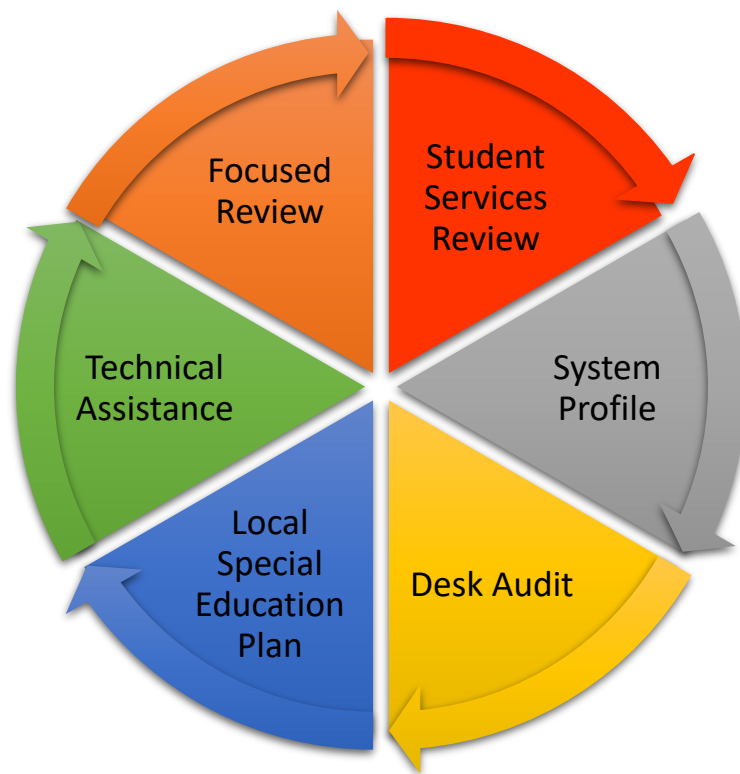


Special Education Services COMPREHENSIVE MONITORING:

A Step Towards Continuous Improvement



Office of Student Learning
Special Education Services
Crystal Richardson, Program Director
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Current as of September 2018

Alabama State Department of Education, Eric G. Mackey, State Superintendent of Education

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Monitoring and Enforcement Requirements

The Alabama State Department of Education (ALSDE), Special Education Services Section (SES) must have in effect policies and procedures to ensure compliance with the monitoring and enforcement requirements of the *Individuals with Disabilities Education Act* (IDEA) regulations under CFR §300.600-602 and CFR §300.606-608. The general supervision system should demonstrate effective accountability efforts towards enforcing the requirements and ensuring continuous improvement. As stated in section 616 of the 2004 amendments to the IDEA, “The primary focus of Federal and State monitoring activities described in paragraph (1) shall be on: (A) improving educational results and functional outcomes for all children with disabilities; and (B) ensuring that States meet the program requirements under this part, with particular emphasis on those requirements that are most closely related to improving educational results for children with disabilities.

Results Driven Accountability

The accountability system for the Office of Special Education Programs (OSEP) has changed its primary focus from compliance only to a system emphasizing results. With Results Driven Accountability (RDA), State Education Agencies (SEAs) must work on improving educational results and functional outcomes for students with disabilities by being proactive and collaborative. As a result, the ALSDE, SES is using the RDA framework to measure the local educational agencies’ (LEA’s), performance for both compliance and educational results.

The ALSDE, SES, will base its work on the core principles of the OSEP.

SES Comprehensive Monitoring “A Step Towards Continuous Improvement”

The SES Comprehensive Monitoring Process provides an effective system of general supervision to (1) support practices that improve educational results and functional outcomes; (2) use multiple methods to identify and correct noncompliance within one year; and (3) use mechanisms (e.g., focused monitoring) to encourage and support improvement and to enforce compliance. The implementation of this model also supports the States *Elementary and Secondary Education Act* (ESEA), *Every Student Succeeds Act* (ESSA) Plan, which is designed to improve student growth and achievement, close the achievement gap and increase the number of students graduating from high school that are college-and-career-ready in order to compete in a global society.

