

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2021**

Alabama



PART B DUE February 1, 2023

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

146

General Supervision System:

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

State Performance Plan/Annual Performance Report

The State Performance Plan/Annual Performance Report (SPP/APR) focuses on a balance between compliance and improving results for children and youths with individualized education programs (IEPs). As needed and with stakeholder input, review and revisions are made to the SPP/APR, including SPP targets, to ensure that all are designed to be Specific, Measurable, Achievable, Realistic, and Timely (SMART). Annual state reporting of performance on the SPP indicators through the APR is an essential component of the accountability system. Annual public reporting on the SPP/APR is accomplished by posting on the Alabama State Department of Education (ALSDE) website along with the OSEP State Determination, through dissemination to the Special Education Advisory Panel (SEAP), and through media advisories. The state also reports annually to the public on the performance of LEAs compared to the state targets. The LEA Performance Profiles are posted on the ALSDE website no later than 120 days after submission of the APR each year.

Policies, Procedures, and Effective Implementation

The Alabama Administrative Code (AAC) is the policy document that sets forth the state rules and requirements for the implementation of Part B of the Individuals with Disabilities Education Act (IDEA). The AAC is updated as needed and undergoes State Board of Education and broad stakeholders review to ensure compliance with federal and state regulations. It is made available for public comment and then posted for the public at large on the ALSDE website; copies are provided to LEA staff during numerous statewide, regional, and local meetings throughout the year. Mastering the Maze is the procedural document that assists the LEAs and service providers and provides guidance to complete the required forms through detailed explanations of each form required for the provision of free appropriate public education (FAPE) to all students with IEPs in Alabama, ages 3-21. Procedural compliance with state and federal requirements is monitored through SESS' Continuous Improvement Process (CIP).

Reporting on Data Processes and Results

To ensure the data systems used for official reporting purposes by the ALSDE and LEAs are valid, error-free, and accurate, the state has multi-level validations in place. These include school- and system-level validations, state-level collection processes, and state-level validation processes. The ALSDE has implemented a district approval process for ensuring timely, complete, and accurate data submissions for reporting purposes. Additionally, the ALSDE provides LEAs with data analysis and planning tools utilizing the LEA Performance Profile to examine regional and local data. The goal is to assist LEAs to identify barriers to improve performance on all indicators and to support sustained improvement.

Monitoring and Accountability

The Special Education Services (SES) Section participates in the department's monitoring process, which is a process where multiple sections of the ALSDE monitor LEAs on a cyclical basis. The SES Section conducts a multi-phased process known as the SES Comprehensive Monitoring: Continuous Improvement Process. The monitoring process provides an effective system of general supervision to: (1) support practices that improve educational results and functional outcomes; (2) use multiple methods in identifying and correcting noncompliance within one year; and (3) use mechanisms (e.g., focused monitoring) to encourage and support improvement and to enforce compliance. The types of monitoring methods consist of Self-Assessment Monitoring; a System Profile and Fiscal Review; Desk-Review Monitoring, including an Indicator Review; Pre-Staffing (LEA-at-a-Glance); On-Site Monitoring; High-Risk Assessment; and a General Supervision File Review. The type of monitoring an LEA will receive is based on the following data sources: risk assessment, previous monitoring data, and SPP/APR Data. The methods are linked to systemic change and utilize integrated, continuous feedback and support within a risk-based framework (risk elements include Data Integrity, Results Indicator Data, Fiscal Data, Determination Status, Professional Learning, and Coordinator Experience).

Provision of Targeted Technical Assistance and Professional Development

The ALSDE has developed a long-term plan that uses the SPP/APR indicators as a system of improvement to determine the short-term, intermediate, and long-term results produced by the department's improvement activities. This evaluation plan will utilize a variety of evaluation methodologies, including surveys, focus groups, and triangulation of data from extant sources. In turn, the results will direct the technical assistance and professional development that are provided to LEAs. To ensure that staff continue to build their knowledge and awareness, the department regularly participates in technical assistance calls, webinars, and meetings provided by the OSEP and the funded Technical Assistance and Dissemination (TA&D) Centers.

Effective System of Dispute Resolution

Alabama's dispute resolution process is linked to all aspects of its system of general supervision to ensure effective oversight and implementation of the IDEA, Part B, regulations that improve results for students with IEPs and their families. The system of dispute resolution includes processes such as facilitated IEPs, mediations, written state and due process complaints. Staff from the SES Section are assigned to track timelines and investigate formal written complaints and due process hearing requests, as well as to track corrective actions that may result from the findings. These staff members schedule contracted trained facilitators, mediators, and impartial due process hearing officers. The AAC details the state policy and procedures for the formal dispute resolution processes at 290-8-9.08(9) (a)— 290-8-9.08(9)(c)17.(v)(V). Training is conducted on an ongoing basis for Dispute Resolution state staff, contracted mediators, and impartial due process hearing officers. The dispute resolution data for specific LEAs are reviewed to determine whether patterns or trends exist within written state and due process complaints and to determine what issues may be occurring that may impact the provision of FAPE for students in particular school systems. These dispute resolution patterns, trends, and issues inform both on-site and off-site

monitoring activities, as appropriate.

Responsible Fiscal Management System

Alabama's fiscal management requirements are based on the IDEA and the U. S. Education Department General Administrative Regulations (EDGAR), which are the general administration requirements applied to all federal funds and the state's general supervision requirements under the IDEA. The ALSDE has established policies and procedures for calculating and allocating flow-through funds, as well as reporting and verifying the use of IDEA Part B flow-through funds. The ALSDE follows required procurement procedures when using state set-aside funds.

As part of the SES' general supervision system, the SES Fiscal Management Unit works closely with the SES Integrated Monitoring Unit, the SES Performance & Data Accountability Unit, and ALSDE Accounting to assist with monitoring the LEA budgets for allowable costs; monitoring LEAs for maintenance of effort and requiring the LEAs to use 15% of their VI-B and Preschool budgets if the LEA has been determined to be significantly disproportionate in any of the areas listed in the regulations; reviewing time and effort documentation; monitoring contracts that have been developed as part of state set-aside activities; etc. Staff in the Fiscal Management Unit provide technical assistance to the LEAs, staff, other state agencies, etc. Staff also provide technical assistance documents and present at state conferences to ensure an accurate understanding of fiscal compliance.

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 ALSDE, SES Section recognizes that a process for delivering technical assistance (TA) to LEAs, families, and other agencies is an integral component of an effective system of general supervision. The SES Section has developed a process for delivering TA that is directly linked with other components of its general supervision system, including the SPP/APR indicators, to improve both compliance and results. The TA structure is designed according to three types: universal, targeted, and intensive. Moreover, the TA process consists of several delivery options, including on-site, teleconferences, webinars, and through electronic means, such as a learning management system (i.e., Schoology).

Universal TA: The universal type of TA includes mass electronic information dissemination to address identified areas of needed TA. The SES Program Director regularly issues News You Can Use informational topic briefs to provide information and resources via mass e-mail to the LEAs. In addition, the SES staff develop "one-pagers" to provide information and assistance in multiple areas that are posted on the ALSDE website to be accessed by the public as well as school personnel. Other examples of universal TA include state-wide conferences with specifically-designed content to address common areas of need such as the Council of Administrators in Special Education (CASE) Fall and Spring Conferences, the Alabama Transition Conference, the Early Intervention and Preschool Conference, the MEGA Conference (Special Education Strand) conducted each July, and a Back-to-School Conference and Novice Coordinators Meeting designed especially for Special Education Coordinators in preparation for the school year. Also, by conducting virtual office hours (e.g., PowerSchool migration, Preschool and Child Count) to answer questions and assist LEAs.

Targeted TA: The targeted type of TA consists primarily of regionally provided TA, such as training across the state to address specific areas in both general and special education (e.g., co-teaching and co-planning, behavior). Examples of targeted TA include those delivered in response to needs identified from monitoring data, such as individualized education program (IEP) training or secondary transition training. Targeted TA is delivered by SES staff in each region of the state and attended by personnel from LEAs primarily within that region. Some training efforts, however, are conducted in conjunction with other agencies, such as Alabama's Parent Training and Information (PTI) Center.

Intensive TA: The intensive type of TA is delivered to specific LEAs with needs identified through monitoring, dispute resolution, and/or the special education information system to correct an identified area of non-compliance or to address another training need to improve the provision of a FAPE in the least restrictive environment (LRE) for children with IEPs.

Professional Development System:

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

Professional Development (PD) for special education is designed to improve the ability of practitioners to ensure that each child receives a FAPE in the LRE through the appropriate implementation of evidence-based practices that are delivered with fidelity according to the principles of Implementation Science and Adult Learning. Through a network of multiple venues, PD is offered and includes state-wide and regional conferences, dissemination of promising practices, online coursework through the IRIS Center, and through statewide initiatives, such as the Alabama Reading Initiative (ARI) and the Alabama Math, Science, and Technology Initiative (AMSTI). Professional Development is also conducted in coordination with state agencies, such as the Alabama Department of Mental Health, the Alabama Department of Rehabilitation Services, and advocacy centers. Training and PD regarding low-incidence disability areas, behavioral management, discipline, preschool special education, assistive technology, and autism spectrum disorders are provided by content-specific specialists.

The ALSDE, SES Section, has operated a State Personnel Development Grant (SPDG) since approximately 2000. In 2022, a new SPDG was awarded to Alabama. The new SPDG focuses on providing evidence-based professional development in reading as applied to a Multi-Tiered System of Supports (MTSS) in AL-MTSS schools, improving the reading achievement of students in grades 4-8, and expanding transition services for toddlers and elementary, middle, and high school students. For Goal 1, the SPDG will partner with AL-MTSS to provide training, coaching, and support for educators around the application of reading in an MTSS framework. For Goal 2, the SPDG will offer professional learning to improve transitions from each education level.

The data and results yielded by the SPDG projects are being utilized to inform professional development and technical assistance activities throughout Alabama. Additionally, the Alabama SPDG's project design provided the research base to develop the Alabama State Systemic Improvement Plan (SSIP). Multiple demonstration sites are operated throughout the state that employ evidence-based practices rooted within the framework of Implementation Science. Staff within the schools and districts participate regularly in high-quality professional development and receive ongoing coaching from trained and experienced instructional coaches.

Broad Stakeholder Input:

The mechanisms for soliciting broad stakeholder input on the State's targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 17, the State's Systemic Improvement Plan (SSIP).

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

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

YES

Number of Parent Members:

8

Parent Members Engagement:

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

The SEAP, including parent members and parent center staff, were provided training from the SES staff regarding SPP/APR content and relevant data sources. The panel members were given the opportunity to review and discuss data trends and provide input and recommendations on revising and setting targets and developing improvement strategies.

Beyond the SEAP, the ALSDE also partnered with the Alabama Parent Education Center (APEC) to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities. The SES staff hosted family focus groups at various times, including evening hours, to ensure parent accessibility and participation. The SES staff discussed secondary transition services as well as solicited feedback from parents regarding their experiences with the implementation of transition services in the local education agencies. The SES staff, in collaboration with the APEC, also provided linkages to available state and local resources for parents and families. Moreover, the SES staff sought stakeholder feedback on the need to better align family engagement and developed improvement strategies, which also helped to inform the process of the SPP/APR.

Activities to Improve Outcomes for Children with Disabilities:

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

To increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for children with disabilities, the SES staff offered virtual options for three family focus groups. These virtual options were offered and made accessible to families in rural, urban, and suburban areas across the state at various times, including evening hours, which not only increased participation but also increased diversity by targeting stakeholders in those areas, particularly in the central part of the state. The focus groups allowed SES staff to hear concerns, suggestions, and needs from family members. At the suggestion of the SEAP, information was posted to the ALSDE, SES YouTube channel for parents to easily access. In addition, input was gathered from parents at middle and high school SSIP/SPDG sites through the Foundations Survey, which asked parents to rate the behavior, safety, and climate of schools. Moreover, parents of students of transition age were asked to complete a satisfaction survey of transition services and resources and the SSIP-developed Planning for Life After School Survey. These survey results will be used to determine areas for follow-up training and product development. The ALSDE plans to redistribute a flyer to solicit the participation of SEAP members to broaden the scope to include more diverse parents on the advisory panel. The ALSDE will continue to collaborate with Alabama Parent Education Center (APEC) to ensure that the stakeholders represent the diversity of the state.

Additionally, the ALSDE established a contract to sponsor family engagement virtual training designed to build the capacity of diverse groups of parents and guardians to assist with homework in the areas of literacy and mathematics. Conducting live, virtual training that is recorded will allow the information to be accessible to a wide range of families from diverse backgrounds around the state.

Soliciting Public Input:

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

The SES staff continued to collaborate with the National Center on Systemic Improvement (NCSI) to establish a mechanism with timelines to solicit public input from the SEAP panel members. The NCSI served as a thought partner with the SES to identify mechanisms to engage stakeholders, including state advisory panel members, and to offer their consultation services to the state and the SEAP. As a result, the SES staff established a calendar based on this partnership in which ongoing work sessions were scheduled. The work sessions involved panel members reviewing indicators; discussing data and indicator slippage; developing reasons for slippage; when necessary, recommending improvement strategies; and evaluating progress. SEAP members were given the opportunity to engage with SES staff to address questions they had about the data. Additionally, the SEAP members were asked to provide feedback and recommendations after having time to reflect on the data. All sessions were recorded and provided to panel members as reference to consider during reflection. The SES staff created a YouTube recording for SEAP members to access an overview of all the SPP/APR indicators and results based on the FFY 2021 SPP/APR submitted in February 2023. This recording included information on the data sources and the data collection methods for each SPP/APR indicator. The SES staff continue to explore consultation options with NCSI.

Making Results Available to the Public:

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

After reviewing the SEAP members' target recommendations and after conducting internal discussions, the SEAP members were given a draft of the FFY 2021 SPP/APR to review and asked to provide further feedback to the SES staff prior to submission, as necessary.

Reporting to the Public

How and where the State reported to the public on the FFY 2020 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 2020 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2020 APR in 2022, is available.

The SPP/APR is shared with the public and media primarily via the ALSDE's website. The FFY 2020 SPP/APR can be found on the ALSDE's website at www.alabamaachievers.org and via the following path: Reports & Data > Special Education Reports under Student Data > scroll down to SPP/APR, FFY 2020 SPP/APR. The direct link is: https://www.alabamaachievers.org/reports-data/student-data/special-education-reports/#SPP_APR. Once the SPP/APR has been posted, a media news release is sent to forums statewide, including to state board members, ALSDE staff members, LEAs, public information officers, education organizations, news outlets, and press secretaries for the governor and the Alabama congressional delegation.

The LEA Performance Profiles may also be accessed on the ALSDE website at www.alabamaachievers.org and via the following path: Reports & Data > Special Education Reports under Student Data > LEA Reports - Performance Profiles. The direct link is: <https://www.alabamaachievers.org/reports-data/student-data/special-education-reports/>. Both the SPP/APR and LEA Performance Profiles are posted no later than 120 days following the State's APR submission on the OSEP required submission date, generally on February 1st.

Intro - Prior FFY Required Actions

The State's IDEA Part B determination for both 2021 and 2022 is Needs Assistance. In the State's 2022 determination letter, the Department advised the State of available sources of technical assistance, including OSEP-funded technical assistance centers, and required the State to work with appropriate entities. The Department directed the State to determine the results elements and/or compliance indicators, and improvement strategies, on which it will focus its use of available technical assistance, in order to improve its performance.

The State must report, with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance.

Response to actions required in FFY 2020 SPP/APR

Pursuant to the state's Determination of Needs Assistance for two-consecutive years, the ALSDE is working to improve outcomes for students with disabilities by receiving technical assistance from several national centers. The ALSDE continues to partner with the Region Seven Comprehensive Center (R7CC) to expand and strengthen the state and regional literacy coaching cadre; to promote and scale up effective mathematics practices, policies, and procedures; and to improve the academic achievement of English learners (EL), which include children with disabilities. Through the "Grades PK-3 Literacy Project," Alabama will improve student proficiency by building the capacity of educators statewide to deliver instruction grounded in evidence-based literacy practices. As a result of the "Improving Student Excellence in Math Project," the ALSDE will increase knowledge of effective math practices, implement an effective math coaching model with local education agencies (LEAs), and increase the number of Grades K-5 students proficient in math. Another part of Alabama's work with R7CC is the "Improving EL Academic Achievement Project" which has yielded increased guidance, support, and technical assistance to help educators effectively plan for the education of multilingual learners. Moreover, R7CC has been assisting the ALSDE with developing a statewide system of support framework (i.e., MTSS) that expands opportunity and access for all students.

Additionally, the ALSDE, SES Section continues to work with the National Center for Systemic Improvement (NCSI) to improve our system of general supervision. The ALSDE, SES is reviewing and revising our processes and guidance documentation to ensure the effective implementation of IDEA. The focus of this work includes the processes for 616 and 618 data collection, dispute resolution, LEA monitoring and accountability, and technical assistance and professional development.

The SES staff participated in TA calls with NCSI and accessed tools and resources (e.g., fiscal support team; MTSS; and SSIP). Targeted TA regarding general supervision guidance and stakeholder engagement continued to be accessed during this reporting period.

Another national center the ALSDE, SES continued to work with is the IDEA Data Center (IDC) to document Alabama's process for collecting, validating, analyzing, and submitting data. The ALSDE, SES engaged in the IDC Data Process Toolkit to create protocols for all data collection that will refine our process for data collection, analysis, and reporting. This will also help Alabama implement consistent practices that produce valid and reliable data, build the capacity of data stewards, and support a culture of high-quality data. Moreover, the SES staff also participated in TA calls and virtual webinars (e.g., 2022 IDC Institute; Data Quality Peer Group sessions; Significant Disproportionality Peer Group sessions) and onsite meetings (e.g., SPP/APR Summit; IDC Data Managers Summit).

Other TA accessed during this reporting period include the following:

- Office of Special Education Programs (OSEP) – participated in monthly TA calls and technical/special webinars, especially those related to the DMS 2.0 Monitoring and the new SPP/APR and SSIP package, and the 2022 OSEP Leadership Conference.
- Brustein & Manasevit, PLLC – participated in TA calls and Bru-Man forums for training related to IDEA funding and EDGAR.
- The Center for IDEA Fiscal Reporting (CIFR) – participated in monthly communities of practice (CoP) calls. Also, received targeted technical assistance from CIFR to enhance our fiscal resources and support for LEAs.
- The Center for IDEA Early Childhood Data Systems (DaSy) – participated in TA calls related to adopting a new data collection instrument to gather data for Indicator 7.
- Technical Assistance for Excellence in Special Education (TAESE) – participated in TA calls related to the dispute resolution processes, especially those related to providing oversight and general supervisory responsibilities related to Written State Complaints, mediations, and due process procedures under IDEA and IEP facilitation.
- The Center for Appropriate Dispute Resolution in Special Education (CADRE) - participated in routine calls, accessed training materials and resources related to effective dispute resolutions.

The technical assistance the ALSDE received from these national centers and many of the actions taken are geared toward improving results and outcomes for children with disabilities in Alabama. The current NAEP data indicate that Alabama's children with disabilities significantly improved on the last administration of the assessment.

Intro - OSEP Response

The State's determinations for both 2021 and 2022 were Needs Assistance. Pursuant to section 616(e)(1) of the IDEA and 34 C.F.R. § 300.604(a), OSEP's June 24, 2022 determination letter informed the State that it must report with its FFY 2021 SPP/APR submission, due February 1, 2023, on: (1) the technical assistance sources from which the State received assistance; and (2) the actions the State took as a result of that technical assistance. The State provided the required information.

OSEP notes that the information the State provides in the "Parent Members Engagement" and "Activities to Improve Outcomes for Children with Disabilities" sections under this indicator is the exact same narrative that was provided the corresponding sections of the FFY 2020 APR. The State must clarify whether it engaged in any new or additional activities during this reporting period.

Intro - Required Actions

Indicator 1: Graduation

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target. Provide the actual numbers used in the calculation.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	73.31%

FFY	2016	2017	2018	2019	2020
Target >=	69.20%	55.82%	57.59%	57.59%	73.31%
Data	54.05%	67.00%	68.04%	69.64%	73.31%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	73.56%	73.81%	74.06%	74.31%	74.56%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,351
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	765

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	103
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	255

FFY 2021 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
3,351	4,474	73.31%	73.56%	74.90%	Met target	No Slippage

Graduation Conditions

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

To qualify for the Alabama High School Diploma (AHSD), all students must pass a minimum of 24 credits of coursework—Mathematics (4), Science (4), Social Studies (4), English (4), Physical Education (1), Health Education (0.5), Career Preparedness (1), Career and Technical Education and/or Foreign Language and/or Arts Education (3), and Electives (2.5). Additional credits may be added at the discretion of each LEA's board of education.

The AHSD provides youth with multiple pathways to graduate: the General Education Pathway, the Essentials Pathway, or the Alternate Achievement Standards (AAS) Pathway. Only youth completing core courses that are fully aligned to the General Education Pathway are counted in the federal graduation rate.

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

NO

Provide additional information about this indicator (optional)

1 - Prior FFY Required Actions

None

1 - OSEP Response

1 - Required Actions

Indicator 2: Drop Out

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

Data Source

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

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

Measurement

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

Instructions

Sampling is not allowed.

