant sign-in forms.  The participant sign-in forms should contain columns for the following: name, position, and school/worksite.  The SDE will conduct a review of new/updated data in 60 days to determine if the LEA has 100 % correction of noncompliance.
	(2) Appropriate personnel (e.g., general education teacher[s], special education teacher[s], case manager, and/or related service provider [s]) were not adequately informed regarding access to the student's IEP, responsibilities in implementing the IEP, and specific		(2) Provide to the appropriate teachers and administrators training, information, and/or technical assistance on the need to document that each person responsible for implementing the IEP has been informed of their role and responsibility.		(2) Provide to the SDE documentation of training, information, and/or technical assistance on access to the IEP and roles/ responsibilities including, but not limited to, training agenda/outline, and participant sign-in forms.

	FINDINGS OF NONCOMPLIANCE	CORRECTIVE ACTION REQUIRED		DOCUMENTATION OF CORRECTIVE ACTION	
AREAS	Areas of Needed Improvement	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)	Immediate Correction Strategies (30-day items)	Improvement Strategies (6-month items)
	accommodations, modifications, and supports that must be provided to the student as required by the AAC. (300.303)  Findings of noncompliance with informing each person responsible for implementing the IEP of his/her specific responsibilities and that he/she had access to the IEP were noted during the initial review of student records.  All individual student folders with these findings were corrected prior to the development of this report.				The participant signin forms should contain columns for the following: name, position, and school/worksite.  The SDE will conduct a review of new/updated data in 60 days to determine if the LEA has 100 % correction of noncompliance.

## Steps to be taken by the SDE to ensure compliance with the Statutory Requirements

1. Sixty calendar days from the verification call to confirm receipt of this Focused Monitoring Report, a random sample of updated data will be pulled and reviewed. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the focused monitoring process. If the same findings are identified during the review of updated data, the education agency will not show 100% correction of noncompliance and Step 2 will be taken.

- 2. Twenty calendar days from the last review of new/updated data, a random sample of new/updated data will be pulled and reviewed. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the focused monitoring process. If the same findings are identified during the review of updated data, the education agency will not show 100% correction of noncompliance and Step 3 will be taken.
- 3. Ten calendar days from the last review of new/updated data, a random sample of new/updated data will be pulled and reviewed. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the focused monitoring process. If the same findings are identified during the review of updated data, the education agency will not show 100% correction of noncompliance and the SDE will determine what, if any, enforcement procedures will be considered.

## **Enforcement Procedures:**

- 1. The Special Education Coordinator will receive a call from the State Director of Special Education.
- 2. A letter will be written to the Superintendent outlining the seriousness of correction of noncompliance.
- 3. A Compliance agreement will be implemented.
- 4. The Superintendent will be directed to come to the SDE and meet with the Deputy Superintendent of Education, State Director of Special Education, Data Analyst, and Team Leader.
- 5. Withholding of funds procedures may be implemented.