At the beginning of each school year, the SES will use a risk-based methodology to identify systems that will receive technical assistance based on the area(s) of need identified through the risk-based rubric. The SES’s risk-based system of monitoring intends to:

- Support the implementation of ESSA Plan.
- Provide a linkage between the State Performance Plan/Annual Performance Report (SPP/APR) and the monitoring requirements set forth by IDEA.
- Provide an opportunity for differentiated support for LEAs whose data trigger compliance and/or performance needs.
- Identify LEAs that might be “high risk” due to fiscal or systemic noncompliance.
- Provide a multi-faceted approach to resolving issues of noncompliance and/or low performance.
- Require LEAs to frequently review data and make adjustments for improved results.
- Identify areas of need in a timely manner.
- Require an action/visit from the SES on an annual basis.

Each LEA will be assigned a level of risk using the Special Education Risk Rubric.

What is Risk?

Risk is the measure of the likelihood of a grantee achieving program objectives including financial reporting and compliance within defined requirements related to statutes, regulations, and grant management practices. Risk does not equal noncompliance or bad behavior. Risk could be a structural issue over which an LEA has no control (e.g., having a very large grant or having a large number of schools). These factors such as problems that they have been experiencing could either increase the likelihood of a problem occurring that presents a risk to IDEA overall or increase the potential impact of a problem within that program.

Another way to think of risk is a probability or threat of liability or any other negative occurrence that is caused by external or internal vulnerabilities (weaknesses) and that may be avoided by proactive action. Systemic risk affects all programmatic services and is linked to the overall performance of the system.

What is Risk Management?

Risk management is described as the continuous process of assessing risk, reducing the potential that an adverse event (e.g., lack of providing instruction in core academic subjects) will occur, and putting steps in place to deal with an event that does occur.

Risk assessment is the identification, evaluation, and estimation of the levels of risks involved in a situation, its comparison against benchmark or standards, and determination of an acceptable level of risk.

Levels of Risk

A level of risk will be assessed for each LEA based on a review of data. The SES staff will complete a rubric to determine an LEA's risk. The areas that will be reviewed include data, results, and fiscal. Specifically, the elements under review are data integrity, results indicator data, fiscal data, and determination status.

The following are descriptions for each level of risk:

Low risk: impact of program constantly appears unchanged; program issues are limited to short-term consequences with no long-term effect (proactive); risk awareness and monitoring remains worthwhile and is in good status. [Maintenance Zone]

Medium risk: impact of program in the immediate term appears to be significantly reduced; program issues demonstrate long-term impairment; modifications must be implemented; risk awareness and monitoring needs refinement and is in fair status. [Refinement Zone]

High risk: impact of program is threatened or persistently affected in the immediate and long-term; program issues are based on systemic issues with long-term effects (reactive); risk awareness is problematic and immediate action must be taken towards improvement; status is poor. [Improvement Zone]

Assessment of Risk

Each LEA will receive a data scoring rubric indicating their risk score. See Appendix C for Data Scoring Rubric.

Scoring Elements

The rubric is comprised of the following risk scoring elements:

- Data Integrity
- Results Indicator Data
- Fiscal Data
- Determination Status
- Other (e.g., Professional Learning, Coordinator Experience)

Sub-areas have been identified under each element, which will be scored according to the LEA's performance.

The overall risk score is a compilation of each scoring element and its sub-areas.

Risk	Range
Low	< 34
Medium	34 – 67
High	> 67

Data Integrity

Data Integrity pertains to the data quality standard of completeness. Data are considered complete when, upon the first submission, it is valid and reliable and is error free.

Sub-areas under Data Integrity include:

- Child Count Data Submission
- Student Exiting Information
- Personnel Data
- Students Evaluated within 60 day timeline (APR 11) Submission
- Part C to B Transition (APR 12) Submission
- Early Learning Progress Profile (ELPP) (APR 7) Submission
- Secondary Transition (APR 13) Submission

Under data integrity, there are seven sub-areas. The scoring element range for low risk is < 3; the range for high risk is ≥ 3 .

An LEA may receive a score of 0 or 1 for each sub-area. A score of 0 indicates low risk (based on the original submission, data are valid and reliable and are error free). A score of 1 indicates high risk (missing or invalid data; use of placeholder data).