Data for this indicator are "lag" data. Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), and compare the results to the target.

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

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	12.71%

FFY	2016	2017	2018	2019	2020
Target <=	11.96%	11.71%	11.46%	10.00%	6.29%
Data	6.85%	5.98%	6.18%	5.46%	4.07%

Targets

FFY	2021	2022	2023	2024	2025
Target <=	6.19%	6.09%	5.99%	5.89%	5.79%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

Prepopulated Data

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,351
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	765

Source	Date	Description	Data
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	103
SY 2020-21 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	05/25/2022	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	255

FFY 2021 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
255	4,474	4.07%	6.19%	5.70%	Met target	No Slippage

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

Alabama utilizes 618 exiting data (i.e., EdFacts file specification FS009) as the definition for a dropout. A dropout is where a student was enrolled at the start of the reporting period but was not enrolled at the end of the reporting period and did not exit special education through any of the other means. This includes dropouts, runaways, General Education Diploma (GED) recipients (in cases where students are required to drop out of the secondary educational program in order to pursue the GED certificate), expulsions, status unknown, students who moved but are not known to be continuing in another educational program, and other exiters from special education.

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

NO

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

Provide additional information about this indicator (optional)

2 - Prior FFY Required Actions

None

2 - OSEP Response

2 - Required Actions

Indicator 3A: Participation for Children with IEPs

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3A - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	95.08%
Reading	B	Grade 8	2020	90.72%
Reading	C	Grade HS	2020	77.43%
Math	A	Grade 4	2020	94.77%
Math	B	Grade 8	2020	90.17%
Math	C	Grade HS	2020	85.75%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS188; Data Group: 589)

Date:

04/05/2023

Reading Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	7,835	7,204	5,027
b. Children with IEPs in regular assessment with no accommodations	1,936	1,679	1,323
c. Children with IEPs in regular assessment with accommodations	5,187	4,610	2,285
d. Children with IEPs in alternate assessment against alternate standards	615	688	602

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS185; Data Group: 588)

Date:

04/05/2023

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs*	7,837	7,203	5,028
b. Children with IEPs in regular assessment with no accommodations	1,888	1,647	1,516
c. Children with IEPs in regular assessment with accommodations	5,232	4,630	2,537
d. Children with IEPs in alternate assessment against alternate standards	615	682	606

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

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	7,738	7,835	95.08%	95.00%	98.76%	Met target	No Slippage
B	Grade 8	6,977	7,204	90.72%	95.00%	96.85%	Met target	No Slippage
C	Grade HS	4,210	5,027	77.43%	95.00%	83.75%	Did not meet target	No Slippage

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	7,735	7,837	94.77%	95.00%	98.70%	Met target	No Slippage
B	Grade 8	6,959	7,203	90.17%	95.00%	96.61%	Met target	No Slippage
C	Grade HS	4,659	5,028	85.75%	95.00%	92.66%	Did not meet target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The 2021-2022 Proficiency and Participation Data of Students with IEPs can be found on the ALSDE website at www.alabamaachieves.org and via the following path: Reports Data > School Performance > scroll down to Proficiency, 2021-2022. The direct link is: https://www.alabamaachieves.org/wp-content/uploads/2023/03/RD_2023331_2021-2022-Proficiency-and-Participation-Data-of-Students-with-IEPs_V1.1.xlsb

Provide additional information about this indicator (optional)

3A - Prior FFY Required Actions

None

3A - OSEP Response

3A - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3B - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	19.09%
Reading	B	Grade 8	2020	11.83%
Reading	C	Grade HS	2020	4.45%
Math	A	Grade 4	2020	8.36%
Math	B	Grade 8	2020	1.81%
Math	C	Grade HS	2020	2.74%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	19.09%	19.09%	19.09%	19.09%	28.59%
Reading	B >=	Grade 8	11.83%	11.83%	11.83%	11.83%	17.75%
Reading	C >=	Grade HS	4.45%	4.45%	4.45%	4.45%	6.68%
Math	A >=	Grade 4	8.36%	8.36%	8.36%	8.36%	12.54%
Math	B >=	Grade 8	1.81%	1.81%	1.81%	1.81%	2.72%
Math	C >=	Grade HS	2.74%	2.74%	2.74%	2.74%	4.11%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	7,123	6,289	3,608
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	730	320	38
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	566	466	140

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	7,120	6,277	4,053
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	454	80	24
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	253	66	86

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	1,296	7,123	19.09%	19.09%	18.19%	Did not meet target	No Slippage
B	Grade 8	786	6,289	11.83%	11.83%	12.50%	Met target	No Slippage
C	Grade HS	178	3,608	4.45%	4.45%	4.93%	Met target	No Slippage

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	707	7,120	8.36%	8.36%	9.93%	Met target	No Slippage
B	Grade 8	146	6,277	1.81%	1.81%	2.33%	Met target	No Slippage
C	Grade HS	110	4,053	2.74%	2.74%	2.71%	Did not meet target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The 2021-2022 Proficiency and Participation Data of Students with IEPs can be found on the ALSDE website at www.alabamaachieves.org and via the following path: Reports Data > School Performance > scroll down to Proficiency, 2021-2022. The direct link is: https://www.alabamaachieves.org/wp-content/uploads/2023/03/RD_2023331_2021-2022-Proficiency-and-Participation-Data-of-Students-with-IEPs_V1.1.xlsb

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

OSEP notes that one or more of the Indicator 3B attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2020 SPP/APR

The Indicator 3B attachment (the 2020-2021 Proficiency and Participation Data of Students with IEPs) included in the State's FFY 2020 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), has been made available to the public, and can be found on the ALSDE website at www.alabamaachieves.org via the following path: Reports Data > School Performance > scroll down to Proficiency, 2020-2021. The direct link is: https://www.alabamaachieves.org/wp-content/uploads/2023/03/RD_2023331_2020-2021-Proficiency-and-Participation-Data-of-Students-with-IEPs_V1.0.xlsx

3B - OSEP Response

OSEP's Required Actions to the State's FFY 2020 SPP/APR submission required the State to make available the attachment not posted on the U.S. Department of Education's IDEA website as soon as practicable, but no later than 120 days after the date of the determination letter. The State has not publicly posted the attachment.

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

3C - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	24.57%
Reading	B	Grade 8	2020	23.94%
Reading	C	Grade HS	2020	37.01%
Math	A	Grade 4	2020	19.81%
Math	B	Grade 8	2020	13.44%
Math	C	Grade HS	2020	28.84%

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A >=	Grade 4	24.57%	24.57%	24.57%	24.57%	36.86%
Reading	B >=	Grade 8	23.94%	23.94%	23.94%	23.94%	35.91%
Reading	C >=	Grade HS	37.01%	37.01%	37.01%	37.01%	55.52%
Math	A >=	Grade 4	19.81%	19.81%	19.81%	19.81%	29.72%
Math	B >=	Grade 8	13.44%	13.44%	13.44%	13.44%	20.16%
Math	C >=	Grade HS	28.84%	28.84%	28.84%	28.84%	43.26%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

FFY 2021 Data Disaggregation from EDFacts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (EDFacts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	615	688	602
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	121	154	235

Data Source:

SY 2021-22 Assessment Data Groups - Math (EDFacts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	615	682	606
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	118	42	191

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	121	615	24.57%	24.57%	19.67%	Did not meet target	Slippage
B	Grade 8	154	688	23.94%	23.94%	22.38%	Did not meet target	Slippage
C	Grade HS	235	602	37.01%	37.01%	39.04%	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

The ALSDE acknowledges the slippage in the Alabama Comprehensive Assessment Program (ACAP) Alternate participation and performance of students with IEPs against alternate academic achievement standards. Multiple factors (i.e., teacher shortages; the change in the learning environment) may have contributed to the decline in the participation and performance of students with IEPs. Some LEAs reported and stakeholders (i.e., SEAP) reiterated that personnel not returning to the classroom as a result of the COVID-19 pandemic. Additionally, they indicated that some students had

difficulty adjusting from virtual learning environments back to in-person instruction. The ALSDE is seeking technical assistance and support from consultants to improve the academic achievement of all students, including those with IEPs.

Provide reasons for slippage for Group B, if applicable

The ALSDE acknowledges the slippage in the Alabama Comprehensive Assessment Program (ACAP) Alternate participation and performance of students with IEPs against alternate academic achievement standards. Multiple factors (i.e., teacher shortages; the change in the learning environment) may have contributed to the decline in the participation and performance of students with IEPs. Some LEAs reported and stakeholders (i.e., SEAP) reiterated that personnel not returning to the classroom as a result of the COVID-19 pandemic. Additionally, they indicated that some students had difficulty adjusting from virtual learning environments back to in-person instruction. The ALSDE is seeking technical assistance and support from consultants to improve the academic achievement of all students, including those with IEPs.

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	118	615	19.81%	19.81%	19.19%	Did not meet target	No Slippage
B	Grade 8	42	682	13.44%	13.44%	6.16%	Did not meet target	Slippage
C	Grade HS	191	606	28.84%	28.84%	31.52%	Met target	No Slippage

Provide reasons for slippage for Group A, if applicable

Provide reasons for slippage for Group B, if applicable

The ALSDE acknowledges the slippage in the Alabama Comprehensive Assessment Program (ACAP) Alternate participation and performance of students with IEPs against alternate academic achievement standards. Multiple factors (i.e., teacher shortages; the change in the learning environment) may have contributed to the decline in the participation and performance of students with IEPs. Some LEAs reported and stakeholders (i.e., SEAP) reiterated that personnel not returning to the classroom as a result of the COVID-19 pandemic. Additionally, they indicated that some students had difficulty adjusting from virtual learning environments back to in-person instruction. The ALSDE is seeking technical assistance and support from consultants to improve the academic achievement of all students, including those with IEPs.

Regulatory Information

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

Public Reporting Information

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

The 2021-2022 Proficiency and Participation Data of Students with IEPs can be found on the ALSDE website at www.alabamaachieves.org and via the following path: Reports Data > School Performance > scroll down to Proficiency, 2021-2022. The direct link is: https://www.alabamaachieves.org/wp-content/uploads/2023/03/RD_2023331_2021-2022-Proficiency-and-Participation-Data-of-Students-with-IEPs_V1.1.xlsx

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

OSEP notes that one or more of the Indicator 3C attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2020 SPP/APR

The Indicator 3C attachment (the 2020-2021 Proficiency and Participation Data of Students with IEPs) included in the State's FFY 2020 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), has been made available to the public, and can be found on the ALSDE website at www.alabamaachieves.org via the following path: Reports Data > School Performance > scroll down to Proficiency, 2020-2021. The direct link is: https://www.alabamaachieves.org/wp-content/uploads/2023/03/RD_2023331_2020-2021-Proficiency-and-Participation-Data-of-Students-with-IEPs_V1.0.xlsx

3C - OSEP Response

OSEP's Required Actions to the State's FFY 2020 SPP/APR submission required the State to make available the attachment not posted on the U.S. Department of Education's IDEA website as soon as practicable, but no later than 120 days after the date of the determination letter. The State has not publicly posted the attachment.

3C - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

D. Proficiency rate gap = [(proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2021-2022 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

Indicator 3D: Gap calculations in this SPP/APR must result in the proficiency rate for children with IEPs were proficient against grade level academic achievement standards for the 2021-2022 school year compared to the proficiency rate for all students who were proficient against grade level academic achievement standards for the 2021-2022 school year. Calculate separately for reading/language arts and math in each of the following grades: 4, 8, and high school, including both children enrolled for a full academic year and those not enrolled for a full academic year. Only include children with disabilities who had an IEP at the time of testing.

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	2020	32.79
Reading	B	Grade 8	2020	39.84
Reading	C	Grade HS	2020	23.81
Math	A	Grade 4	2020	15.55
Math	B	Grade 8	2020	12.45
Math	C	Grade HS	2020	20.61

Targets

Subject	Group	Group Name	2021	2022	2023	2024	2025
Reading	A <=	Grade 4	29.51	26.23	22.95	19.67	16.40
Reading	B <=	Grade 8	35.86	31.88	27.90	23.92	19.92
Reading	C <=	Grade HS	21.43	19.05	16.67	14.29	11.91
Math	A <=	Grade 4	13.99	12.49	10.39	9.37	7.78
Math	B <=	Grade 8	11.21	9.97	8.73	7.49	6.22
Math	C <=	Grade HS	18.55	16.49	14.43	12.37	10.31

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

FFY 2021 Data Disaggregation from ED Facts

Data Source:

SY 2021-22 Assessment Data Groups - Reading (ED Facts file spec FS178; Data Group: 584)

Date:

04/05/2023

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	52,890	56,213	46,368
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	7,123	6,289	3,608
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	27,050	28,976	13,168
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,133	916	475
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	730	320	38
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	566	466	140

Data Source:

SY 2021-22 Assessment Data Groups - Math (ED Facts file spec FS175; Data Group: 583)

Date:

04/05/2023

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	53,086	56,355	47,848
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	7,120	6,277	4,053
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	16,202	10,158	10,828
d. All students in regular assessment with accommodations scored at or above proficient against grade level	585	192	391
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	454	80	24
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	253	66	86

FFY 2021 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	18.19%	53.29%	32.79	29.51	35.09	Did not meet target	Slippage
B	Grade 8	12.50%	53.18%	39.84	35.86	40.68	Did not meet target	No Slippage
C	Grade HS	4.93%	29.42%	23.81	21.43	24.49	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The ALSDE acknowledges the slippage in the participation and the performance of students with IEPs in statewide assessments. Multiple factors (i.e., teacher shortages; the change in the learning environment) may have contributed to the decline in the participation and performance of students with IEPs. Some LEAs reported and stakeholders (i.e., SEAP) reiterated that personnel not returning to the classroom as a result of the COVID-19 pandemic. Additionally, they indicated that some students had difficulty adjusting from virtual learning environments back to in-person instruction. The ALSDE is seeking technical assistance and support from consultants to improve the academic achievement of all students, including those with IEPs.

FFY 2021 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A	Grade 4	9.93%	31.62%	15.55	13.99	21.69	Did not meet target	Slippage
B	Grade 8	2.33%	18.37%	12.45	11.21	16.04	Did not meet target	Slippage
C	Grade HS	2.71%	23.45%	20.61	18.55	20.73	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The ALSDE acknowledges the slippage in the participation and the performance of students with IEPs in statewide assessments. Multiple factors (i.e., teacher shortages; the change in the learning environment) may have contributed to the decline in the participation and performance of students with IEPs. Some LEAs reported and stakeholders (i.e., SEAP) reiterated that personnel not returning to the classroom as a result of the COVID-19 pandemic. Additionally, they indicated that some students had difficulty adjusting from virtual learning environments back to in-person instruction. The ALSDE is seeking technical assistance and support from consultants to improve the academic achievement of all students, including those with IEPs.

Provide reasons for slippage for Group B, if applicable

The ALSDE acknowledges the slippage in the participation and the performance of students with IEPs in statewide assessments. Multiple factors (i.e., teacher shortages; the change in the learning environment) may have contributed to the decline in the participation and performance of students with IEPs. Some LEAs reported and stakeholders (i.e., SEAP) reiterated that personnel not returning to the classroom as a result of the COVID-19 pandemic. Additionally, they indicated that some students had difficulty adjusting from virtual learning environments back to in-person instruction. The ALSDE is seeking technical assistance and support from consultants to improve the academic achievement of all students, including those with IEPs.

Provide additional information about this indicator (optional)

3D - Prior FFY Required Actions

None

3D - OSEP Response

3D - Required Actions

Indicator 4A: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Results Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

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

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2021-2022 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	14.00%

FFY	2016	2017	2018	2019	2020
Target <=	5.75%	5.50%	5.00%	4.00%	2.18%
Data	2.19%	0.73%	2.17%	2.16%	1.41%

Targets

FFY	2021	2022	2023	2024	2025
Target <=	2.18%	2.18%	2.18%	2.18%	2.10%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

FFY 2021 SPP/APR Data

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

NO

Number of LEAs that have a significant discrepancy	Number of LEAs in the State	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	143	1.41%	2.18%	0.00%	Met target	No Slippage

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

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

State's definition of "significant discrepancy" and methodology

The ALSDE examines the rate of suspensions and expulsions for children with IEPs among LEAs within the state. An LEA is determined to have a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least two percentage points more than the state's suspension/expulsion rate for children with IEPs. The state's suspension/expulsion rate for this reporting period is 0.12%; as such, the state bar for this reporting period is 2.12%. The state calculates the rates of suspensions and expulsions greater than ten days in a school year for children with IEPs for each LEA within the state. No minimum "n" size is used. The methodology utilized by the ALSDE is the use of a single state bar to calculate one state-level suspension/expulsion rate and comparing that rate to the district-level suspension/expulsion rate for children with IEPs on an annual basis.

Provide additional information about this indicator (optional)

Although the total number of districts is 146 as reported in the introduction for this reporting period, when using SY 2020-21 data as required, the state had a total of 143 districts during SY 2020-21.

Based on an examination of the state's methodology in determining the number of LEAs having a significant discrepancy for this indicator, the state is considering some changes that will involve engaging stakeholders for guidance regarding our methodology, state bar, and our process for reviewing policies, procedures, and practices. We look forward to reporting on the proposed changes in the subsequent APR.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 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.

Although the state reported zero LEAs being identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, the state encourages all LEAs to review policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that their policies, procedures, and practices comply with IDEA.

When an LEA has been identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, the state ensures that the LEA reviews policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The state also requires the LEA to review: (1) their procedures for monitoring the rate of suspensions and expulsions of children with IEPs based on data analyses and identification of patterns, and (2) progress reports documenting the total number of suspensions/expulsions of children with IEPs. The State also requires the LEAs to review, and as necessary, revise their policies, procedures, and practices.

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

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4A - Prior FFY Required Actions

None

4A - OSEP Response

As noted in the FFY 2021 Part B SPP/APR General Instructions, the State’s methodology for examining data for this indicator must be reasonably designed to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities among LEAs in the State or compared to the rates for nondisabled children within those LEAs. The State reported it compares the LEA rate of long-term suspensions and expulsions to the State-level long-term suspension and expulsion rate. Specifically, the State reported, "The ALSDE examines the rate of suspensions and expulsions for children with IEPs among LEAs within the state. An LEA is determined to have a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least two percentage points more than the state’s suspension/expulsion rate for children with IEPs." However, OSEP notes that the State did not report the State-level long-term suspension and expulsion rate used as part of its methodology, which is information that would enable OSEP to determine whether the State’s methodology is reasonably designed to identify significant discrepancies in its LEAs.

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

Describe the results of the State's examination of the data for the year before the reporting year (e.g., for the FFY 2021 SPP/APR, use data from 2020-2021), including data disaggregated by race and ethnicity to determine if significant discrepancies, as defined by the State, are occurring in the rates of long-term suspensions and expulsions (more than 10 days during the school year) of children with IEPs, as required at 20 U.S.C. 1412(a)(22). The State's examination must include one of the following comparisons:

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

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

Because the measurement table requires that the data examined for this indicator are lag year data, States should examine the 618 data that was submitted by LEAs that were in operation during the school year before the reporting year. For example, if a State has 100 LEAs operating in the 2020-2021 school year, those 100 LEAs would have reported 618 data in 2020-2021 on the number of children suspended/expelled. If the State then opens 15 new LEAs in 2021-2022, suspension/expulsion data from those 15 new LEAs would not be in the 2020-2021 618 data set, and therefore, those 15 new LEAs should not be included in the denominator of the calculation. States must use the number of LEAs from the year before the reporting year in its calculation for this indicator. For the FFY 2021 SPP/APR submission, States must use the number of LEAs reported in 2020-2021 (which can be found in the FFY 2020 SPP/APR introduction).

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2016	0.00%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	0.00%	0.00%

Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

FFY 2021 SPP/APR Data

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

YES

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

0

Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
0	0	143	0.00%	0%	0.00%	Met target	No Slippage

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The ALSDE examines the rate of suspensions and expulsions for children with IEPs among LEAs within the state. An LEA has a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least two percentage points more than the state's suspension/expulsion rate for children with IEPs and more than one student is suspended/expelled. The state calculates the rates of suspensions and expulsions greater than ten days in a school year for children with IEPs from a racial/ethnic group for each LEA within the state; then, using the minimum "n" size of one, excludes any LEA that had one or less student suspended or expelled. The methodology utilized by the ALSDE is the use of a single state bar to calculate one state-level suspension/expulsion rate for all LEAs and all racial/ethnic groups.

The state's suspension/expulsion rate for children with IEPs for FFY 2021 (using 2020-2021 data) was 0.12%. An LEA was determined to have a significant discrepancy if its rate of suspensions/expulsions for children with IEPs was greater than 2.12%. A minimum "n" size of one was used yielding the exclusion of zero LEAs from the calculations due to the suspension rate greater than 2.12% with zero students suspended/expelled in a racial/ethnic group.

Provide additional information about this indicator (optional)

Although the total number of districts is 146 as reported in the introduction for this reporting period, when using SY 2020-21 data as required, the state had a total of 143 districts during SY 2020-21.

Based on an examination of the state's methodology in determining the number of LEAs having a significant discrepancy for this indicator, the state is considering some changes that will involve engaging stakeholders for guidance regarding our methodology, state bar, and our process for reviewing policies, procedures, and practices. We look forward to reporting on the proposed changes in the subsequent APR.