Risk	Low Risk	Medium Risk	High Risk	Items	Points
Visual	Green	Yellow	Red		
	Low Points	Medium Points	High Points	# of Items	Max Points
Data Integrity					
Child Count	0		1	1	1
Student Exiting Information*	0		1	1	1
Personnel Data*	0		1	1	1
Student Evaluated w/in 60 Day Timeline	0		1	1	1
Part C to B Transition	0		1	1	1
Secondary Transition	0		1	1	1
Early Learning Progress Profile	0		1	1	1
TOTAL/RANGE	< 3	n/a	≥ 3	7	7

Results Indicator Data

Results Indicator Data are the SPP/APR performance indicators for which the state, with broad stakeholder input, has set targets. Data under the result indicators are compared to the established targets, which have been met by the LEA and did not demonstrate slippage from previous year's data (low risk); the LEA met the state target but demonstrates slippage from previous year's data or the LEA did not meet the state target but did not demonstrate slippage (medium risk); or the LEA did not meet the state target and demonstrated slippage from previous year's data (high risk).

Sub-areas under Results Indicator Data include:

- Indicator 1 – Graduation Rate*
- Indicator 2 – Dropout
- Indicator 3b – Participation on Statewide Assessment*
- Indicator 3c – Math Proficiency on Statewide Assessment*
- Indicator 3c – English/Language Arts Proficiency on Statewide Assessment*
- Indicator 4a – Suspensions/Expulsions
- Indicator 5a – Least Restrictive Environment (Inside general education 80% or more of the day)
- Indicator 5b – Least Restrictive Environment (Inside general education less than 40% of the day)
- Indicator 5c – Least Restrictive Environment (Separate)
- Indicator 6 – Preschool Least Restrictive Environment
- Indicator 7 – Preschool Outcomes
- Indicator 8 – Parental Involvement
- Indicator 14a – Post-School Outcomes
- Indicator 14b – Post-School Outcomes

**These performance indicators were not items in the risk scoring rubric.*

Under the results indicator data, there are 13 sub-areas. The scoring element range for low risk is < 7; the range for medium risk is 7 to 15; the range for high risk is ≥ 15.

An LEA may receive a score of 0, 1, 2, or 4 for each sub-area. A score of 0 indicates low risk meaning that the LEA met the state target and demonstrated progress from previous year's data. A score of 1 indicates medium risk meaning that the LEA met the state target but demonstrated slippage from previous year's data OR that the LEA did not meet target but showed progress. A score of 2 indicates high risk meaning that the LEA did not meet state target and demonstrated slippage from previous year's data. Not applicable or N/A indicates that the LEA was not in the sample for scoring elements such as Indicators 8, 14a, and 14b. A score of 4 only applies to Indicator 14b – Post-School Outcomes and is assigned when an LEA does not meet the state target for this indicator.

Note: Progress is defined as showing any improvement from the previous year. For indicators 8, 14a, and 14b, progress is not considered in the score as previous year's data are not available.

Risk	Low Risk	Medium Risk	High Risk	Items	Points
Visual	Green	Yellow	Red		
	Low Points	Medium Points	High Points	# of Items	Max Points
Results Indicator Data					
Dropout Rates (Indicator 2)	0	1	2	1	2
Suspensions/Expulsions (Indicator 4a)*	0	1	2	1	2
LRE-Inside general education 80% or more of the day (Indicator 5a)	0	1	2	1	2
LRE-Inside general education less than 40%of the day (Indicator 5b)	0	1	2	1	2
LRE- Separate (Indicator 5c)	0	1	2	1	2
Preschool LRE (Indicator 6a)	0	1	2	1	2
Preschool LRE (Indicator 6b)	0	1	2	1	2
Preschool Outcomes (Indicator 7A2)	0	1	2	1	2
Preschool Outcomes (Indicator 7B2)	0	1	2	1	2
Preschool Outcomes (Indicator 7C2)	0	1	2	1	2
Parent Involvement (Indicator 8)	0	1	2	1	2
Postschool Outcomes (Indicator 14a)	0	1	2	1	2
Postschool Outcomes (Indicator 14b)	0	2	4	1	4
TOTAL/RANGE	< 7	7-15	≥ 15	13	28

Fiscal Data

Under special education (IDEA) fiscal data, risk is based on five areas: Single Audit Review; Comprehensive Coordinated Early Intervening Services (CCEIS)/ Coordinated Early Intervening Services (CEIS); Subgrants/Financial Support, Timely Submission; Subgrants/Financial Support, Corrections Required; and Allocations of Funds, Use of Funds (Carryover >20%).