Review of Policies, Procedures, and Practices (completed in FFY 2021 using 2020-2021 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.

Although the State reported zero LEAs being identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, the State encourages all LEAs to review policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that their policies, procedures,

and practices comply with IDEA.

When an LEA has been identified as having a significant discrepancy in the rates of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, the State ensures that the LEA reviews policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards to ensure that these policies, procedures, and practices comply with IDEA. The State also requires the LEA to review (1) their procedures for monitoring the rate of suspensions and expulsions of children with IEPs based on data analyses and identification of patterns, and (2) progress reports documenting the total number of suspensions/expulsions of children with IEPs. The State also requires the LEAs to review, and as necessary, revise their policies, procedures, and practices.

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

Correction of Findings of Noncompliance Identified in FFY 2020

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

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

4B - Prior FFY Required Actions

None

4B - OSEP Response

As noted in the FFY 2021 Part B SPP/APR General Instructions, the State’s methodology for examining data must be reasonably designed to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities among LEAs in the State or compared to the rates for nondisabled children within those LEAs. The Part B SPP/APR General Instructions also noted that factors OSEP may consider when determining reasonableness of a State’s methodology include whether none, or a very low percentage of, the State’s LEAs are being examined for significant discrepancy under the State’s chosen methodology, and whether statistically sound alternative methodologies exist or are being used by similarly-situated States. OSEP notes that the State’s chosen methodology results in a threshold for measuring significant discrepancy in the rate of long-term suspension and expulsion rates of children with IEPs that falls above the median of thresholds used by all States that use a rate ratio.

4B- Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

States must report five-year-old children with disabilities who are enrolled in kindergarten in this indicator. Five-year-old children with disabilities who are enrolled in preschool programs are included in Indicator 6. Describe the results of the calculations and compare the results to the target.

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2016	2017	2018	2019	2020
A	2020	Target >=	72.25%	75.00%	77.75%	77.75%	83.92%
A	83.92%	Data	83.52%	83.65%	83.59%	83.62%	83.92%
B	2020	Target <=	6.25%	6.25%	6.00%	6.00%	7.21%
B	7.21%	Data	7.16%	7.23%	7.18%	7.19%	7.21%
C	2020	Target <=	2.60%	2.55%	2.50%	2.50%	2.26%
C	2.26%	Data	2.45%	2.51%	2.45%	2.42%	2.26%

Targets

FFY	2021	2022	2023	2024	2025
Target A >=	83.92%	83.92%	83.92%	83.92%	84.42%
Target B <=	6.96%	6.71%	6.46%	6.21%	5.96%
Target C <=	2.26%	2.26%	2.26%	2.26%	2.21%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 Child Count/Educational Environment	07/06/2022	Total number of children with IEPs aged 5 (kindergarten) through 21	90,643

Source	Date	Description	Data
Data Groups (EDFacts file spec FS002; Data group 74)			
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	75,970
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	6,698
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,080
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	507
SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/06/2022	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	306

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

NO

FFY 2021 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	75,970	90,643	83.92%	83.92%	83.81%	Did not meet target	No Slippage
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	6,698	90,643	7.21%	6.96%	7.39%	Did not meet target	Slippage
C. Number of children with IEPs aged 5 (kindergarten) through 21 inside separate schools, residential facilities, or homebound/hospital placements [c1+c2+c3]	1,893	90,643	2.26%	2.26%	2.09%	Met target	No Slippage
Part	Reasons for slippage, if applicable						
B	The state has observed a decrease in the total number of students with disabilities receiving special education and related services since the COVID-19 pandemic. As such, one contributing factor for slippage in Indicator 5B may include the parents' decision to maintain other learning options (e.g., homeschool) instead of returning to the in-person learning environment. This contributing factor was also suggested by stakeholders (i.e., SEAP).						

Provide additional information about this indicator (optional)

5 - Prior FFY Required Actions

None

5 - OSEP Response

5 - Required Actions

Indicator 6: Preschool Environments

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

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

Measurement

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

Instructions

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

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

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

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

For Indicator 6C: States may express their targets in a range (e.g., 75-85%). Describe the results of the calculations and compare the results to the target.

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data – 6A, 6B

Part	FFY	2016	2017	2018	2019	2020
A	Target >=	47.75%	49.00%	53.00%	53.00%	52.70%
A	Data	50.91%	52.55%	53.47%	52.09%	52.70%
B	Target <=	5.90%	5.70%	5.50%	5.50%	4.28%
B	Data	3.57%	2.57%	3.12%	3.31%	4.28%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

None

Targets

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

Inclusive Targets

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

Target Range not used

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

Part	Baseline Year	Baseline Data
A	2020	52.70%
B	2020	4.28%
C	2020	2.71%

Inclusive Targets – 6A, 6B

FFY	2021	2022	2023	2024	2025
Target A >=	52.70%	52.70%	52.70%	52.70%	52.95%
Target B <=	4.28%	4.28%	4.28%	4.28%	4.08%

Inclusive Targets – 6C

FFY	2021	2022	2023	2024	2025
Target C <=	2.71%	2.71%	2.71%	2.71%	2.61%

Prepopulated Data

Data Source:

SY 2021-22 Child Count/Educational Environment Data Groups (EDFacts file spec FS089; Data group 613)

Date:

07/06/2022

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	1,367	2,286	593	4,246
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	730	1,245	343	2,318
b1. Number of children attending separate special education class	44	56	17	117
b2. Number of children attending separate school	9	12	3	24
b3. Number of children attending residential facility	2	3	2	7
c1. Number of children receiving special education and related services in the home	39	58	10	107

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

NO

FFY 2021 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	2,318	4,246	52.70%	52.70%	54.59%	Met target	No Slippage
B. Separate special education class, separate school or residential facility	148	4,246	4.28%	4.28%	3.49%	Met target	No Slippage
C. Home	107	4,246	2.71%	2.71%	2.52%	Met target	No Slippage

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2016	2017	2018	2019	2020
A1	2008	Target >=	91.05%	91.30%	91.55%	91.55%	93.09%
A1	85.50%	Data	91.50%	93.15%	94.27%	94.77%	94.27%
A2	2008	Target >=	83.05%	83.30%	83.55%	83.55%	76.30%

A2	59.60%	Data	80.91%	78.89%	78.22%	76.30%	76.08%
B1	2008	Target >=	90.95%	91.20%	91.45%	91.45%	92.31%
B1	80.60%	Data	91.44%	92.63%	92.43%	93.83%	92.96%
B2	2008	Target >=	65.35%	65.60%	65.85%	65.85%	57.20%
B2	29.20%	Data	64.45%	63.97%	63.56%	61.89%	59.44%
C1	2008	Target >=	89.35%	89.60%	89.85%	89.85%	91.57%
C1	85.10%	Data	91.30%	90.73%	92.57%	93.47%	92.13%
C2	2008	Target >=	88.45%	88.70%	88.95%	88.95%	75.40%
C2	72.20%	Data	88.08%	85.94%	86.16%	85.40%	83.16%

Targets

FFY	2021	2022	2023	2024	2025
Target A1 >=	93.09%	93.09%	93.09%	93.09%	93.34%
Target A2 >=	76.30%	76.30%	76.30%	76.30%	76.55%
Target B1 >=	92.31%	92.31%	92.31%	92.31%	92.56%
Target B2 >=	57.20%	57.20%	57.20%	57.20%	57.45%
Target C1 >=	91.57%	91.57%	91.57%	91.57%	91.82%
Target C2 >=	75.40%	75.40%	75.40%	75.40%	75.65%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

FFY 2021 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

2,618

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

Outcome A Progress Category	Number of children	Percentage of Children
a. Preschool children who did not improve functioning	13	0.50%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	108	4.13%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	484	18.49%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,198	45.76%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	815	31.13%

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who	1,682	1,803	94.27%	93.09%	93.29%	Met target	No Slippage

Outcome A	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>							
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,013	2,618	76.08%	76.30%	76.89%	Met target	No Slippage

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	10	0.38%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	165	6.30%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	835	31.89%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,241	47.40%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	367	14.02%

Outcome B	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	2,076	2,251	92.96%	92.31%	92.23%	Did not meet target	No Slippage
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	1,608	2,618	59.44%	57.20%	61.42%	Met target	No Slippage

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	9	0.34%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	108	4.13%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	320	12.22%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	1,012	38.66%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	1,169	44.65%

Outcome C	Numerator	Denominator	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: (c+d)/(a+b+c+d)</i>	1,332	1,449	92.13%	91.57%	91.93%	Met target	No Slippage
C2. The percent of preschool children who were functioning within age expectations in Outcome C by the time they turned 6 years of age or exited the program. <i>Calculation: (d+e)/(a+b+c+d+e)</i>	2,181	2,618	83.16%	75.40%	83.31%	Met target	No Slippage

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

The criteria for defining "comparable to same-aged peers" used by the ALSDE is based on categories 6 and 7 in the Child Outcomes Summary Form (COSF). As noted in the FFY 2013 APR, the ALSDE converted to a seven-point scale COSF in order to allow for delineating children who entered and exited in the "comparable to same-aged peers" category and to clearly define "comparable to same-aged peers". The delineations for measuring progress on the Early Learning Progress Profile (ELPP) standards align with the seven-point scale of the COSF.

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

The instrument used to gather data for indicator 7 (Preschool Outcomes) is the Early Learning Progress Profile (ELPP), which is a spreadsheet data collection system that employs components of the COSF.

The procedures for gathering the ELPP data involved LEA personnel completing the entry document based on information collected through the eligibility process, teacher observations, and reports for every child receiving special education services within 60 days of the date special education services begin. The exit document must be completed within 30 days of anticipated or actual exit from preschool special education services and for every child who will transition to kindergarten or who exits from preschool special education services for any other reason. Preschool children must have received at least six months of special education services before the case manager completes the exit document.

The LEAs are required to complete the exit ELPP annually during the specified window of April 15 through May 1 for all children exiting preschool programs and transitioning to kindergarten. The ELPP may be completed prior to each annual IEP review date or other intervals at the discretion of the LEA and results may be used in reporting progress and developing the present level of academic achievement and functional performance and annual goals. Additionally, the ALSDE compares the data by entry and exit levels of each child by LEA to determine progress in the three outcomes areas. The LEAs are trained to use this information to examine the effectiveness of curricula, instructional settings, and specially designed instruction to improve outcomes for preschool children with IEPs.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate) and describe strategies that will be implemented which are expected to increase the response rate, particularly for those groups that are underrepresented.

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, include in the State's analysis the extent to which the demographics of the children for whom parents responded are representative of the demographics of children receiving special education services. States must consider race/ethnicity. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group).

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

During the FFY 2021 reporting year, the ALSDE sought input on how to increase parent involvement to improve services for students with disabilities. Strategies included:

- 1) Presenting on the SSIP at the SEAP meetings. The ALSDE, SES staff presented information about the SPP/APR and SSIP activities at the state's SEAP meeting and sought feedback from SEAP members on slippage information and targets.
- 2) Partnering with the APEC to lead three family focus groups. The focus groups, conducted virtually and representing the three regions of the state, gathered input from family members of students in grades 5K-12 or recent leavers. The focus groups allowed ALSDE, SES staff to hear concerns, suggestions, and needs from family members.
- 3) Partnering with APEC to gather family input. ALSDE, SES staff presented on the SSIP during the three family focus groups to gather input from family members regarding the SSIP activities and data.
- 4) Gathering input from parents through various surveys:
 - a) Through work on the AL SSIP and AL SPDG, the ALSDE gathered input from parents at middle and high school SSIP/SPDG sites through a Foundations Survey. All parents were asked to rate the behavior, safety, and climate of schools, and the ALSDE received copies of the results.
 - b) Additionally, AL SPDG parents of students of transition age were also asked to complete a satisfaction survey of transition services and resources and the SSIP-developed Planning for Life After School survey. These surveys will be used to determine areas for follow-up training and product development.

Historical Data

Baseline Year	Baseline Data
2010	74.90%

FFY	2016	2017	2018	2019	2020
Target >=	75.88%	76.13%	76.38%	76.38%	76.99%
Data	80.74%	78.02%	76.70%	72.96%	72.29%

Targets

FFY	2021	2022	2023	2024	2025
Target >=	77.24%	77.49%	77.74%	77.99%	78.24%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
14,691	20,585	72.29%	77.24%	71.37%	Did not meet target	No Slippage

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

The Alabama Parent Survey was designed for all parents of children with disabilities ages 3-21 to rate the facilitation of parent involvement at their children’s schools. One survey was administered to both groups.

The survey dissemination process was the same for both preschool and school-age children. School staff, district staff, and the APEC staff collected surveys from parents of both preschool and school-age children. Surveys were collected either online or through paper-and-pencil format. Surveys were translated and available in 11 different languages and school districts requested online surveys in English, Spanish, and Korean.

The data analysis methodology was the same for both groups. Data from parents of preschool and school-age children are reported in aggregate, although to determine differences, disaggregated analyses were also conducted. The percentage of parent involvement among parents of preschool children was 78.69%. The percentage of parents of school-aged children reporting schools facilitated parent involvement was 70.68%. The response rates were 40.53% among parents of preschool children and 21.80% among parents of school-aged children.

The number of parents to whom the surveys were distributed.

95,245

Percentage of respondent parents

21.61%

Response Rate

FFY	2020	2021
Response Rate	22.46%	21.61%

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

The ALSDE, SES staff recognizes that the response rate was slightly lower (0.85%) in FFY 2021 than FFY 2020. As such, the state will continue efforts to increase the response rate.

The SES staff reviewed response rate data for districts during the data collection window and notified districts with low response rates. This activity will continue for FFY 2022. Furthermore, the SES staff will communicate with districts that have low response rates to ensure family members have an opportunity to be represented.

The ALSDE implemented a census survey again in FFY 2021. The SES staff will examine Child Count data as well as the responding FFY 2020 sample to draw a new sample for the FFY 2023 survey. Samples will be stratified to increase representativeness within each sample.

To address deviations in representativeness of future Indicator 8 samples, the ALSDE will implement the following strategies for all groups:

- Due to COVID-19, the ALSDE implemented a census survey again in FFY 2021. SES staff will examine Child Count data as well as the responding FFY 2021 sample to draw a new sample for FFY 2023. Samples will be stratified to increase representativeness within each sample.

- To promote the online survey, the state will continue to share the survey weblink on the Special Education Services page, as well as at multiple statewide conferences with parent participants.
- The ALSDE will continue to work closely with the Alabama Parent Education Center (APEC) to reach parents through APEC's outreach activities. The ALSDE will ask APEC to include the survey weblink.

In addition to the strategies listed in the prior paragraph, for the underrepresented group Black or African American, the ALSDE will implement the following strategies:

- Increase the sharing of the survey link and QR code on the state's and LEAs' social media. Specifically, the SES staff will post the online survey information on their Twitter account and website. They will also encourage LEAs to share the survey link and QR code on their social media pages.
- The SES staff will continue to monitor the response rates monthly, although the process will begin earlier to allow sufficient time for the dissemination and collection of paper surveys. The SES staff will send an email to all LEAs with response rates lower than the state's FFY 2020 results, reminding them of the processes and data collection window. For LEAs with very low response rates, the SES Regional Specialist will call the LEA's special education coordinators to discuss their process. LEAs that continue to report low response rates after the second response rate analysis (approximately 2.5 months into the data collection period) and are in districts with high percentages of students who are Black or African American will be contacted again by their SES Regional Specialist to identify additional strategies to improve data collection.
- The SES staff will communicate to LEAs the importance of offering assistance if needed and alternative strategies for collecting data (e.g., outside of an IEP meeting).
- For the FFY 2022 data collection period, the SES staff have discussed printing posters and flyers with QR codes and survey links and mailing a few paper surveys to each LEA. The LEAs will be asked to display the posters in a visible area in the school and place the flyers and paper surveys in an accessible location for parents.
- The SES staff will develop and distribute packets to parents who are SEAP members. Packets will include the online access information, a few paper surveys, and contact information for the ALSDE-SES. Parents will be asked to distribute the information to others in their community.

Although Hispanic was not an underrepresented group as noted by the criteria, the ALSDE, SES will employ the same steps as for students who are Black or African American. Additionally, the SES has established a contract with a language interpreter service. The interpreter service will be available for any LEA to use for the Indicator 8 Parent Survey.

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

ALSDE, SES staff combined paper surveys submitted plus the online, direct-entry surveys (in English, Korean, and Spanish) to create its dataset. SES staff has established the following internal decision rules: 1) Any surveys with responses to the 12 parent involvement items are included in the dataset; 2) Any surveys with open-ended comments are included; and 3) For surveys with no responses to any of the 12 parent involvement items and no open-ended responses, the respondent must have three or more responses to demographic questions.

After applying these decision rules, there were a total of 21,698 responses in FFY 2021. Among these responses, there were 20,585 responses to the parent involvement items. Therefore, 5.13% of respondents completed only demographic questions or provided open-ended responses. ALSDE, SES staff counted only responses to the parent involvement items toward the numerator of the response rate.

The final formula was the number of parents responding to the parent involvement items (20,585) divided by the 2021 Child Count (95,245). It should be noted that parent responses were collected for 141 LEAs, however, the denominator reflects all 146 LEAs. In FFY 2021, the response rate was 21.61%.

The impact of nonresponse bias was examined. The data below show two sets of analyses, Indicator 8 by index category and the response rate for each index category:

Index Category and Total Number Responding, Percentage of Parents Reporting Parent Involvement (Indicator 8), Response Rate Per Category Based on State-Level Counts

Male (n=13,640), 71.07%, 21.69%
 Female (n=7,539), 71.81%, 23.31%

American Indian or Alaska Native (n=151), 67.63%, 21.70%
 Asian (n=186), 70.12%, 25.69%
 Black or African American (5,440), 71.48%, 16.46%
 Hispanic/Latino (n=1035), 73.99%, 14.27%
 More Than One Race (n=1339), 67.37%, 51.13%
 Native Hawaiian or Other Pacific Islander (n=25), 59.09%, 33.78%
 White (n=13,281), 71.54%, 26.13%

Autism (n=3,109), 68.81%, 32.23%
 Deaf-Blindness (n=73), 70.15%, 521.43%
 Developmental Delay (n=2211), 71.19%, 39.73%
 Emotional Disability (n=408), 63.47%, 34.17%
 Hearing Impairment (n=145), 73.64%, 16.63%
 Intellectual Disability (n=1287), 70.92%, 18.92%
 Multiple Disabilities (n=896), 63.16%, 67.07%
 Orthopedic Impairment (n=72), 73.13%, 14.94%
 Other Health Impairment (n=1155), 69.86%, 8.63%
 Specific Learning Disability (n=5668), 71.58%, 15.12%
 Speech/Language Impairment (n=4706), 77.31%, 26.54%
 Traumatic Brain Injury (n=104), 72.73%, 42.11%
 Visual Impairment (n=99), 61.11%, 20.29%

First, the percentage of parents reporting parent involvement (Indicator 8) values was compared to 71.37% for the state. Values that were lower than the state percentage were: Males, American Indian, Asian, More Than One Race, Native Hawaiian or Pacific Islander, Autism, Deaf-Blindness, Developmental Delay, Emotional Disability, Intellectual Disability, Multiple Disabilities, Other Health Impairment, and Visual Impairment. The lowest values were American Indian or Alaska Native, More Than One Race, Native Hawaiian or Pacific Islander, Emotional Disability, Multiple Disabilities, and Visual Impairment. These Indicator 8 data generally show lower percentages among parents of students with low-incidence disabilities.

Second, the total number of responses was compared to the number of students with disabilities in the state in each demographic category, per the

Alabama 2021 Child Count data. The Alabama Parent Survey response rate was 21.61%, and values with the lowest percentage of non-responders included: Black or African American, Hispanic/Latino, Hearing Impairment, Orthopedic Impairment, Other Health Impairment, and Specific Learning Disability. These categories were also identified in FFY 2020 as having the lowest response rates.

The intersection of these two analyses identifies whether nonresponse bias artificially inflated Indicator 8 results, causing the percentage of parent involvement to be greater than expected. When looking at these values, the only underrepresented group (+/- 3.0% of the response rate) with a lower Indicator 8 rating was Other Health Impairment (69.86%). In fact, when looking at the disability data, parents of students who reported lower Indicator 8 percentages were more likely to be overrepresented compared to the expected value. For example, parents of students with Multiple Disabilities were 8% lower than Indicator 8 results, but their response rate was 45% higher than the overall response rate.

When accounting for the proportionate expected race/ethnicity values, Indicator 8 results for race/ethnicity were 71.54%, which was 0.17% greater than the actual value. When accounting for the proportionate expected disability values, Indicator 8 results for disability were 71.81%, or 0.44% greater than the actual value. Therefore, while the Indicator 8 percentage may have been slightly lower as a result of over-representation of groups with lower ratings, there were no significant differences between the expected and actual overall results.

The ALSDE, SES staff have taken steps to increase the response rate and reach a broader sample of families, including: (1) Monitoring response rate; (2) Contacting districts with no or low response rates during the data collection window to encourage participation; (3) Sharing the Parent Survey weblink with APEC, the Alabama Parent Training and Information Center; (4) Providing translations of the survey in 11 languages; and (5) Disseminating the survey as both a weblink and in paper-and-pencil format via the local districts and schools. In FFY 2022, extra efforts will be made to increase the response rate of parents of students with Other Health Impairments, including sharing the link with parent groups and referencing the low response rate in communications with districts.

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. States must include race/ethnicity in their analysis. In addition, the State's analysis must also include at least one of the following demographics: age of the student, disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

The ALSDE, SES collects race/ethnicity data for responding parents on the Alabama Parent Survey. The data below include the race/ethnicity of responding parents, the 2021 Child Count race/ethnicity data of children ages 3-21, and the July 2021 Alabama race/ethnicity data per the United States Census (United States Census Bureau, 2021). Due to rounding, percentages may not equal 100%.

Race/Ethnicity, Responding Parent Sample, Alabama Child Count Data, Alabama Adult Census Data

American Indian or Native Alaskan, 0.76%, 0.73%, 0.70%
Asian, 0.75%, 0.76%, 1.60%
Black or African American, 25.31%, 34.71%, 26.80%
Hispanic/Latino, 4.57%, 7.61%, 4.80%
More Than One Race, 3.06%, 2.75%, 1.90%
Native Hawaiian or Other Pacific Islander, 0.14%, 0.08%, 0.10%
White, 65.42%, 53.36%, 64.90%

In comparison to the 2021 Child Count data, responding parents who are Black or African American were 9.40% underrepresented and parents who are Hispanic/Latino were 3.04% underrepresented on the Alabama Parent Survey. Responding parents who are White were 12.06% overrepresented. When looking at the Census data, however, race/ethnicity data were within +/- 3.0% for all race/ethnicity categories.

Another demographic measure, location, found among the 146 school districts and charter schools included in the survey distribution, 141 were represented. Therefore, 96.58% of districts and charter schools were represented in survey responses.

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

NO

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

The responding sample was compared to 2021 Child Count data. Differences between the responding sample and the population were compared for three demographic categories (gender, race/ethnicity, and primary disability) and 22 indices within these categories.

The ALSDE has adopted the standard of +/- 3.0% from the representative sample as considered "important differences" for sampling (LaPier, Bullis, & Falls, 2007). Differences within +/- 3.0% were considered representative of the population.

The data below demonstrate the percentages for the FFY 2021 Alabama Parent Survey responding sample, the percentages from the 2021 Child Count data (ages 3-21), and the differences between the two.

Gender, Total Population, Responding Sample, Difference

Male, 66.04%, 64.40%, -1.63%
Female, 33.96%, 35.60%, 1.63%

Race/Ethnicity, Total Population, Responding Sample, Difference

American Indian or Native Alaskan, 0.73%, 0.70%, -0.03%
Asian, 0.76%, 0.87%, 0.11%
Black or African American, 34.71%, 25.35%, -9.36%
Hispanic/Latino, 7.61%, 4.82%, -2.79%
More than One Race, 2.75%, 6.24%, 3.49%
Native Hawaiian or Other Pacific Islander, 0.08%, 0.12%, 0.04%
White, 53.36%, 61.90%, 8.54%

Disability Category, Total Population, Responding Sample, Difference

Autism, 10.13%, 15.60%, 5.47%
Deaf-Blindness, 0.01%, 0.37%, 0.36%
Developmental Delay, 5.84%, 11.09%, 5.25%

Emotional Disability, 1.25%, 2.05%, 0.80%
 Hearing Impairment, 0.92%, 0.73%, -0.19%
 Intellectual Disability, 7.14%, 6.46%, -0.68%
 Multiple Disabilities, 1.40%, 4.50%, 3.10%
 Orthopedic Impairment, 0.51%, 0.36%, -0.15%
 Other Health Impairment, 14.06%, 5.79%, -8.27%
 Specific Learning Disability, 39.35%, 28.44%, -10.91%
 Speech/Language Impairment, 18.62%, 23.61%, 4.99%
 Traumatic Brain Injury, 0.26%, 0.52%, 0.26%
 Visual Impairment, 0.51%, 0.50%, -0.01%

As indicated in the data above, there were nine indices that were not representative of the target population obtained from the 2021 Child Count data:

- Black or African American (9.36% underrepresented);
- More Than One Race (3.49% overrepresented);
- White (8.54% overrepresented);
- Autism (5.47% overrepresented);
- Developmental Delay (5.25% overrepresented);
- Multiple Disabilities (3.10% overrepresented);
- Other Health Impairment (8.27% underrepresented);
- Specific Learning Disability (10.91% underrepresented); and
- Speech/Language Impairment (4.99% overrepresented).

As the Alabama Parent Survey was more widely disseminated online and through paper-and-pencil, there was more opportunity for response error. For example, respondents were asked to identify demographic information, including disability. In FFY 2021, there were 1,766 missing responses to the primary disability question or over 8% of the sample. Furthermore, given the number of handwritten responses to the primary disability question, a percentage of parents do not know the disability category (e.g., Attention Deficit Disorder is under Other Health Impairment). The ALSDE will consider ways to increase completion of the survey and increase awareness of a student's primary disability.

Additionally, results suggest errors in the administration of the survey. For example, Deaf-Blindness had more responses than the number of students identified with Deaf-Blindness in the state (a 521.43% response rate). These findings suggest parents may be responding more than once to the survey or they are listing the incorrect primary disability. Either option demonstrates errors in sampling or measurement, which may be broader in scope than the Deaf-Blindness category.

All indices that were not representative in FFY 2021 were also not representative in FFY 2020. To address deviations in representativeness of future Indicator 8 samples, the ALSDE will implement the following strategies for all groups:

- The ALSDE will continue working to increase the response rate. While there were over 21,000 responses to the survey in 2022, the ALSDE will continue efforts to increase the response rate. ALSDE, SES staff reviewed response rate data for districts once during the data collection window, and this step will continue for FFY 2022. Furthermore, the ALSDE, SES staff will communicate with districts that have low response rates to ensure family members have an opportunity to be represented.
- Due to COVID-19, the ALSDE implemented a census survey again in FFY 2021. ALSDE, SES staff will examine Child Count data as well as the responding FFY 2021 sample to draw a new sample for FFY 2023. Samples will be stratified to increase representativeness within each sample.
- To promote the online survey, the state will continue to share the survey weblink on the Special Education Services page, as well as at statewide conferences with parent participants.
- The ALSDE will continue to work closely with the APEC to reach parents through APEC's outreach activities. The ALSDE will ask APEC to include the survey weblink.

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

The ALSDE has adopted the standard of +/- 3.0% from the representative sample as considered "important differences" for sampling (LaPier, Bullis, & Falls, 2007). Differences within +/- 3.0% were considered representative of the population. However, sampling was not used for this indicator.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

FFY 2021 analyses showed Alabama was below its target, however, Indicator 8 did not show slippage. Due to the decrease in results between FFY 2020 and 2021, further analyses were conducted to determine the reasons for the decrease and gap between the results and target.

Indicator 8 results were 5.87% lower than the FFY 2021 target and 0.92% lower than FFY 2020 results. The average rating was 84.42%, which was 0.28% lower than FFY 2020. Until FFY 2019, Alabama had consistently met its Indicator 8 target. The impact of COVID-19 and the data collection process may have impacted the results.

First, the survey window was open between February and July 2022. The effects of COVID-19 likely impacted Alabama Parent Survey results. In particular, there were two questions on the Alabama Parent Survey that scored significantly lower than the other 10 survey items: 1) "The school offers parent training about special education issues" ($\mu = 73.68\%$) and 2) "The school sends me information about activities and workshops for parents" ($\mu = 73.99\%$). COVID-19 likely affected districts' ability to offer training, activities, and workshops for parents, thus, decreasing the agreement with these survey items. Despite the impact, the ALSDE, SES will consider strategies for how districts and schools can disseminate information about training, activities, and workshops for parents.

Second, the data collection process may have impacted the results. The ALSDE, SES used census data collection in FFY 2019 through FFY 2021, corresponding with reporting years where the ALSDE, SES did not meet its target. In prior years, a stratified sample was used for the Alabama Parent Survey, and districts, other than Mobile County, participated every four years. While data collection of the population reduces sampling error, the current responding sample was not representative of the population. Due to COVID-19, staff shortages, and participant fatigue, an organized distribution, and collection of surveys by schools and districts were challenging. As a result, response rates varied among districts, thereby creating a non-representative sample. The ALSDE, SES staff intends to draw a new sampling plan once district response rates are established.

Drill-down analyses examined significant differences for Indicator 8 among four demographic categories:

- Gender was not significantly different ($p > .05$). Parents of females were slightly more likely to meet the 80% survey benchmark (71.81%) compared to males (71.07%).
- Race/ethnicity was significantly different [$X^2 (6, N = 20351) = 16.112, p = .013$]. The percentage of parents reporting schools facilitated parent involvement was lowest for Native Hawaiian or Pacific Islander (59.09%); More Than One Race (67.37%); and American Indian or Alaska Native (67.63%).
- Primary disability was significantly different [$X^2 (12, N = 18920) = 132.252, p < .001$]. The percentage of parents reporting schools facilitated parent involvement was lowest for Visual Impairment (61.11%); Multiple Disabilities (63.16%); and Emotional Disabilities (63.47%).
- Grade level was significantly different [$X^2 (3, N = 20384) = 118.876, p < .001$]. Parents of students in grades 7-8 reported schools facilitated parent involvement at the lowest rate (65.77%) followed by parents of students in grades 9-12 (67.88%).

To increase Indicator 8 results, the ALSDE, SES staff will offer technical assistance to districts with lower Indicator 8 data.

8 - Prior FFY Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 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.

OSEP notes that the State submitted verification that the attachment(s) complies with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508). However, one or more of the Indicator 8 attachment(s) included in the State's FFY 2020 SPP/APR submission are not in compliance with Section 508 and will not be posted on the U.S. Department of Education's IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

Response to actions required in FFY 2020 SPP/APR

To address deviations in representativeness of future Indicator 8 samples, the ALSDE will implement the following strategies:

- The ALSDE will continue working to increase the response rate. While there were over 21,000 responses to the survey in 2022, the ALSDE will continue efforts to increase the response rate. ALSDE, SES staff reviewed response rate data for districts once during the data collection window, and this step will continue for FFY 2022. Furthermore, the ALSDE, SES staff will communicate with districts that have low response rates to ensure family members have an opportunity to be represented.
- Due to COVID-19, the ALSDE implemented a census survey again in FFY 2021. ALSDE, SES staff will examine Child Count data as well as the responding FFY 2021 sample to draw a new sample for FFY 2023. Samples will be stratified to increase representativeness within each sample.
- To promote the online survey, the state will continue to share the survey weblink on the Special Education Services page, as well as at statewide conferences with parent participants.
- The ALSDE will continue to work closely with the APEC to reach parents through APEC's outreach activities. The ALSDE will ask APEC to include the survey weblink.

8 - OSEP Response

In its description of strategies that will be implemented which are expected to increase the response rate year over year, the State did not specifically address strategies to increase the response rate for those groups that are underrepresented, as required by the Measurement Table.

8 - Required Actions

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in special education and related services was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in special education and related services is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

Provide detailed information about the timely correction of noncompliance as noted in OSEP's response for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, improvement activities completed (e.g., review of policies and procedures, technical assistance, training, etc.) and any enforcement actions that were taken. If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	1.40%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	50.00%	1.40%

Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

FFY 2021 SPP/APR Data

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

YES

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

1

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
11	6	145	1.40%	0%	4.14%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In determining if disproportionate representation was the result of inappropriate identification, the 11 LEAs with disproportionate representation were subject to a review of policies, procedures, and practices. As part of the data review, the ALSDE conducted Eligibility Criteria Reviews for Identification. Of the 11 LEAs with overrepresentation, the ALSDE determined that in 6 of 11 LEAs, the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

The ALSDE implemented the higher standard by including individual isolated related instances of noncompliance as evidence of inappropriate identification (i.e., findings of noncompliance) in the FFY 2019 reporting period. As a result, the ALSDE considers and counts those findings to be evidence of inappropriate identification.

The ALSDE attributes the slippage in this indicator to the implementation of the higher standard for determining whether disproportionate identification is the result of inappropriate identification.

Were all races and ethnicities included in the review?

YES

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

The ALSDE uses the risk ratio, and if necessary, the alternate risk ratio, to calculate disproportionate representation for racial and ethnic groups. An LEA is considered to have disproportionate representation for Indicator 9 when the risk ratio is greater than 2.25. The calculation for disproportionate representation is based on one year of data. The ALSDE has established a minimum cell-size of less than or equal to ten for the numerator; a minimum n-size for the denominator has not been established when defining disproportionate representation under Indicator 9.

Using the OSEP Disproportionality Template, all 146 LEAs were included in an initial examination of data and calculation of disproportionate representation. Based on the data for all 146 LEAs, 11 LEAs had a risk ratio of greater than 2.25 and met the state's minimum cell-size of ten. Whereas 145 LEAs met the state's minimum cell size, the ALSDE excluded 1 LEA from the final determination of overrepresentation due to not only the number of districts identified with disproportionality that did not meet the minimum cell-size, but the total number of districts in the state (those identified with disproportionality and those not identified) did not meet the minimum cell size.

Data for all racial and ethnic groups were used in the review and analysis for disproportionate representation for each LEA and include the following: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, and Two or More Races.

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.

For each LEA identified with disproportionate representation, the ALSDE examined LEA child find, evaluation, eligibility and other related policies, procedures, and practices. The ALSDE Integrated Monitoring Unit then conducted a review of individual student records to determine if evaluation and eligibility requirements were met according to the Alabama Administrative Code (AAC) and the IDEA, Part B, requirements. This review was conducted for every LEA with disproportionality as a part of the continuous improvement process, in which an LEA is identified as having disproportionality and includes a review of child find and evaluation policies, practices and procedures to ensure compliance with the IDEA. When an LEA was identified as having disproportionality, the LEA was notified and, if appropriate, required to review and revise their policies, practices and procedures used in their identification processes.

As a part of Alabama's process towards continuous improvement, pre-staffing meetings are held to discuss LEA data (e.g., Child Count, LEA SPP/APR compliance and performance data, previous monitoring reports, fiscal information) and to determine specific areas of focus and need. Particularly, Child Count related data, which includes disproportionality and placement in the least restrictive environment information, are discussed during the pre-staffing meetings. As a result of the pre-staffing meetings, probing questions are reviewed (modified as necessary) and then are shared with the LEA Special Education Coordinator. The LEA is then required to develop an action plan; the state conducts follow-up activities to ensure implementation of plan and provides technical assistance if needed. If the evidence indicating inappropriate identification includes noncompliance, ALSDE makes the appropriate findings of noncompliance and requires correction no later than one year from the notification of the findings.

Provide additional information about this indicator (optional)

It should be noted that the ALSDE, SES received targeted technical assistance from the IDEA Data Center (IDC) on the calculation method for this indicator. Based on an examination of the states methodology and feedback from IDC, the state is considering some changes that will involve engaging stakeholders for guidance regarding our methodology and the process for reviewing policies, procedures, and practices. We look forward to reporting on the proposed changes in the subsequent APR.

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved total compliance). The ALSDE database was accessed to view updated data to determine total compliance for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement. All reviews of updated data for FFY 2020 were conducted within one year from the notification of noncompliance, consistent with OSEP Memo 09-02.

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

For each individual student whose eligibility criteria for identification was incorrect, the ALSDE accessed the student record to determine that the minimum requirements for eligibility determination were verified as corrected for each individual case of noncompliance for all students still within the jurisdiction of the LEA, which is consistent with OSEP Memo 09-02. All individual instances of noncompliance were corrected for FFY 2020 within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

9 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must demonstrate, in the FFY 2021 SPP/APR, that the two districts identified in FFY 2020 with disproportionate representation of racial and ethnic groups in special education and related services that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 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 2020.

Response to actions required in FFY 2020 SPP/APR

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved total compliance). The ALSDE database was accessed to view updated data to determine total compliance for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement. All reviews of updated data for FFY 2020 were conducted within one year from the notification of noncompliance, consistent with OSEP Memo 09-02.

For each individual student whose eligibility criteria for identification was incorrect, the ALSDE accessed the student record to determine that the minimum requirements for eligibility determination were verified as corrected for each individual case of noncompliance for all students still within the jurisdiction of the LEA, which is consistent with OSEP Memo 09-02. All individual instances of noncompliance were corrected for FFY 2020 within one year.

9 - OSEP Response

9 - Required Actions

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

Based on its review of the 618 data for the reporting year, describe how the State made its annual determination as to whether the disproportionate representation it identified of racial and ethnic groups in specific disability categories was the result of inappropriate identification as required by 34 CFR §§300.600(d)(3) and 300.602(a), e.g., using monitoring data; reviewing policies, practices and procedures, etc. In determining disproportionate representation, analyze data, for each district, for all racial and ethnic groups in the district, or all racial and ethnic groups in the district that meet a minimum n and/or cell size set by the State. Report on the percent of districts in which disproportionate representation of racial and ethnic groups in specific disability categories is the result of inappropriate identification, even if the determination of inappropriate identification was made after the end of the FFY 2021 reporting period (i.e., after June 30, 2022).

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	4.96%

FFY	2016	2017	2018	2019	2020
Target	0%	0%	0%	0%	0%
Data	0.00%	0.00%	0.00%	55.77%	4.96%

Targets

FFY	2021	2022	2023	2024	2025
Target	0%	0%	0%	0%	0%

FFY 2021 SPP/APR Data

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

YES

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

2

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
30	9	144	4.96%	0%	6.25%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

In determining if disproportionate representation was the result of inappropriate identification, the 30 LEAs with disproportionate representation were subject to a review of policies, procedures, and practices. As part of the data review, the ALSDE conducted Eligibility Criteria Reviews for Identification. Of the 30 LEAs with overrepresentation, the ALSDE determined that in 9 LEAs, the disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification.

The ALSDE implemented the higher standard by including individual isolated related instances of noncompliance as evidence of inappropriate identification (i.e., findings of noncompliance) in the FFY 2019 reporting period. As a result, the ALSDE considers and counts those findings to be evidence of inappropriate identification.

The ALSDE attributes the slippage in this indicator to the implementation of the higher standard for determining whether disproportionate identification is the result of inappropriate identification.

Were all races and ethnicities included in the review?

YES

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

The ALSDE uses the risk ratio, and if necessary, the alternate risk ratio, to calculate disproportionate representation for racial and ethnic groups. An LEA is considered to have disproportionate representation for Indicator 10 when the risk ratio is greater than 2.50. The calculation for disproportionate representation is based on one year of data. The ALSDE has established a minimum cell-size of less than or equal to ten for the numerator; a minimum n-size for the denominator has not been established when defining disproportionate representation under Indicator 10.

Using the OSEP Disproportionality Template, all 146 LEAs were included in an initial examination of data and calculation of disproportionate representation. Based on the data for all 146 LEAs, 30 LEAs had a risk ratio of greater than 2.50 and met the state's minimum cell-size of ten. Whereas 144 LEAs met the state's minimum cell size, the ALSDE excluded 2 LEAs from the final determination of overrepresentation due to not only the number of districts identified with disproportionality that did not meet the minimum cell-size, but the total number of districts in the state (those identified with disproportionality and those not identified) did not meet the minimum cell size.

Data for all racial and ethnic groups were used in the review and analysis for disproportionate representation for each LEA and include the following: American Indian or Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, and Two or More Races. Additionally, the following disability categories were used in the review and analysis for disproportionate representation for each LEA: Autism, Emotional Disability, Intellectual Disability, Other Health Impairment, Specific Learning Disability, and Speech or Language Impairment.

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.

For each LEA identified with disproportionate representation, the ALSDE examined LEA child find, evaluation, eligibility and other related policies, procedures, and practices. The ALSDE Integrated Monitoring Unit then conducted a review of individual student records to determine if evaluation and eligibility requirements were met according to the Alabama Administrative Code (AAC) and the IDEA, Part B, requirements. This review was conducted for every LEA with disproportionality as a part of the continuous improvement process, in which an LEA is identified as having disproportionality and must include a review of child find and evaluation policies, practices and procedures to ensure compliance with the IDEA. When an LEA was identified as having disproportionality, the LEA was notified and, if appropriate, required to review and revise their policies, practices and procedures used in their identification processes.

As a part of Alabama's process towards continuous improvement, pre-staffing meetings are held to discuss LEA data (e.g., Child Count, LEA SPP/APR compliance and performance data, previous monitoring reports, fiscal information) and to determine specific areas of focus and need. Particularly, Child Count related data, which includes disproportionality and placement in the least restrictive environment information, are discussed during the pre-staffing meetings. As a result of the pre-staffing meetings, probing questions are reviewed (modified as necessary) and then are shared with the LEA Special

Education Coordinator. The LEA is then required to develop an action plan; the state conducts follow-up activities to ensure implementation of plan and provides technical assistance if needed. If the evidence indicating inappropriate identification includes noncompliance, ALSDE makes the appropriate findings of noncompliance and requires correction no later than one year from the notification of the findings.

Provide additional information about this indicator (optional)

It should be noted that the ALSDE, SES received targeted technical assistance from the IDEA Data Center (IDC) on the calculation method for this indicator. Based on an examination of the states methodology and feedback from IDC, the state is considering some changes that will involve engaging stakeholders for guidance regarding our methodology and the process for reviewing policies, procedures, and practices. We look forward to reporting on the proposed changes in the subsequent APR.

Correction of Findings of Noncompliance Identified in FFY 2020

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

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved total compliance). The ALSDE database was accessed to view updated data to determine total compliance for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement. All reviews of updated data for FFY 2020 were conducted within one year from the notification of noncompliance, consistent with OSEP Memo 09-02.

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

For each individual student whose eligibility criteria for identification was incorrect, the ALSDE accessed the student record to determine that the minimum requirements for eligibility determination were verified as corrected for each individual case of noncompliance for all students still within the jurisdiction of the LEA, which is consistent with OSEP Memo 09-02 . All individual instances of noncompliance were corrected for FFY 2020 within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. The State must demonstrate, in the FFY 2021 SPP/APR, that the seven districts identified in FFY 2020 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02. In the FFY 2021 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 2020, although its FFY 2020 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 2020.

Response to actions required in FFY 2020 SPP/APR

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved total compliance). The ALSDE database was accessed to view updated data to determine total compliance for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement. All reviews of updated data for FFY 2020 were conducted within one year from the notification of noncompliance, consistent with OSEP Memo 09-02.

For each individual student whose eligibility criteria for identification was incorrect, the ALSDE accessed the student record to determine that the minimum requirements for eligibility determination were verified as corrected for each individual case of noncompliance for all students still within the jurisdiction of the LEA, which is consistent with OSEP Memo 09-02 . All individual instances of noncompliance were corrected for FFY 2020 within one year.

10 - OSEP Response

10 - Required Actions

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	82.00%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.68%	99.77%	99.70%	99.71%	99.60%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
23,444	23,384	99.60%	100%	99.74%	Did not meet target	No Slippage

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

60

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.

Given that the number of children included in (a) but not included in (b) is 60, the following numbers indicate the range of days beyond the 60-day initial evaluation timeline when evaluations were completed for children: 1-15 days - 20 ; 16-30 days - 17 ; 31-45 days - 4 ; 46-60 days - 3 ; and 60+ days - 16 . The reasons for delays include students' failed vision and hearing tests, school delays, central office delays (psychometrist/testing personnel not notified), shortage of qualified testing personnel, practices and procedures, and delay of evaluation processes.

Indicate the evaluation timeline used:

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

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

State 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 ALSDE utilizes the state database to generate a report to collect data for Indicator 11 for each LEA. The LEAs submit data one time each year for reporting data in the APR. Reported data are for the entire reporting period and all LEAs in the state are included and evaluated for compliance with the timelines. The actual numbers used in the calculation are provided under Actual Target Data.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
32	32	0	0

FFY 2020 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's report to determine whether all students for whom parental consent to evaluate was received and evaluated within the 60-day timeline with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data. All reviews of updated data were conducted within one year from the notification of noncompliance. The findings in LEAs identified as having noncompliance with Indicator 11 for FFY 2020 were corrected within one year of notification consistent with OSEP Memo 09-02.

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

For each individual student whose evaluation was not completed within 60 days, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. Within the database, the ALSDE verified that the students received their required evaluations even though late, consistent with OSEP Memo 09-02, and all individual noncompliance was corrected for FFY 2020 within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's report to determine whether all students for whom parental consent to evaluate was received and evaluated within the 60-day timeline with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data. All reviews of updated data were conducted within one year from the notification of noncompliance. The findings in LEAs identified as having noncompliance with Indicator 11 for FFY 2020 were corrected within one year of notification consistent with OSEP Memo 09-02.

For each individual student whose evaluation was not completed within 60 days, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. Within the database, it was determined that the students received their required evaluations even though late, consistent with OSEP Memo 09-02, and all individual noncompliance was corrected for FFY 2020 within one year.

11 - OSEP Response

11 - Required Actions

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	76.30%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.65%	99.83%	99.92%	99.70%	99.54%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	1,617
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	256

c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	1,165
d. Number for whom parent refusals to provide consent caused delays in evaluation or initial services or to whom exceptions under 34 CFR §300.301(d) applied.	145
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	47
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.	

Measure	Numerator (c)	Denominator (a-b-d-e-f)	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	1,165	1,169	99.54%	100%	99.66%	Did not meet target	No Slippage

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

4

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.

Given that the number of children in (a) but not included in b, c, d or e is 4, the following numbers indicate the range of days beyond the third birthday when eligibility was determined, and the IEP developed: 1-15 Days - 1 and 60+ Days - 3. The reason for delays includes central office delays.

Attach PDF table (optional)

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

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 ALSDE utilizes the state database to generate a report to collect data for Indicator 12 for each LEA. The LEAs submit data one time each year for reporting in the APR. Reported data are for the entire reporting period and all LEAs in the state are included.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020 Findings of Noncompliance Verified as Corrected

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

The ALSDE conducted a verification to ensure that LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's report to determine whether all students who have been served in Part C and referred to Part B for Part B eligibility determination had an IEP developed and implemented by their third birthdays with 100% accuracy following the findings of noncompliance. During this reporting period, the ALSDE has verified that all five LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data. All reviews were conducted within one year from the notification of noncompliance. The findings in all LEAs identified as having noncompliance with Indicator 12 for FFY 2020 were corrected within one year of notification consistent with OSEP Memo 09-02.

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

For each individual case where a student who had been served in Part C and referred to Part B for Part B eligibility determination, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. The ALSDE has verified that the students received their required evaluations (even though late and consistent with OSEP Memo 09-02), and all individual noncompliance was corrected for FFY 2020 within one year.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2019	1	1	0

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

FFY 2019

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 2019 reporting period, the ALSDE verified that three of the four LEAs with noncompliance reflected in the data reported for this indicator were correctly implementing the specific regulatory requirement based on a review of updated data. For the one LEA identified as having noncompliance with Indicator 12 that the ALSDE could not verify as correctly implementing the regulatory requirement, the state conducted subsequent reviews during the FFY 2020 reporting period. The ALSDE database was accessed to view the LEA's report to determine whether all students who have been served in Part C and referred to Part B for Part B eligibility determination had an IEP developed and implemented by their third birthdays with 100% accuracy following the findings of noncompliance. As such, the ALSDE was able to verify that the LEA was correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data, consistent with OSEP Memo 09-02.

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

For each individual case where a student who had been served in Part C and referred to Part B for Part B eligibility determination, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. The ALSDE verified that the students received their required evaluations (even though late and consistent with OSEP Memo 09-02), and all individual noncompliance was corrected for FFY 2019 within one year.

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. In addition, the State must demonstrate, in the FFY 2021 SPP/APR, that the one remaining uncorrected finding of noncompliance identified in FFY 2019 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2020 and each LEA with remaining noncompliance identified in FFY 2019: (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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The ALSDE conducted a verification to ensure that LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's report to determine whether all students who have been served in Part C and referred to Part B for Part B eligibility determination had an IEP developed and implemented by their third birthdays with 100% accuracy following the findings of noncompliance. During this reporting period, the ALSDE has verified that all five LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a review of updated data. All reviews were conducted within one year from the notification of noncompliance. The findings in all LEAs identified as having noncompliance with Indicator 12 for FFY 2020 were corrected within one year of notification, consistent with OSEP Memo 09-02.

For each individual case where a student who had been served in Part C and referred to Part B for Part B eligibility determination, the ALSDE accessed the database to determine whether the evaluations had been completed, although late, for all students still within the jurisdiction of the LEA. The ALSDE verified that the students received their required evaluations (even though late and consistent with OSEP Memo 09-02), and all individual noncompliance was corrected for FFY 2020 within one year.

12 - OSEP Response

The State did not demonstrate that the LEA corrected the findings of noncompliance identified in FFY 2020 because it did not report that it verified correction of those findings, consistent with OSEP Memo 09-02. Specifically, the State did not report that that it verified that each LEA with noncompliance identified in FFY 2020 has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.

12 - Required Actions

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2021 SPP/APR, the data for FFY 2020), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	99.93%

FFY	2016	2017	2018	2019	2020
Target	100%	100%	100%	100%	100%
Data	99.91%	99.77%	99.95%	99.99%	99.98%

Targets

FFY	2021	2022	2023	2024	2025
Target	100%	100%	100%	100%	100%

FFY 2021 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 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
20,712	20,727	99.98%	100%	99.93%	Did not meet target	No Slippage

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

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 ALSDE utilizes the state database to generate a report to collect data for Indicator 13 for each LEA. The LEAs submit data one time each year for reporting in the APR. Reported data are for the entire reporting period and all LEAs in the state are included.

Question	Yes / No
Do the State's policies and procedures provide that public agencies must meet these requirements at an age younger than 16?	YES
If yes, did the State choose to include youth at an age younger than 16 in its data for this indicator and ensure that its baseline data are based on youth beginning at that younger age?	YES
If yes, at what age are youth included in the data for this indicator	15

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2020

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 2020 Findings of Noncompliance Verified as Corrected

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

The ALSDE conducted a verification to ensure that LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's report to determine compliance during periodic intervals throughout the year following the findings of noncompliance. The ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data. All reviews of updated data were conducted within one year from the notification of noncompliance and were verified as corrected within one year. All noncompliance with Indicator 13 for FFY 2020 was corrected within one year of notification consistent with OSEP Memo 09-02.

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

For noncompliance identified in FFY 2020, the ALSDE has verified that all LEAs have corrected each individual case of noncompliance based on a review of updated data about the transition components of the IEPs previously found out of compliance unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02.

Correction of Findings of Noncompliance Identified Prior to FFY 2020

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2020 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2020 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 2021 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 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

Response to actions required in FFY 2020 SPP/APR

The ALSDE conducted a verification to ensure that LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's report to determine compliance during periodic intervals throughout the year following the findings of noncompliance. The ALSDE has verified that all LEAs with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data. All reviews of updated data were conducted within one year from the notification of noncompliance and were verified as corrected within one year. All noncompliance with Indicator 13 for FFY 2020 was corrected within one year of notification consistent with OSEP Memo 09-02.

For noncompliance identified in FFY 2020, the ALSDE has verified that all LEAs have corrected each individual case of noncompliance based on a review of updated data about the transition components of the IEPs previously found out of compliance unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02.

13 - OSEP Response

13 - Required Actions

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

- A. Percent enrolled in higher education = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}}\right]$ times 100.
- B. Percent enrolled in higher education or competitively employed within one year of leaving high school = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education or competitively employed within one year of leaving high school)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}}\right]$ times 100.
- C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = $\left[\frac{\text{(\# of youth who are no longer in secondary school, had IEPs in effect at the time they left school and were enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment)}}{\text{(\# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)}}\right]$ times 100.

Instructions

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

Collect data by September 2022 on students who left school during 2020-2021, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2020-2021 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

Competitive employment as used in measures B and C: States have two options to report data under "competitive employment":

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

Option 2: States report in alignment with the term "competitive integrated employment" and its definition, in section 7(5) of the Rehabilitation Act of 1973, as amended by Workforce Innovation and Opportunity Act (WIOA). For the purpose of defining the rate of compensation for students working on a "part-time basis" under this category, OSEP maintains the standard of 20 hours a week for at least 90 days at any time in the year since leaving high school. This definition applies to military employment.

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

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

II. Data Reporting

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

Provide the total number of targeted youth in the sample or census.

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

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

"Leavers" should only be counted in one of the above categories, and the categories are organized hierarchically. So, for example, "leavers" who are enrolled in full- or part-time higher education within one year of leaving high school should only be reported in category 1, even if they also

happen to be employed. Likewise, “leavers” who are not enrolled in either part- or full-time higher education, but who are competitively employed, should only be reported under category 2, even if they happen to be enrolled in some other postsecondary education or training program.

States must compare the response rate for the reporting year to the response rate for the previous year (e.g., in the FFY 2021 SPP/APR, compare the FFY 2021 response rate to the FFY 2020 response rate), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

III. Reporting on the Measures/Indicators

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

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

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

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

Beginning with the FFY 2021 SPP/APR, due February 1, 2023, include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process. If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2016	2017	2018	2019	2020
A	2009	Target >=	22.99%	23.24%	23.49%	23.49%	22.54%
A	13.77%	Data	27.81%	26.37%	26.86%	24.67%	22.54%
B	2009	Target >=	63.10%	63.35%	63.60%	60.29%	63.78%
B	45.41%	Data	60.20%	60.02%	64.73%	60.29%	64.75%
C	2009	Target >=	77.11%	77.36%	77.61%	70.62%	71.17%
C	63.48%	Data	68.85%	70.50%	75.60%	70.62%	71.17%

FFY 2020 Targets

FFY	2021	2022	2023	2024	2025
Target A >=	22.54%	22.54%	22.54%	22.54%	22.79%
Target B >=	63.78%	63.78%	63.78%	63.78%	64.03%
Target C >=	71.17%	71.17%	71.17%	71.17%	71.42%

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

During the FFY 2021 reporting year, the ALSDE sought input on how to better serve students transitioning from high school. Strategies included:

(1) Partnering with the APEC to lead three family focus groups. The focus groups, conducted virtually and representing the three regions of the state, gathered input from family members of students in grades 5K-12 or recent leavers. The focus groups allowed ALSDE, SES staff to hear concerns,

suggestions, and needs from family members. At these meetings, staff presented on the SSIP to gather feedback on secondary transition and post-school outcomes (PSO) surveys.

(2) Presenting on transition and PSO at several meetings. The ALSDE, SES staff presented information about the SPP/APR and SSIP transition activities at the state's SEAP meetings and sought feedback from the SEAP. ALSDE, SES staff also presented at the state's MEGA Conference regarding the transition work and the ALSDE, SES Back-to-School meeting with district leaders.

(3) Gathering input from parents through various surveys:

- a) Through work on the AL SSIP and AL SPDG, the ALSDE gathered input from parents at middle and high school SSIP/SPDG sites through a Foundations Survey. All parents were asked to rate the behavior, safety, and climate of schools, and the ALSDE received copies of the results.
- b) Additionally, AL SPDG parents of students of transition age were asked to complete a satisfaction survey of transition services and resources and the SSIP-developed Planning for Life After School survey. These surveys will be used to determine areas for follow-up training and product development.

FFY 2021 SPP/APR Data

Total number of targeted youth in the sample or census	1,844
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	1,214
Response Rate	65.84%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	267
2. Number of respondent youth who competitively employed within one year of leaving high school	435
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)	22
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).	103

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
A. Enrolled in higher education (1)	267	1,214	22.54%	22.54%	21.99%	Did not meet target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	702	1,214	64.75%	63.78%	57.83%	Did not meet target	Slippage
C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment (1+2+3+4)	827	1,214	71.17%	71.17%	68.12%	Did not meet target	Slippage

Part	Reasons for slippage, if applicable
B	<p>FFY 2021 analyses found Alabama did not meet its target and had slippage for Indicator 14b. Indicator 14b results were 5.95% lower than the target and 6.92% lower than FFY 2020 data. The causes of slippage appeared to be due to both a decrease in college or training enrollment and competitive employment:</p> <ul style="list-style-type: none"> • While Indicator 14a decreased by 0.55% and did not have slippage, there was a 2.7% decrease in the number of students

Part	Reasons for slippage, if applicable
	<p>enrolled in higher education compared to FFY 2019 and a 4.9% decrease since FFY 2018. Although the percentage is small, there was a 0.3% decrease in Other Education data compared to FFY 2020 data and 2.1% decrease since the FFY 2019 data.</p> <ul style="list-style-type: none"> The percentage of students competitively employed decreased by 6.4% compared to FFY 2020 data. <p>Data were collected between May and September 2022 for spring 2021 leavers, and therefore, COVID-19 likely impacted the results for higher education enrollment. As provided in the Additional Information section for Indicator 14a, the decrease in college enrollment follows a national trend. It will be challenging to ascertain the impact of COVID-19 on Indicator 14 until at least FFY 2022.</p> <p>Last year (FFY 2020) saw an anomalous increase in competitive employment, which likely reflected the increase in job openings between 2020 and 2021. FFY 2021 competitive employment rates (35.8%) were similar to FFY 2019 (35.6%), the last year the current cohort was surveyed, suggesting cohort differences may have been a contributing factor.</p> <p>Drill-down analyses of FFY 2021 data found significant differences for Indicator 14b for gender [X2 (1, N = 1214) = 10.111, p = .001] and primary disability [X2 (10, N = 1214) = 56.445, p < .001], but no significant differences for race/ethnicity.</p> <p>While females were more likely to be enrolled in higher education, they were significantly less likely to be competitively employed [X2 (1, N = 1214) = 21.202, p < .001]. As a result, females had significantly lower Indicator 14b results than males. The data below depict the relationships of gender, higher education, and competitive employment.</p> <p>Gender, Indicator 14a, Competitive Employment, Indicator 14b Females, 24.4%, 27.4%, 51.8% Males, 20.6%, 40.6%, 61.2%</p> <p>The percentage of students enrolled in higher education or competitively employed (Indicator 14b) was lowest among students with Multiple Disabilities (4.3%); Intellectual Disabilities (20.1%); Emotional Disabilities (38.5%), Autism (41.9%), and Hearing Impairment (53.3%). All other disability subgroups included in the analyses were above the FFY 2021 results (57.8%). Disabilities that did not meet the minimum cell size (10 or more students) were not included in the analyses. Among students in the largest disability subgroup, Specific Learning Disability (n = 655), 68.4% were enrolled in higher education or competitively employed within one year of leaving high school. These results were second only to Speech/Language Impairment (70.4%), which had far fewer students in the sample (n = 27).</p> <p>There were no significant differences among Indicator 14b, Indicator 14a, or competitive employment for race/ethnicity. Only subgroups meeting the minimum cell size were included in the analyses. The highest Indicator 14b race/ethnicity subgroup was White (59.6%), and the lowest was American Indian or Native Alaskan (52.4%).</p> <p>One of the strongest predictors of Indicator 14 results was high school employment. Students who reported high school employment, either less than 20 hours per week (63.9%) or more than 20 hours per week (85.8%), had significantly higher Indicator 14b results than those who did not work (43.4%). Furthermore, students employed during high school were also more likely to be enrolled in higher education.</p> <p>An analysis of the districts participating in the AL SSIP secondary transition cohorts found students from the SSIP districts had higher FFY 2021 Indicator 14b percentages (61.7%) compared to the state (57.8%), and over the past six years, SSIP districts gained 4.7% more than the state in their Indicator 14b data. These data suggest the state's secondary transition work with districts may be influencing Indicator 14b results.</p> <p>To increase Indicator 14b results, the ALSDE, SES staff will offer technical assistance to districts with lower Indicator 14 data.</p>
C	<p>The FFY 2021 analyses showed Alabama did not meet its target and had slippage for Indicator 14c. The Indicator 14c results were 3.05% lower than the target and FFY 2020. The causes of slippage were due primarily to a decrease in Indicator 14b, but also a slight decrease in Other Education:</p> <ul style="list-style-type: none"> Indicator 14b decreased 6.9% from FFY 2020 to FFY 2021. The percentage of students engaged in Other Education decreased by 0.26%, from FFY 2020 to FFY 2021. The percentage has decreased by 2.1% since FFY 2019, reflecting an overall trend of decreased college enrollment. <p>Data were collected between May and September 2022 from spring 2021 leavers, and therefore COVID-19 likely impacted the results for post-secondary education and training during that period.</p> <p>Results for Other Employment increased by 4.1% from FFY 2020 to 2021, therefore reducing the impact of the Indicator 14b and Other Education decreases.</p> <p>Drill-down analyses of FFY 2021 Indicator 14c data found significant differences for gender [X2 (1, N = 1214) = 6.827, p < .01] and primary disability [X2 (10, N = 1214) = 134.787, p < .001], but no significant differences for race/ethnicity.</p> <p>Females had a lower Indicator 14c percentage (63.5%) than males (70.7%). While Other Employment was not significantly different (p = .09), females were almost 3% more likely to have Other Employment than males (10.3% versus 7.5% for males).</p> <p>Drill-down analyses found significant differences for Indicator 14c for primary disability. Only categories with greater than 10 students were included in the analyses. The percentage of students meeting the criteria for Indicator 14c was lowest among students with Multiple Disabilities (26.1%); Intellectual Disabilities (35.1%); Autism (53.0%); and Emotional Disabilities (53.8%). Among students in the largest disability subgroup, Specific Learning Disability (n = 655), 77.6% met the criteria for Indicator 14c.</p> <p>There were no significant differences among Indicator 14c for race/ethnicity. Only categories with 10 students or more were included in the analyses. The lowest Indicator 14c race/ethnicity subgroup was Black or African American (65.4%).</p> <p>Like Indicator 14b, students who reported high school employment, either less than 20 hours per week (84.4%) or more than 20 hours per week (90.5%), had significantly higher Indicator 14c results than those who did not work (53.3%).</p>

Part	Reasons for slippage, if applicable
	To increase Indicator 14c results, the ALSDE, SES staff will offer technical assistance to districts with lower Indicator 14 data.

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.

Response Rate

FFY	2020	2021
Response Rate	69.25%	65.84%

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

Alabama’s Indicator 14 response rate for FFY 2021 was 65.84%. A meta-analysis of over 1600 refereed published articles found the average response rate when surveying individuals was 52.7% (Baruch & Holtom, 2008). Alabama’s FFY 2021 results were well-above this average and would be considered a “high” response rate. The state’s average Indicator 14 response rate for the five prior years was over 65%.

Alabama has continued to improve its response rate and will focus on ensuring underrepresented students are included. The ALSDE will take the following two actions to improve the Indicator 14 response rate: 1) Emphasize to districts the importance of reminding students before leaving they will be contacted one year out, and 2) Ensure districts have the student’s correct contact information via the student’s academic and functional performance plan. External verification data found out-of-state phone numbers without area codes, business numbers, and phone numbers with missing digits. Establishing two points of contact with students should further increase the response rate, and 3) Ask districts to attempt at least one student contact after 5:00 p.m. Beginning in FFY 2023, the ALSDE will encourage districts to identify incentives for staff who can work after hours to make at least one attempt after 5:00 p.m. to increase the reach of leavers who are employed during the day.

For students who were underrepresented in the FFY 2021 sample (Hispanic), the ALSDE will implement the three strategies in the paragraph above as well as implement the following: The ALSDE will contract with a language interpreter service. The interpreter service will be available for any LEA to use for conducting the Post School Outcomes Survey with non-English speaking survey participants.

Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school.

ALSDE, SES staff used the Alabama Post-School Outcomes Survey for Indicator 14. LEA staff are provided with step-by-step directions for obtaining these data. LEA staff contact former students, or a proxy (parent, grandparent, etc.), during the data collection window and interview the student (or proxy) using the survey protocol. ALSDE, SES staff ask LEAs to have local staff with an established relationship with the students, such as a former teacher, conduct the interviews. Responses, as well as contact attempts, are recorded and reported to the state. Demographic variables for each student were matched to the corresponding responses via the student’s unique identifier number.

Submitted data were reviewed and assessed for the following internal decision rules: 1) Any surveys with at least one response to a question that determines Indicator 14 (e.g., type of employment, enrolled in college) are included in the sample; and 2) Any surveys where the participant was marked as “contacted” but did not have subsequent responses were excluded from the sample. Using these decision rules, there were a total of 1,214 responses in FFY 2021.

To calculate the response rate, the final formula was the number of students responding to at least one Indicator 14-determining question (1,214) divided by the number of students with an IEP at the time they left school in the cohort sample (1,844). The FFY 2021 response rate was 65.84%. All but one of the LEAs in the FFY 2021 cohort were represented. These results demonstrate Alabama had a high response rate among FFY 2021 leavers.

Nonresponse bias is likely among former students who do not have a phone or other current contact information. Students without a phone may be less likely to be competitively employed, although it is difficult to ascertain if the former student does not have a phone or if the contact information is simply not up-to-date.

Contact attempts by LEAs were logged, and when reviewing a sample of contact attempts, most were conducted during school hours and before 5:00 PM. Furthermore, external verification calls conducted during various times of the day, including evening, have found former students who were competitively employed were more easily contacted in evening hours. The data collection process favors former students, and/or their family members, who are home during the school day, which may affect the final results.

The ALSDE, SES staff will ask districts to attempt at least one student contact after 5:00 p.m. Beginning in FFY 2023, the ALSDE will encourage districts to identify incentives for staff who can work after hours to make at least one attempt after 5:00 p.m. to increase the reach of leavers who are employed during the day.

While response rates are important, Alabama seeks to further improve completion rates of the Alabama Post-School Outcomes Survey. For example, a student who responds to the initial questions about competitive employment may not complete the questions about college enrollment. As a result, the student is marked as “no response” for college enrollment, but because the student responded to employment questions, s/he is included as a responder. ALSDE, SES staff have found missing values for critical questions pertaining to the length of employment, minimum wage, and duration of enrollment in higher education have negatively impacted the final Indicator 14 results. Furthermore, external verification calls have found similar difficulties in gathering responses. While in-person interviews would likely result in higher completion rates, this strategy is not feasible and would lower the response rate.

The ALSDE will continue to take steps to improve response rates, to sample from a broader pool of students, and to increase completion rates.

Include the State’s analyses of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in its analysis. In addition, the State’s

analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

The total number of FFY 2021 Indicator 14 sample of leavers was 1844, and 1214 leavers responded to the Alabama Post School Outcome Survey. Therefore, the state's response rate for the FFY 2021 was 65.84%. The response rate was 3.41% lower than in FFY 2020.

Demographic data for the FFY 2021 responding sample was compared to the state's Child Count data. The data below demonstrate: 1) the demographics for the October 2020 Child Count; 2) the demographics for the FFY 2021 responding sample, and 3) the difference between the two samples.

Demographic Indices for FFY 2021 Total Sample and Responding Sample, Total Alabama SWD, Responding Sample, Difference*

Gender

Male, 66.3%, 63.9%, -2.3%
Female, 33.7%, 36.1%, 2.3%

Race/Ethnicity

American Indian or Alaska Native, 0.8%, 1.7%, 1.0%
Asian, 0.8%, 0.4%, -0.3%
Black or African American, 35.6%, 37.4%, 1.9%
Hispanic/Latino, 7.3%, 0.0%, -7.3%
More Than One Race, 2.4%, 0.3%, -2.2%
Native Hawaiian or Pacific Islander, 0.1%, 0.1%, 0.0%
White, 53.2%, 60.1%, 6.9%

Disability Category (ages 16-21)

Autism, 9.8%, 9.6%, -0.2%
Deaf-Blindness, 0.0%, 0.0%, 0.0%
Developmental Delay, 0.0%, 0.0%, 0.0%
Emotional Disability, 1.9%, 2.1%, 0.3%
Hearing Impairment, 1.3%, 1.2%, 0.0%
Intellectual Disability, 12.8%, 11.0%, -1.8%
Multiple Disabilities, 2.9%, 1.9%, -1.0%
Orthopedic Impairment, 0.6%, 1.1%, 0.4%
Other Health Impairment, 15.9%, 16.0%, 0.1%
Specific Learning Disability, 52.0%, 54.0%, 2.0%
Speech/Language Impairment, 1.7%, 2.2%, 0.5%
Traumatic Brain Injury, 0.5%, 0.6%, 0.1%
Visual Impairment, 0.7%, 0.3%, -0.5%

*Due to rounding, numbers may not add up to 100%.

A comparison of the 22 indices for representativeness showed the responding sample was within +/-3.0 for all indices except:

- Hispanic/Latino: 7.3% underrepresented
- White: 6.9% overrepresented

Therefore, the responding sample was not representative of the state's 2020 Child Count data.

The response data is representative of the demographics of youth who are no longer in school and had IEPs in effect at the time they left school. (yes/no)

NO

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

The data were not representative for two categories: Hispanic/Latino (7.3% underrepresented) and White (6.9% overrepresented). The differences in these categories suggest students categorized as Hispanic/Latino may have been represented as White in the dataset. In 2022, the ALSDE migrated its statewide student information system (SIS) to a new statewide information system. The FFY 2021 data are the first Indicator 14 data reflecting the new SIS. As a result, changes in the coding of students at the LEA level may be due to the SIS and not actually reflective of the race and ethnicity of the students sampled for FFY 2021 Indicator 14.

The responding sample was compared to the total FFY 2021 leavers, or all students graduating or leaving school in the spring 2021 cohort. These data would account for non-responders and demonstrate whether the data were representative of the full cohort. The data below demonstrate the leavers versus the responding sample for race/ethnicity:

Total FFY 2021 Leavers, Responding Sample, Difference

Race/Ethnicity

American Indian or Alaska Native, 1.8%, 1.7%, -0.1%
Asian, 0.5%, 0.4%, -0.1%
Black or African American, 39.5%, 37.4%, -2.1%
Hispanic/Latino, 0.0%, 0.0%, 0.0%
More Than One Race, 0.2%, 0.3%, 0.1%
Native Hawaiian or Pacific Islander, 0.1%, 0.1%, 0.0%
White, 57.9%, 60.1%, 2.2%

When examining the race/ethnicity data for all leavers, there were no students identified as Hispanic/Latino in the entire cohort or half of all LEAs in the state. The differences column in the data above demonstrate Indicator 14 data were representative (+/- 3.0%) of FFY 2021 leavers data.

ALSDE, SES staff requested the demographic dataset three times to ensure the data were consistent, and no students were identified as Hispanic in any of the datasets. Therefore, any differences in the representativeness of the sample were likely due to an issue with the SIS coding and not the

responding leavers. During the SY 2022-23, the ALSDE will work with its vendor and LEAs to ensure students are correctly coded in the state's SIS.

To ensure the response rates are representative of the underrepresented group of students who are Hispanic, the ALSDE, SES has communicated with the vendor of the state's SIS to ensure that data are captured accurately for all races/ethnicity. The ALSDE staff will conduct a random sample of districts and check individual student records of completers within those districts to validate that the state's SIS is correctly capturing all students.

ALSDE Regional Specialists will contact districts that have an underrepresented number of survey completers who are Hispanic (or any other traditionally underrepresented group) to discuss strategies for increasing response rates.

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

The ALSDE has adopted the standard of +/- 3.0% from the representative sample as considered "important differences" for sampling (LaPier, Bullis, & Falls, 2007). Differences within +/- 3.0% were considered representative of the population.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	NO

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

The ALSDE uses a representative sample of students with IEPs one year after leaving high school. The representative sample is divided into two cohorts, and therefore, half of the LEAs are represented each year. The two cohorts were selected based on their equivalent number of students with disabilities, number of LEAs, and three index percentages (gender, ethnicity, and disability) for each LEA. The sampling plan reflects the Alabama 2013 Child Count demographics.

The following steps outline the methodology used to create a representative sample, in alignment with the OSEP Part B SPP/APR Measurement Table.

Step 1: Stratify districts by size. To achieve equivalent size samples, districts were stratified into two groups based on their student enrollment. Following OSEP's interpretation, the first group was comprised of the largest districts with an average daily membership (ADM) of 50,000 or greater. In Alabama, only the Mobile County School System qualified. The remaining systems, with an ADM less than 50,000, comprised the remaining group.

Step 2: Select equivalent-size samples. Two equivalent annual sample groups were selected across the two size-stratified groups to create samples that were equivalent in their number of districts and the number of students with disabilities, per the December 2013 Child Count. For Mobile County, the only Alabama district in the largest size group, its schools were divided among the two annual sample groups to preserve their size equivalency.

Step 3: Adjust samples for indices equivalency. Once the annual sample groups were selected to have equivalency in the number of districts and students with disabilities, their equivalency regarding the sample factors (student gender, ethnicity, and disability) was evaluated. To increase the factors' equivalence between sample group percentages and the state population percentages, districts were selected and moved between groups, according to the impact of their factor's percentages on the sample group percentages.

The sampling includes three factors with 22 indices:

- 1) Gender (Male/Female);
- 2) Race/Ethnicity (American Indian or Native Alaska, Asian, Black, Hispanic/Latino, Native Hawaiian or Pacific Islander, White, and More Than One Race); and
- 3) Primary Disability (Autism; Deaf-Blindness; Developmental Delay; Emotional Disability; Hearing Impairment; Intellectual Disability; Multiple Disabilities; Orthopedic Impairment; Other Health Impairment; Specific Learning Disability; Speech/Language Impairment; Traumatic Brain Injury; Visual Impairment).

The responding sample was compared to the population of students with IEPs one-year post-school for these 22 indices. According to LaPier, Bullis, and Falls (September 2007), the former National Post-School Outcomes Center indicated those responses +/-3.0% are considered "important differences." The ALSDE has adopted this standard for representativeness.

Survey Question	Yes / No
Was a survey used?	YES
If yes, is it a new or revised survey?	YES
If yes, attach a copy of the survey	Alabama Post-School Outcomes Survey_for PSSP (March 2022, Revised 1.18.23)

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

None

14 - OSEP Response

In its description of strategies that will be implemented which are expected to increase the response rate year over year, the State did not specifically address strategies to increase the response rate for those groups that are underrepresented, as required by the Measurement Table.

The State analyzed the response rate to identify potential nonresponse bias; however, the State did not identify steps to reduce any identified bias and

promote response from a broad cross section of youth who are no longer in secondary school and had IEPs in effect at the time they left school, as required by the Measurement Table.

The State did not provide verification that the attachment it included in its FFY 2021 SPP/APR submission is in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), as required by Section 508.

The State submitted a sampling plan for this indicator with its FFY 2020 SPP/APR. OSEP identified concerns in its evaluation of the sampling plan that indicated it may not yield valid and reliable data for this indicator. The State has not yet responded to OSEP's concerns. The State must submit by June 1, 2023 its revised sampling plan that the State plans to use for its FFY 2023 data collection and indicate how the revised plan addresses the concerns identified in OSEP's evaluation.

14 - Required Actions

Indicator 15: Resolution Sessions

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1 Number of resolution sessions	125
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/02/2022	3.1(a) Number resolution sessions resolved through settlement agreements	9

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

NO

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

Historical Data

Baseline Year	Baseline Data
2005	47.00%

FFY	2016	2017	2018	2019	2020
Target >=	29.47%	29.72%	29.97%	29.97%	18.68%
Data	17.65%	27.78%	7.45%	6.45%	9.00%

Targets

FFY	2021	2022	2023	2024	2025

Target >=	18.93%	19.18%	19.43%	19.68%	19.93%
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FFY 2021 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
9	125	9.00%	18.93%	7.20%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As COVID-19 restrictions were loosened, due process complaints were more complex and required more time to resolve. Many complaints required evaluations and outside testing, and some requested mediation in lieu of resolution.

Provide additional information about this indicator (optional)

15 - Prior FFY Required Actions

None

15 - OSEP Response

15 - Required Actions

Indicator 16: Mediation

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / General Supervision

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

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

Data Source

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

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1 Mediations held	36
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.a.i Mediations agreements related to due process complaints	7
SY 2021-22 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/02/2022	2.1.b.i Mediations agreements not related to due process complaints	22

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

NO

Targets: Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

Historical Data

Baseline Year	Baseline Data
2005	62.50%

FFY	2016	2017	2018	2019	2020
Target >=	86.86%	87.11%	87.36%	87.36%	85.55%
Data	92.73%	91.84%	82.86%	76.47%	88.89%

Targets

FFY	2021	2022	2023	2024	2025
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Target >=	85.80%	86.05%	86.30%	86.55%	86.80%
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FFY 2021 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
7	22	36	88.89%	85.80%	80.56%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

As COVID-19 restrictions were loosened, due process complaints were more complex and required more time to resolve. Many complaints required evaluations and outside testing, and some requested mediation in lieu of resolution.

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

The State's SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for children with disabilities. The SSIP includes each of the components described below.

Instructions

Baseline Data: The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Children with Disabilities.

Targets: In its FFY 2021 SPP/APR, due February 1, 2023, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2021 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2021 through FFY 2025 SPPs/APRs, due February 1, 2023, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Children with Disabilities. In its FFYs 2021 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for children with disabilities by improving educational services, including special education and related services. Stakeholders, including parents of children with disabilities, local educational agencies, the State Advisory Panel, and others, are critical participants in improving results for children with disabilities and should be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State's targets under Indicator 17. The SSIP should include information about stakeholder involvement in all three phases.

Phase I: Analysis:

- Data Analysis;
- Analysis of State Infrastructure to Support Improvement and Build Capacity;
- State-identified Measurable Result(s) for Children with Disabilities;
- Selection of Coherent Improvement Strategies; and
- Theory of Action.

Phase II: Plan (which, in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;
- Support for local educational agency (LEA) Implementation of Evidence-Based Practices; and
- Evaluation.

Phase III: Implementation and Evaluation (which, in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

Phase III: Implementation and Evaluation

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result(s) for Children with Disabilities (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2021 through 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., Feb 2022). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023 for the FFY 2021 APR, report on anticipated outcomes to be obtained during FFY 2022, i.e., July 1, 2022-June 30, 2023).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes,

and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023 for the FFY 2021 APR, report on activities it intends to implement in FFY 2022, i.e., July 1, 2022-June 30, 2023)) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

What is the State-identified Measurable Result (SiMR)?

In 2014, the ALSDE, SES staff and stakeholders developed the Theory of Action as the core of Alabama's SSIP: "Students with IEPs will be prepared to transition effectively and achieve improved post-school outcomes (PSOs) [i.e., students will be able to achieve positive Post-School Outcomes and engage in higher education and competitive employment opportunities]". Through the development of the Theory of Action, the ALSDE, SES staff and stakeholders identified the state-identified measurable result (SiMR) as Indicator 14b: The percentage of youth who are no longer in secondary school, had IEPs in effect at the time they left school, and were enrolled in higher education or competitively employed within one year of leaving high school.

Has the SiMR changed since the last SSIP submission? (yes/no)

NO

Is the State using a subset of the population from the indicator (e.g., a sample, cohort model)? (yes/no)

YES

Provide a description of the subset of the population from the indicator.

The ALSDE uses a representative sample of LEAs. LEAs were divided into two samples, with half represented each year. The two samples were selected based on their equivalent district size, the number of SWDs, and in their three index percentages (gender, ethnicity, and disability).

The following steps outline the methodology used to create a representative sample:

Step 1: Stratify districts by size.

To achieve equivalent size samples, districts were stratified into two groups, based on their student enrollment. Following OSEP's interpretation, the first group was comprised of the largest districts with an average daily membership (ADM) of 50,000 or greater. In Alabama, only the Mobile County School System qualified. The remaining systems with an ADM less than 50,000 comprised the remaining group.

Step 2: Select equivalent-size samples.

Two equivalent annual sample groups were selected across the two size-stratified groups to create samples that were equivalent in their number of districts and the number of SWDs, per the December 2013 Child Count. For Mobile County, the only Alabama district in the largest size group, its schools were divided among the two annual sample groups to preserve their size equivalency.

Step 3: Adjust samples for indices equivalency.

Once the annual sample groups were selected to have equivalency in number of districts and SWDs, their equivalency regarding the sample factors (student gender, ethnicity, and disability) were evaluated. To increase the factors' equivalence between sample group percentages and the state population percentages, districts were selected and moved between groups, according to the impact of their factor's percentages on the sample group percentages.

The sampling includes three factors with 22 indices:

- 1) Gender (Male/Female);
- 2) Race/Ethnicity (Asian, Black, Hispanic, Native American, Pacific Islander, White, and Multiple Races); and
- 3) Primary Disability (Autism; Deaf-Blindness; Developmental Delay; Emotional Disability; Hearing Impairment; Intellectual Disability; Multiple Disabilities; Orthopedic Impairment; Other Health Impairment; Specific Learning Disability; Speech/Language Impairment; Traumatic Brain Injury; Visual Impairment).

Is the State's theory of action new or revised since the previous submission? (yes/no)

NO

Please provide a link to the current theory of action.

https://www.alabamaachieves.org/wp-content/uploads/2022/01/REPDATA_SPECED_AlabamaPartBSSIPTheoryofActionforFFY2020updated1.13.2022_V1.0.pdf

Progress toward the SiMR

Please provide the data for the specific FFY listed below (expressed as actual number and percentages).

Select yes if the State uses two targets for measurement. (yes/no)

NO

Historical Data

Baseline Year	Baseline Data
2009	45.41%

Targets

FFY	2021	2022	2023	2024	2025
Target>= =	63.78%	63.78%	63.78%	63.78%	64.03%

FFY 2021 SPP/APR Data

		FFY 2020 Data	FFY 2021 Target	FFY 2021 Data	Status	Slippage
702	1,214	64.75%	63.78%	57.83%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

FFY 2021 analyses found Alabama did not meet its target and had slippage for Indicator 14b. Indicator 14b results were 5.95 percentage points lower than the target and 6.92 percentage points lower than FFY 2020. The causes of slippage were due to both a decrease in college enrollment and competitive employment:

- While Indicator 14a decreased by only 0.6% between FFY 2020 and 2021, there was a 2.7% decrease in the number of students enrolled in higher education compared to FFY 2019 and a 4.9% decrease since FFY 2018. These decreases have a cumulative effect on Indicator 14b.
- The percentage of students competitively employed decreased by 6.4 percentage points compared to FFY 2020.

Data were collected between May and September 2022 for spring 2021 leavers. Similar to national trends, between 2014 and 2020, college enrollment decreased in Alabama by 10% (Alabama Commission of Higher Education, 2021). While college enrollment was already decreasing, Indicator 14a results were likely further impacted by COVID-19. As College Board reported (2021), COVID-19 impacted initial college enrollment nationally (-6%), and there was a greater decrease among two-year colleges (-12%). Alabama has had similar decreases in college enrollment. According to the Public Affairs Research Council of Alabama (Spencer, 2021), Alabama saw a 7% decrease in fall 2020 college enrollment among all 2020 high school graduates compared to 2019 enrollment figures. There was an additional 1.4% in undergraduate enrollment in Fall 2021 compared to Fall 2020 (Alabama Commission of Higher Education, 2021).

Last year (FFY 2020) saw an anomalous increase in competitive employment, likely the result of increased job openings between 2020 and 2021. FFY 2021 competitive employment rates (35.8%) were similar to FFY 2019 (35.6%), the last year the current cohort was surveyed, suggesting cohort differences may have been a contributing factor.

One of the strongest predictors of Indicator 14 results was high school employment. Students who reported high school employment, either less than 20 hours per week (63.9%) or more than 20 hours per week (85.8%), had significantly higher Indicator 14b results than those who did not work (43.4%). Furthermore, students employed during high school were also more likely to be enrolled in higher education.

As explained in Indicator 14, an analysis of the districts participating in the AL SSIP secondary transition cohorts found students from SSIP districts had higher FFY 2021 Indicator 14b percentages (61.7%) compared to the state (57.8%), and over the past six years, SSIP districts gained 4.7% more than the state in their Indicator 14b data. These data suggest the state's secondary transition work with districts may be influencing Indicator 14b results.

Provide the data source for the FFY 2021 data.

The ALSDE, SES uses the Alabama Post-School Outcomes Survey as the source for its SiMR. Auburn University and the former National Post-School Outcomes Center (NPSO) assisted in designing the survey. Minor revisions have been made, and were approved by Alabama's OSEP State Contact for the FFY 2017 SPP/APR.

Please describe how data are collected and analyzed for the SiMR.

Alabama LEAs are divided into two samples; the methodology for selecting samples can be found in the description of the subset of population response. Districts in the FFY 2021 cohort conducted interviews with spring 2021 leavers using the Alabama PSO Survey. The process for collecting data is outlined in the Alabama PSO Training shared with LEA administrators and posted on the ALSDE website: <https://www.alabamaachievers.org/wp-content/uploads/2021/06/Alabama-Post-School-Outcomes-Spring-2020.pdf>.

A summary of the steps can be found below:

- Each district designated a Survey Administrator, typically the Special Education Coordinator or Director, to oversee the administration and submission of data. Additionally, interviewers, often a former student's teacher or staff familiar to the students, were identified for each district.
- Student lists were generated by the state to include students who had an IEP in place at the time they left high school (i.e., leavers). Districts contacted these students at least one year after leaving high school.
- Survey Administrators were responsible for training interviewers. Interviewers conducted the interview using a survey script.
- Interviewers were required to make at least three attempts to contact a student or knowledgeable person. Contact attempts were recorded with the student results.
- Data were submitted for each former student. LEAs were required to have internal verification processes for error checking.

Data for the SiMR were analyzed as indicated in the SPP/APR OSEP Measurement Table for Indicator 14b. Student responses were coded, and using the definitions in the OSEP Measurement Table, determinations were made for each student regarding the category. All data were analyzed, and disaggregated analyses were conducted for demographic variables.

Optional: Has the State collected additional data (i.e., benchmark, CQI, survey) that demonstrates progress toward the SiMR? (yes/no)

YES

Describe any additional data collected by the State to assess progress toward the SiMR.

Although there was no additional direct data collection aligned with the PSO, progress made toward the SiMR is outlined in Section B: Implementation, Analysis and Evaluation.

The evaluation plan measures progress toward the SiMR, Indicator 14b, through improved instructional and behavioral outcomes (SPDG Goal 1), as well as improved transition services (SPDG Goal 2). As noted in the Theory of Action, progress made toward these goals is designed to increase the likelihood SWDs will have the skills and supports to attend school, graduate, and subsequently enroll in college and/or obtain competitive employment.

The AL SSIP evaluation includes both quantitative and qualitative data. Each year, coaches and schools complete the Site Form to track individual participants by initiative (e.g., teachers who are co-teaching, Foundations Team members). The Site Form data are used for planning fidelity data collection, analyzing data by initiative, and verifying training and coaching log information.

Professional learning (PL) data are captured through training and coaching data. A Participant's Memo, outlining training objectives, training information, and expectations for participants, is created prior to each training. Training events are tracked through the Alabama PL Database, and sign-in sheets are used for recording individual participation. Pre- and post-evaluations, or retrospective evaluations, are sent to participants to gather data about the training and learning measures. Following training, coaches and staff use the AL SSIP Activity Log to document coaching and other follow-up activities. A data dashboard for AL SSIP Activity Log is available to view project progress. Fidelity data are collected for CoT and CoP, CHAMPS, Foundations, and secondary transition. In FFY 2021, data were collected throughout the year for Foundations, and in January 2022 through March 2022 for other measures. Details of the fidelity collection are found in Section B. Other implementation data, such as teaming and structures, were gathered through a Team Functioning Scale Survey, Coaches' Checklist completed by coaches, and Foundations and Implementation Team minutes.

Measures of progress, including assessment of outcomes, were measured through the annual SSIP/SPDG Stakeholder Survey and the Transition SSIP/SPDG Stakeholder Survey. These annual surveys are collected in May and ask project participants to reflect on the prior school year. Additionally, parents/family members participating in the Transition Family Focus Groups completed a survey to gauge progress and provide data on families' needs regarding transition and post-school planning. The parents/family members also participated in focus groups, which provided both outcome and needs assessment data. Outcome data, including office discipline referral data and attendance data are collected following a school year.

Due to COVID-19, data were not collected in FFY 2019 and 2020, and while data were collected in FFY 2021, these data may have been impacted by COVID-19. The SSIP Team also reviewed Alabama Report Card data, including academic performance, graduation, and college and career ready data. Lastly, Indicators 8 and 14 data were collected in spring/summer 2022.

Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)

YES

Describe any data quality issues, unrelated to COVID-19, specific to the SiMR data and include actions taken to address data quality concerns.

The ALSDE, SES staff provided guidance on the data collection procedures for the Alabama Post-School Outcomes Survey (PSO Survey), which provides data for Indicator 14b (the Alabama SiMR). Local school districts conduct the PSO Survey on a biennial cycle.

It has been found that completion rates within the Alabama PSO Survey have affected the Indicator 14 results. For example, a student who responds to the initial questions regarding competitive employment may not complete the questions about college enrollment. As a result, the student is marked as "no response" for college enrollment, but because the student responded to employment questions, she or he is included as a responder. In FFY 2021, 3.8% of respondents did not respond to the college enrollment questions. Additionally, missing values were identified for critical questions pertaining to length of employment, minimum wage, and duration of enrollment in higher education, which may have negatively impacted the final Indicator 14 results. In FFY 2021, an additional 3.3% of respondents did not answer one or more employment questions.

Although the ALSDE, SES could have employed missing values analyses to interpolate the omitted college enrollment and employment questions, it was determined such analyses would compromise the validity of the dataset and the definitions outlined in the OSEP Measurement Table.

Additionally, despite its efforts to clarify data collection requirements, the AL SSIP Team continues to find inconsistencies in processes of individual districts, which likely affected the Indicator 14 results. For example, districts are required to contact each identified student at least three times and log contacts. In prior years, logs would show attempted contacts with a student all within a one-hour window, thus reducing the likelihood of reaching the student or a knowledgeable person. To address this concern, the ALSDE, SES specified contacts should not be made on the same day, and while the contact attempts have improved, the issue continues to occur.

To address both issues, the ALSDE, SES shared the PSO webinar and written directions with each district in the cohort. Also, an ALSDE, SES Specialist responded to questions regarding data collection.

Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)

YES

If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State's ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.

The following data concerns may have been influenced by COVID-19:

SiMR: Alabama's SiMR, Indicator 14b, may have been affected by COVID. The state did not meet its target, primarily due to significantly fewer students enrolling in college. COVID-19 has impacted first-year college enrollment, particularly community college enrollment, both nationally (College Board, 2021) and in Alabama (Public Affairs Research Council of Alabama, 2021). College Board's data suggest the impact of COVID-19 on first-year enrollment will continue.

External fidelity checks: The SSIP Team typically collects external verification of a sample of teachers (CoT and CoP or CHAMPS/Discipline in the Secondary Classroom (DSC)). Due to COVID-19, classroom-level external fidelity checks were only conducted for secondary transition classes. For Foundations, SSIP Coaches continued to work with schools to collect Benchmarks of Quality (BoQ) assessment data. Safe and Civil Schools (S&CS) conducted virtual site visits, which were a truncated version of their typical on-site visits.

Outcome data: Hybrid schedules, quarantines, and virtual learning impacted several of Alabama's Indicator 17 outcomes, including academic data, office discipline referrals, and attendance data. For Goal 1, the state assessment data demonstrated the impact of statewide reductions in academic results for students with and without disabilities. For Goal 2, the Transition Concepts Student Survey, completed by SWDs in transition classes, has not been administered since pre-COVID-19. Instead, the ALSDE, SES staff added a question about IEP participation, one of the key measures on the Transition Concepts Student Survey, to its SPP/APR Indicator 8 Parent Involvement (Alabama Parent Survey).

Section B: Implementation, Analysis and Evaluation

Please provide a link to the State's current evaluation plan.

https://www.alabamaachievers.org/wp-content/uploads/2022/01/REPDATA_SPECED_AlabamaPartBSSIPEvaluationPlanFFY-2020updated1.13.2022_V1.0.pdf

Is the State's evaluation plan new or revised since the previous submission? (yes/no)

NO

Provide a summary of each infrastructure improvement strategy implemented in the reporting period:

The ALSDE, SES reports on a school year (SY) basis. In FFY 2021, Indicator 17 events report on activities and data from 8/01/21 to 7/31/22. The AL SSIP implements seven improvement strategies under two goals and whole-project activities.

GOAL 1 BEHAVIOR & INSTRUCTIONAL SUPPORTS: Improve instruction and school climate through CoT/CoP, implement behavior supports, and develop implementation teams. There were 2,981 coaching events, a decrease of 1,035 from FFY 2020; 742 individuals received Goal 1 coaching; Goal 1 schools averaged 43 coaching events, exceeding the target of 40 per school; average number of individuals coached per school was 11.

STRATEGY 1. Provide high-quality, engaging instruction and CoT in the general education classroom.

Activities increase CoT and specially designed instruction (SDI) in SSIP cohort schools through PL (training, coaching, and resources). There were no CoT/CoP and SDI trainings offered between 8/01/21 and 7/31/22; two trainings occurred in July 2021 for the SY 2021-22.

During FFY 2021, 27 teachers in nine schools were members of CoT dyads. The number of participating teachers decreased from 38 teachers in SY 2020-21 due to teacher shortages, retention, and the need for more intensive interventions outside of the general education setting. In the current reporting year, 7% of SSIP coaching focused on Strategy 1, CoT/CoP (5%) and reading/math interventions (2%).

STRATEGY 2. Offer safe and supportive learning environments to middle schools through the CHAMPS and Foundations evidence-based programs (EBPs).

In collaboration with the AL SPDG, SSIP cohort districts participate in a three-year PL cycle on PBIS universal schoolwide strategies, using S&CS Foundations curriculum. Each district and school in a cohort participates in three years of Foundations training, coaching by an SSIP Coach, and site reviews by S&CS consultants. As the 2017-2022 SPDG was ending, Cohort 4 schools participated in an abbreviated training cycle and completed the modules in 10 days, rather than the typical 18 days. They continue to receive coaching support.

Cohort districts and schools participate annually in S&CS CHAMPS or DSC training, which provides universal behavior strategies at the classroom level and follow-up coaching on CHAMPS/DSC.

As planned, no new cohorts were selected for Strategy 2 in FFY 2021. In total, 72 schools in 26 districts have participated in Cohorts 1-4 for Strategy 2. In FFY 2021, 24 training events related to Strategy 2 occurred, an increase of five events over the prior year. Trainings included: Foundations (n=12), CHAMPS (n=9), DSC (n=2), and Early Interventions (n=1). Cohorts 1-3 were offered Foundations, CHAMPS, and DSC Refresher training in June/July 2022.

Among the 72 cohort schools, 61 participated in training or refresher training during the SY 2021-22. Seven of 11 schools not participating were from Cohorts 1 or 2 and continued to implement Foundations. In FFY 2021, 69% of SSIP coaching focused on Strategy 2: Foundations (43%) and CHAMPS/DSC (26%).

STRATEGY 3. Create a system and culture for supporting SWDs, teachers, and administrators.

Activities create Foundations (Implementation) Teams for cohort districts and schools and training to support Goal 1 infrastructure, such as the development of implementation teams, data systems, data use, and sustainability planning.

In FFY 2021, 69 schools (95%) continued implementation. Training for Implementation Teams in schools and districts occurred through Foundations or CoT/CoP/SDI training, followed by SSIP coaching. In FFY 2021, 12% of coaching focused on Strategy Implementation Teams (3%), Data Systems or Data Use (3%), Sustainability Planning (7%). [Due to rounding, percentages do not equal 12%.]

GOAL 2 SECONDARY TRANSITION: Improve secondary transition services in cohort districts, schools, and classes, and build infrastructure for the entire state to improve transition and PSO.

STRATEGY 4. Create and publicize a model of comprehensive, research-based transition services for high school SWDs through the development of transition demonstration sites.

Activities improve transition services in cohort schools, such as developing local transition teams. Teachers and administrators in selected cohort schools participate in training on implementing evidence-based transition curriculum and developing transition classes. More coaching is provided on developing school- and community-based work opportunities, transition teams, and transition planning.

As planned, no new cohorts were selected for Strategy 4. In total, 49 schools in 19 districts participated in Cohorts 1-4 for Strategy 4, with 45 schools active. In FFY 2021, 99 individuals participated in training, coaching, a Transition Team, and/or teaching a transition class. Seven transition training events were offered, with 28 participants. Also, 12% of SSIP coaching focused on Strategy 4. A total of 82 individuals were coached during the SY 2021-22, an increase of 19 individuals with 173 coaching events.

STRATEGY 5. Collaborate with transition groups to coordinate the statewide transition infrastructure and strengthen the delivery of transition services from state to student.

Activities focus to develop infrastructure at the state level to improve secondary transition and PSO.

In FFY 2021, the ALSDE promoted the Engage Alabama App to assist Alabama transition-age students in with identifying individual goals, strengths, and preferences.

The ALSDE sent reminders to districts regarding the PSO survey administration and data collection webinar created previously as part of SSIP Strategy 5. The SES Data Team also presented at the statewide Back-to-School meeting in August 2022 regarding data collection and data integrity, with reminders to view the PSO Survey administration webinar.

In FFY 2021, the ALSDE migrated its website platform. Transition resources were moved to a new location. These resources were shared with APEC and families participating in the transition focus groups.

Two SSIP strategies focused on SSIP management (governance, finance, accountability/monitoring) and parent/stakeholder engagement.

WHOLE-PROJECT ACTIVITIES

STRATEGY 6. Manage project activities based on the implementation science practices of selection, training, coaching, data/evaluation, and systemic improvement.

Activities focus on the implementation of the project, such as staff hiring and developing contracts; data and evaluation; and PL for SSIP staff and coaches.

In FFY 2021, a new Goal 1 Coordinator and two Goal 1 coaches were hired to assist cohort districts. In September 2021, an SSIP Coach led training on

implementation science for five newer SSIP coaches and staff. In April 2022, S&CS staff led a training for 15 AL SSIP Coaches and SSIP staff on developing sustainability of initiatives.

AL SSIP Coaches participated in a PL community (Coaches' Meetings) that met five times during the current reporting period. The SSIP Team conducted monthly meetings to provide updates on project activities and review evaluation data.

STRATEGY 7. Engage parents and stakeholders in training, information sharing, and feedback for program improvement.

Activities address communication and engagement with stakeholders, including families of SWDs. District staff and coaches presented on Goal 1 at the July 2022 MEGA conference. Also, SSIP staff presented to the state's SEAP to gather input on targets and progress.

The SSIP Team met with families to conduct focus groups and gather input on the SSIP. These focus groups were conducted in coordination with staff from APEC. More survey data were collected from focus group participants. As part of Strategy 7, APEC led two parent trainings in August 2021 and six trainings in June/July 2022. Topics included: understanding benefits, self-employment, assistive technology, transition planning, transition resources, assistive technology and independent living, dream-building, and achieving self-support.

Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.

GOAL 1: BEHAVIOR & INSTRUCTIONAL SUPPORTS

STRATEGY 1. Outcomes focused on quality standards and PL/TA.

Pre/post training learning measure results demonstrated cohort gains in knowledge after training. Average CoT/CoP and SDI learning measure scores increased from 50% before training to 69% after training. On the SSIP Stakeholder Survey, 82% of CoT teachers reported SSIP coaching increased their skills.

CoT dyads used PL knowledge to implement CoT/CoP. On the Coaches' Checklist, CoT/CoP implementation ratings and applying CHAMPS in co-taught classes averaged 95% among participating cohort schools. Also, teachers demonstrated fidelity for CoT (88%) and CoP (71%). More details of CoT/CoP implementation are provided in the fidelity of EBPs section.

Among responding SSIP Stakeholder Survey co-teachers, 81% reported more general/special education collaboration. Also, 85% reported students benefited from the CoT.

STRATEGY 2. Outcomes focused on PL and quality standards.

Learning measure scores increased from 72% before training to 86% after training. Confidence to implement the behavior initiatives increased by 12 percentage points after training. The SSIP Stakeholder Survey reported increased skills/capacity regarding classroom management (82%).

Teachers and administrators used PL knowledge to implement Foundations and CHAMPS/DSC. On the Coaches' Checklist, ratings of implementation of using data at the school level, providing turnaround training, and participating in training averaged 88% among participating cohort schools.

Participants demonstrated: schools implemented Foundations with fidelity (75%) and teachers could implement CHAMPS/DSC with fidelity (86%).

Cohort SSIP Stakeholder Survey participants reported: improved school climate (75%); improved collaboration (76%); districts and schools benefitted from being involved (81%); and improved social and behavior student outcomes (75%).

Responding parents participating in a S&CS Parent Survey, the average rating of parent engagement was 91%, 3 percentage points increase over the prior year.

When compared to baseline years, chronic absences in cohort schools showed more improvement than statewide for two of three cohorts. Cohort 1 schools' chronic absences for SWDs averaged 0.33% lower than the state, demonstrating fewer absences. Cohort 2 schools' chronic absences for SWDs averaged 2.07% higher than the state. Cohort 3 schools' chronic absences averaged 0.56% lower than the state. Due to the impact of COVID-19, attendance data should be interpreted with caution.

STRATEGY 3. Outcomes focused on governance, data, and accountability/monitoring.

Coaches' Checklist results averaged 96% for the five School Implementation Team elements. These ratings increased 16 percentage points over the past two years. Per the SSIP Stakeholder Survey: data suggested improved structures to support implementation of Goal 1 practices; 77% reported their implementation teams were stronger due to the SSIP; 82% reported increased skills/capacity to implement a schoolwide system of behavior supports, and 82% increased capacity to use data for decision making.

GOAL 2: SECONDARY TRANSITION

STRATEGY 4. Outcomes focused on governance, accountability and monitoring, quality standards, and PL/TA.

Pre/post training learning measures showed large gains in learning: average pre-training score (69%); average post-training score (95%); post-training confidence ratings to use the transition curriculum (85%).

SSIP Transition Stakeholder Survey results found 87% of participants had increased skills/capacity to implement aspects of a transition curriculum, transition program, and use data for decision-making (a 6% increase over the prior year). Outcome measures on the Transition Stakeholder Survey averaged 90% including: improved transition program due to the SSIP (93%); increased collaboration (93%); improved communication with families (83%); benefits from SSIP involvement (91%); and improved student outcomes (91%).

Transition Team members in Strategy 4 schools rated their SSIP-developed teams on the Team Functioning Scale (TFS). The average TFS rating was 84%, and domain ratings included: Structures (82%), Communication (86%), and Focus of the Group (84%). Also, 88% of Transition Stakeholder Survey respondents felt their Transition Team was stronger due to the SSIP.

SWDs in SSIP transition cohort schools had improved graduation outcomes. For Cohort 1 schools, 21% increased graduation rates from baseline to 2021-2022; 19% increased among Alabama schools. Cohort 2 schools had insufficient data. SWDs in transition Cohort 1 schools improved college and career readiness compared to state averages. Cohort 1 schools averaged a 24% gain from baseline to 2021-2022; the state averaged a 9% increase. Parents of SWDs were asked on the Alabama Parent Survey (Indicator 8) whether their child attended his/her last IEP meeting and whether the child actively participated. Analysis of SSIP Goal 2 districts found 66% of students in grades 9-12 attended their last IEP meeting; of those students, 91% actively participated. Both percentages increased by 2% compared to FFY 2020. The targets were 50% of students in SSIP Goal 2 districts would attend and participate in their IEP meetings.

STRATEGY 5. Outcomes focused on governance, data, and accountability/monitoring.

The progress toward the SiMR section provides Indicator 14b results. Goal 2 Cohorts 1-3 districts showed a 3.1% gain over six years, whereas the state saw a 1.6% decrease. Therefore, SSIP schools participating in Goal 2 had a larger increase in the SiMR than the state average.

91% of Special Education Coordinators who received funding to purchase an evidence-based transition curriculum stated they purchased and used the transition curriculum to offer a transition class in their districts.

WHOLE-PROJECT ACTIVITIES

STRATEGY 6. Outputs and outcomes focused on governance, data, finance, accountability/monitoring, and PL/TA.

Pre/post implementation science training learning measures: large gains in knowledge (ALSDE staff and coaches); average pre-training score (44%); average post (88%). Participants also reported gains in confidence to implement implementation science principles; average post-training confidence rating (63%).

The SSIP Stakeholder Survey asked participants to rate coaching, project implementation measures and support for the project: Goal 1 ratings averaged 85% and Goal 2 95%; the six implementation measures averaged 80% for Goal 1 and 89% for Goal 2; support for the project averaged 85% for Goal 1 and 94% for Goal 2. The targets were 80% for these measures, and all staffing, implementation, and support measures met their targets.

STRATEGY 7. Outcomes focused on accountability/monitoring and TA.

Among APEC's SSIP training participants, 88% of parents/family members reported more knowledge due to training. The SSIP Resources Survey showed 88% had more knowledge about transition than the prior year. Among family members, 81% felt confident about helping their child with post-school planning, a 5% decrease from last year.

Indicator 8 Parent Involvement data show a slight difference between SSIP districts and all results for FFY 2021. Among the 20,585 parents responding, 71.37% of all parents reported schools facilitated parent involvement, whereas 71.84% of parents in SSIP districts reported involvement (an increase of 0.23%). Among SSIP Goal 1 schools, 73.69% of parents reported schools facilitated parent involvement (a 2.32% difference compared to the whole state).

Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)

NO

Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.

The information below includes a summary of Goal 1, Goal 2, and Whole Project Activities organized by themes during this reporting period.

To improve communication and team building opportunities, the ALSDE will continue to:

- provide opportunities for parent and family stakeholder decision-making and engagement.
- support transition focus groups for parents.
- include parents and counselors in SSIP implementation Teams.
- convene SSIP Instructional Coaches PLC.
- improve parents' access to documents related to transition.
- extend self-determination/self-advocacy training to improve student engagement.

To support PL training, and coaching efforts, the ALSDE will continue to:

- convene joint training for parents and educators about IEP development for transition.
- provide Foundations, co-teaching, and co-planning training for SSIP coaches and administrators at SSIP Project Sites.
- ensure that practitioners and administrators receive on-going PD in Implementation Science.

To increase community-based experiences, the ALSDE will continue to:

- provide training for funded LEAs on scheduling and providing transition instruction.

To improve communication for SSIP Project and Site Personnel, the ALSDE will continue to:

- communicate and market efforts between project and site personnel.
- present at ALSDE Curriculum and Instruction meetings and MEGA conference.

The AL SSIP staff, coaches, and consultants will continue to market the SSIP successes throughout the state to encourage other districts to visit cohort sites and adopt the AL SSIP practices.

In addition to the data collection, the AL SSIP Evaluator will work with the AL SSIP staff, consultants, and stakeholders to: 1) Continue to identify strategies and opportunities for Goal 1 and 2 teams to review and use data; 2) Monitor outcome data submissions from SSIP and Transition cohort schools; 3) Review data expectations with new staff and administrators submitting data; 4) Develop plans based on disaggregated FFY 2021 Indicator 14 results; 5) Share expectations for data collection, including dates, requirements by school, etc.; and 6) Provide training and TA to sites regarding data usage, as needed.

List the selected evidence-based practices implement in the reporting period:

Alabama's Indicator 17 includes three evidence-based practices:

Strategy 1: Co-teaching/Co-planning;

Strategy 2: Positive behavior interventions and supports through universal schoolwide Foundations and classroom-level CHAMPS and DSC; and

Strategy 4: Implementation of a secondary transition curriculum.

Provide a summary of each evidence-based practices.

The AL SSIP has continued to implement three evidence-based practices: CoT and CoP, PBIS using the Safe and Civil Schools model, and secondary transition curricula.

CoT and CoP

CoT (Friend & Cook, 2013) and CoP (Ploessl et al., 2010) are implemented in Strategy 1. Teachers in select cohort schools, primarily Cohorts 1 and 2, have received training on the Friend and Cook model of CoT. Additionally, University of Montevallo faculty, provides training on CoP and SDI.

Following the Friend and Cook model, the training consists of the research behind co-teaching, six approaches to CoT, the roles of the general educator and the specialist, communication, how to co-plan and the materials needed, and how to apply SDI in the classroom. Additionally, teachers are able to practice CoT and CoP. Teachers participating in the training completed pre/post evaluations to gauge gains in content knowledge and confidence.

Following training, co-teachers receive coaching from SSIP Coaches, including online coaching to further assist PL.

During the SY 2021-22, there were no training events offered for CoT and CoP and SDI, as two two-day trainings were offered in July 2021. The average satisfaction rating among training participants was 97%, and the average confidence rating increased from 59% before training to 71% after training, representing a 12% gain in confidence to CoT and CoP.

PBIS: Foundations and CHAMPS/DSC

The S&CS model of PBIS, including universal Foundations and CHAMPS/DSC (Sprick, 2009) are implemented in Strategy 2. All but two of the Goal 1 cohort schools have participated in PL for these evidence-based strategies.

For Foundations, schools develop Foundations Teams that are representative of certified and non-certified building staff. Foundations Team members were tasked with attending Foundations training, provided by S&CS consultants, and using the information to implement action plans. The three-year

training cycle is based on six modules from the Foundations books. Each cohort of Foundations Team members attends six days of training for a total of 18 days of training. Each year, members attend two days of training three times per year. Between sessions, Foundations Team members apply the information at the school level, including providing turn-around training to all staff. SSIP Cohorts 1, 2, and 3 Foundations Team members and any new administrators had the opportunity to attend a Foundations refresher training following the three-year training cycle.

CHAMPS and DSC PL focus on individual teachers, as well as school administrators. Teachers and administrators from Strategy 2 cohort schools attend a two-day training conducted once per year by S&CS consultants. The training is based on the CHAMPS or Discipline in the Secondary Classroom books, and all participants receive a copy of the book. While only a small number of teachers per school can attend CHAMPS/DSC training each year, many SSIP districts have contracted to offer districtwide CHAMPS training. Like Foundations, SSIP Cohort 1, 2, and 3 schools had the opportunity to send teachers and administrators to refresher training following the three-year training cycle.

Following training, Foundations Teams, CHAMPS/DSC training participants, and district and school administrators receive coaching from SSIP Coaches. Safe and Civil Schools consultants conduct virtual site visits to provide Foundations Teams with feedback.

During the SY 2021-22, there were 24 behavior training events (12 Foundations, nine CHAMPS, two DSC, and one Early Interventions). There were 812 unique attendees at these training events. The average satisfaction rating among training participants was 88% (90% for Foundations, 84% for CHAMPS, and 93% for DSC). The average confidence rating across all behavior trainings increased from 67% before training to 80% after training, representing a 13% gain in confidence to implement Foundations, CHAMPS, or DSC.

Secondary Transition Curricula

The secondary transition curricula strategy focuses on PL based on the transition curriculum selected by each cohort school. The James Stanfield Transitions curriculum, the Council for Exceptional Children's Life Centered Education Transition Curriculum (the LCE), and Education Associates' Project Discovery and Achieve Life Skills have been curricula purchased and used by SSIP schools. SSIP Transition Coaches provide training on using the curriculum, selecting lessons based on students' IEPs, and designing a credit-bearing Transition class. Subsequent coaching also focuses on improving instructional quality when implementing the curriculum.

There were seven transition curriculum training events during the SY 2021-22 covering the Project Discovery and Stanfield Transitions curricula. A total of 31 unique teachers and administrators attended the trainings. The average satisfaction rating among training participants was 97%, and the average confidence rating increased by 36% to 81% after training. In SY 2021-22, each cohort district averaged 11 coaching events, and a total of 82 individuals were coached.

Provide a summary of how each evidence-based practice and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child /outcomes.

When developing the state's Theory of Action, early analyses indicated approximately 85% of Alabama SWDs were placed in general education environments for more than 80% of the school day. Yet, proficiency data for SWDs remained static. The SSIP Team identified the need to provide additional supports to SWDs in the general education classroom.

As noted in the state's Theory of Action, supports with instruction and behavior were needed at the middle school level. Alabama's SSIP initially focused on middle schools, although participating districts quickly recognized the benefit of extending the focus to elementary and high schools to ensure continuity.

CoT and CoP

Co-teaching (Friend & Cook, 2013) and co-planning (Ploessl et al., 2010) were practices identified to help ensure students are prepared to succeed at coursework, which will improve the likelihood of positive post-school outcomes. Co-planning allows both special and general educators to share their instructional and content expertise when planning for lessons and having two teachers in the classroom allows for more grouping, SDI, and individualized instruction. Co-teaching and co-planning provide SWDs instructional supports that will help them to be successful in classes, remain in the general education classroom, and graduate.

This evidence-based practice is designed to change: 1) school practices through scheduling co-teaching on the class schedule; 2) teacher practices through the changes in approach to instruction (e.g., small groups, lesson planning, ensuring IEP goals are addressed, etc.) and the use of SDI; and 3) child outcomes through a smaller student-teacher ratio and the use of modified instructional practices.

PBIS: Foundations and CHAMPS/DSC

The AL SSIP implements the S&CS' model of PBIS (e.g., Sprick, 2009) through the use of schoolwide Foundations and classroom-level CHAMPS/DSC. State data showed attendance and behavior as two factors that limited instructional time, particularly among SWDs. Implementing PBIS efforts allowed the districts and schools to concentrate more time on instruction and creating improved school and classroom climate, which would increase attendance and decrease time out of the classroom for behavior incidents. Like CoT and CoP, improving school and classroom climate helps students remain in school and graduate.

This evidence-based practice is designed to change: 1) district and school policies, procedures, and practices related to behavior (e.g., attendance policies, office discipline referral policies, daily procedures in common areas, teacher presence in common areas, data-based decision making, etc.); 2) teacher practices through the changes in addressing behaviors, approaches to instruction, and classroom structures; 3) parent outcomes through parent surveys and engagement in schools; and 4) child outcomes through changes to attendance and discipline policies, school climate, and instruction.

Secondary Transition Curricula

The third evidence-based practice, secondary transition curricula, focus on providing supports that directly impact post-school preparedness. The AL SSIP provides funding to districts to select and teach an evidence-based transition curriculum, such as the James Stanfield Transitions curriculum, the Council for Exceptional Children's Life Centered Education Transition Curriculum (the LCE), or Education: Associates' Project Discovery. Funding for transition sites was contingent on teaching the curriculum in a credit-bearing transition course and further developing a comprehensive transition program. The AL SSIP provides funding for both middle and high school transition classes. The curricula and courses allow teachers to focus on building knowledge and skills needed for successful post-school outcomes.

This evidence-based practice is designed to change: 1) teacher practices through the changes in instructional content, instructional quality, and the development of a transition course (i.e., course structure); and 2) child outcomes through changes in knowledge about transition, transition experiences, and skill development. Although an evidence-based transition curriculum would have less impact on district policies and practices, AL SSIP Strategy 4 also includes the development of transition programs, which do impact district policies and practices.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

Fidelity data were collected for co-teaching; co-planning; Foundations; CHAMPS/DSC; and secondary transition for the SY 2021-22 (8/01/21 – 7/31/22).

Co-Teaching

In February 2022, SSIP co-teaching teachers assessed their co-teaching implementation using the Classroom Fidelity Observation Form [adapted from Friend & Cook (2013) and Murawski & Lochner (2011)]. The performance measure was 70% of co-teachers will score 75% or greater on the co-teaching fidelity assessment. Faculty from the University of Montevallo provided an external view of the quality of co-teaching implementation.

For FFY 2021, the results found 88% of co-teachers achieved fidelity with co-teaching, which exceeded the target of 70%. These results were less than 1% lower than the 2020-2021 fidelity data. The highest-rated domain was the role of the specialist, and the lowest-rated domain was the co-teaching models.

Co-Planning

In February 2022, SSIP co-teaching teachers assessed their co-planning implementation using the Co-Planning Observation Form (Howard, 2016). The performance measure was 70% of co-teachers will score 75% or greater on the co-planning fidelity assessment.

For FFY 2021, 71% of teachers demonstrated co-planning fidelity. These results were 12 percentage points lower than the SY 2020-21 but met the 70% target. The highest-rated items were reviewing IEP/504 goals for SDI and accommodations, pre-selecting groups, and the middle/end of the lesson (all 100%); the lowest rated items addressed the co-planning materials (71%).

Foundations

SSIP Coaches used the Benchmarks of Quality (BoQ) to assess Foundations fidelity. Coaches worked with each school's Foundations Team to score elements on the BoQ. SSIP Coaches submitted the final scores for each school. The performance measure is 70% of schools can demonstrate fidelity in 75% of the Foundations components after a three-year training cycle. Since Cohort 4 had not finished the three-year cycle of Foundations training, only Cohort 1-3 schools were included in the current report.

For FFY 2021, 76% of the reporting Cohort 1-3 schools demonstrated fidelity with Foundations, which exceeded the 70% target. This percentage reflects a 5% decrease compared to the number of schools achieving fidelity in 2020-2021; however, it is also the first year of including Cohort 3. There were marked differences among cohorts: 100% of Cohort 1 schools achieved fidelity; 85% of Cohort 2 schools achieved fidelity; and 60% of Cohort 3 schools achieved fidelity. Overall, the average rating on the BoQ was 80%.

CHAMPS/DSC

CHAMPS and DSC were assessed together as the core components are the same; while CHAMPS is designed for implementation in kindergarten through 12th grade, DSC concentrates on implementation at the secondary level. CHAMPS/DSC teachers were assessed for fidelity using the STOIC Checklist, developed by Safe & Civil Schools. The performance measure was 70% of teachers can implement 75% of the core components of the STOIC Checklist.

The FFY 2021 results found 86% of teachers implemented CHAMPS/DSC with fidelity, which exceeded the 70% target. This was 4 percentage points lower than the SY 2020-21. Teachers in Cohort 1 schools averaged the highest (95% achieved fidelity), 87% of teachers in Cohort 2 schools achieved fidelity, 92% of teachers in Cohort 3 schools achieved fidelity, and 73% of teachers in Cohort 4 schools achieved fidelity. Furthermore, length of years implementing CHAMPS/DSC was related to fidelity scores: 93% of teachers implementing for four or more years achieved fidelity, whereas 88% of teachers implementing for one to three years met the fidelity target, and 69% of teachers implementing for less than one year met the fidelity target.

Secondary Transition

Teachers implementing an evidence-based transition curriculum in SSIP districts completed the Transition Fidelity Form in February and March 2022. The form was developed to align with the AL SSIP Transition Fidelity Observation Form. Additionally, the external evaluator conducted fidelity checks using the Transition Fidelity Form for 20% of the teachers. The performance measure is 70% of teachers score 75% or higher on the assessment of implementation of an evidence-based transition curriculum.

In FFY 2021, 84% of teachers reported fidelity. This was 14 percentage points higher than the SY 2020-21. Teachers had previously reported COVID-19 impacted their transition teaching in FFY 2020. The average score on the Transition Fidelity Form was 83%. Instructional components of fidelity implementation scored slightly higher (84%) than curriculum components (79%). There were similar ratings across cohorts, ranging from 80% to 89% achieving fidelity.

Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.

In addition to the fidelity data, outcome data for each evidence-based practice were presented under the infrastructure improvement strategy question listed above: Strategy 1 includes CoT and CoP; Strategy 2 includes CHAMPS/DSC and Foundations; and Strategy 4 includes secondary transition.

Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.

The information below includes a summary of Goal 1, Goal 2, and Whole Project Activities organized by themes during this reporting period.

To improve communication and team building opportunities, the ALSDE will continue to:

- provide opportunities for parent and family stakeholder decision-making and engagement.
- support transition focus groups for parents.
- include parents and counselors in SSIP implementation Teams.
- convene SSIP Instructional Coaches PLC.
- improve parents' access to documents related to transition.
- extend self-determination/self-advocacy training to improve student engagement.
- convene joint training opportunities around transition and self-determination for educators and parents.

To support PD, training, and coaching efforts, the ALSDE will continue to:

- convene joint training for parents and educators about IEP development for transition.

- provide Foundations, CoT and CoP training for SSIP coaches and administrators at SSIP Project Sites.
- ensure that practitioners and administrators receive on-going PD in Implementation Science.

To increase community-based experiences, the ALSDE will continue to:

- provide training for funded LEAs on scheduling and providing transition instruction.

To improve communication for SSIP Project and Site Personnel, the ALSDE will continue to:

- communicate and market efforts between project and site personnel.
- present at ALSDE Curriculum and Instruction meetings and MEGA conference.

The AL SSIP staff, coaches, and consultants will continue to market the SSIP successes throughout the state to encourage other districts to cohort schools and adopt the AL SSIP practices. Additionally, SSIP Coaches will share the practices with new SPDG schools.

In addition to the data collection and evaluation changes, the AL SSIP Evaluator will work with the AL SSIP staff, consultants, and stakeholders to:

- 1) Continue to identify strategies and opportunities for Goal 1 and 2 teams to review and use data;
- 2) Monitor outcome data submissions from SSIP and Transition cohort schools;
- 3) Review data expectations with new staff and administrators submitting data;
- 4) Share expectations for data collection, including dates, requirements by school, etc.; and
- 5) Provide training and TA to sites regarding data usage, as needed.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

YES

If yes, describe how evaluation data support the decision to implement without any modifications to the SSIP.

Outcome data for each strategy show positive results and improvement, as noted in prior reports and in Section B: Implementation, Analysis and Evaluation. The state's SiMR, Indicator 14b, has increased by 12 percentage points compared to baseline.

An analysis of SSIP data in SSIP cohort districts suggests the activities are resulting in improvements to the SiMR. For example, in FFY 2015, the state's Indicator 14b results for the state sample were 59.4%, and SSIP Cohort 1 and 2 transition districts were 58.6%. In FFY 2021, the results for same cohort Alabama districts in the sample were 57.8% (a 1.6% loss). For SSIP Cohorts 1 and 2 transition districts, the FFY 2021 Indicator 14b data were 61.7% (a 3.1% gain). Even though the SSIP cohort district results for Indicator 14b were lower than the state Indicator 14b data, the trajectory suggests SSIP cohort districts are improving at a faster rate (3.1% gain vs. 1.6% loss).

These data, together with other evaluation data described below, indicate the SSIP improvement strategies are positively impacting the SiMR.

Section C: Stakeholder Engagement

Description of Stakeholder Input

The ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets. The input sessions consisted of video and teleconferences. Specifically, stakeholders engaged in offering input and recommendations on SPP/APR targets. Also, stakeholders provided input and improvement strategies on all indicators demonstrating slippage.

In addition to soliciting input, the SES staff provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training has been conducted and is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets as well as reviewing indicator data.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

SEAP

In FFY 2021, the ALSDE has solicited broad stakeholder input from the SEAP in order to review and revise, as necessary, SPP/APR targets; no targets were revised. The input sessions consisted of video- and teleconferences. Specifically, stakeholders offered input and recommendations on those indicators demonstrating slippage. The SES staff also provided training regarding SPP/APR content and relevant data sources for new and veteran SEAP members. Ongoing training is being planned to ensure that SEAP members are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets.

Parents

The ALSDE has partnered with the APEC to lead family focus groups. The focus groups, conducted virtually and representing the three regions of the state, gathered input from family members of students in grades 6-12 or recent leavers. The focus groups allowed the SES staff to hear concerns, suggestions, and needs from family members. The SES staff presented on the SSIP to gather feedback on secondary transition and post-school outcomes.

Transition

SSIP staff have presented on transition and post-school outcomes at several meetings. The SES staff presented information about the SPP/APR and SSIP transition activities at the state's SEAP meetings and sought feedback from the SEAP. SSIP Coaches also presented at the Regional Special Education Coordinators' Meetings, the Alabama CEC regarding the transition work, and the ALSDE Back to School meeting with district leaders.

Alabama Alignment and MTSS

Since 2019, the ALSDE has sought to implement evidence-based practices and align systems across ALSDE in order to improve student supports. Staff from NCSI facilitated the ongoing meetings to develop a multi-tiered system of supports. Representatives from across the ALSDE included the SES section, Alabama Reading Initiative (ARI), Alabama Math and Science Initiative (AMSTI), Instructional Services, and Federal Programs.

The ALSDE, SES staff were part of the MTSS planning, presented on SSIP data, and sought feedback from stakeholders to guide the decision-making process. Presentations to the upper level and general education management and staff within the context of the Alabama systems alignment project further the goal to implement MTSS statewide through data sharing. Furthermore, the ALSDE developed an MTSS section to implement a statewide framework. ALSDE, SES staff will be partnering with the MTSS section to provide academic support and a systems framework that has been successful

through the SSIP.

Forums

During the July 2022 Alabama MEGA Conference, administrators and staff from Initiative 2 schools presented information and results in individual sessions to education stakeholders from all areas of the state.

Were there any concerns expressed by stakeholders during engagement activities? (yes/no)

YES

Describe how the State addressed the concerns expressed by stakeholders.

Family focus group and interviews analyses found the three top concerns among participants were:

- Better inform parents and SWDs about post-school options and supports;
- Notify families and students about secondary transition services and resources offered by the school and community;
- Improve transition preparation and instruction in the middle school level.

These concerns are long-term areas to address. The ALSDE, SES has been addressing these issues by:

- Continuing to gather family feedback through focus groups, interviews, and surveys;
- Working with the ALSDE departments and the SPDG to develop a multi-tiered system of supports (MTSS) framework for the state;
- Accessing and sharing resources from the National Technical Assistance Center on Transition;
- Providing TA to districts regarding instruction; and
- Providing ongoing training through the SSIP, SPDG, and the partnership with APEC to improve collaboration with families.

Additional Implementation Activities

List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.

Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.

Describe any newly identified barriers and include steps to address these barriers.

Provide additional information about this indicator (optional).

17 - Prior FFY Required Actions

None

17 - OSEP Response

17 - Required Actions

Certification

Instructions

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

Certify

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

Select the certifier's role:

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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:

DaLee Chambers

Title:

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Submitted on:

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