The scoring range for low risk is < 2.5; the range for medium risk 2.5 to 5.0; the range for high risk is ≥ 5.0.

- **Single Audit Review** (2CFR Part 200 Subpart F) – In compliance with the federal regulations, as part of the subrecipient fiscal monitoring process, the ALSDE will review LEA single-audit reports to ensure compliance with federal statutes, regulations, and the terms and conditions of federal awards regarding IDEA funds (2CFR Part 200 Subpart F). If IDEA findings are noted in the LEA single-audit report, the LEA will be required to provide documentation to the ALSDE that describes and supports the proposed corrective action plan developed by the LEA regarding the IDEA findings. If applicable to your LEA, upload all documentation in AdvancED ASSIST.

An LEA may receive scores ranging from 0, 1 or 2. A score of 0 indicates low risk meaning that the LEA has no audit findings. A score of 1 indicates medium risk meaning that the LEA has one audit finding related to the use of IDEA funds. A score of 2 indicates high risk meaning that the LEA has more than one audit finding related to the use of IDEA funds.

- **Subgrants/Financial Support – Timely Submission** (34CFR§§200.303 or 2CFR200.328) – The SEA will make reasonable measures to safeguard the LEAs allocated IDEA Part B funds and Preschool funds through assurances and checklists.
 - Correct and Timely Submission 34CFR 300 – Regulations pursuant to a specific law or statute contains the regulations for IDEA Part B and IDEA Preschool. All required fiscal documentation (the Self-Assessment Manual, the Documentation of Assurance Form, the Desk Review for Annual Budget, and the Desk Review for General Purpose Financial Statements) are examined as to whether it is accurate and if it is submitted within the deadline to decide if this requirement is met.

An LEA may receive a score of 0 or 2. A score of 0 indicates low risk meaning that the LEA completes the Self-Assessment Manual, submits the Documentation of Assurance Form and ensures the completion of the Desk Review for Annual Budget and the Desk Review for General Purpose Financial Statements by the due date. A score of 2 indicates high risk meaning that the LEA did not complete the Self-Assessment Manual and/or did not submit the Documentation of Assurance Form, the Desk Review for Annual Budget, and the Desk Review for General Purpose Financial Statements by the due date. The ALSDE accounting will review the indicated documentation during the required submission period. **Do not upload any documentation in AdvancED ASSIST.**

Identification, Mandatory CCEIS

- **Comprehensive Coordinated Early Intervening Services (CCEIS)** – The CCEIS requirements are triggered when an LEA has been identified as having significant disproportionality based on race or ethnicity in one or more of the following areas: the identification of children with disabilities, the placement of children with disabilities in particular educational settings and incidence, duration, and type of disciplinary actions, including suspensions and expulsions. The LEAs identified as having significant disproportionality must reserve 15% of the LEA’s IDEA Part B and Preschool funds to provide CCEIS to students in Kindergarten through Grade 12 (with a particular emphasis on students in Kindergarten through Grade 3). Students receiving CCEIS are not currently identified as needing special education or related services, but are students needing additional academic and behavioral supports to succeed in the general education environment (34 CFR §300.646). An LEA identified as having significant disproportionality will be required to submit documentation of students receiving early intervening services. If applicable, the LEA Data Collection Form(s) for CCEIS (tracking report) must be uploaded by the 2nd Friday in July each year and will be reviewed in the Documents Library of eGAP. The LEA Data Collection Form(s) (tracking report) is due the first year of implementation and for the subsequent two (2) years following. **Do not upload any documentation in AdvancED ASSIST.**

The first year the LEA implements CCEIS due to being identified as significant disproportionate, an LEA may receive a score of 0, 1, 2 or N/A. A score of 0 indicates low risk meaning that the LEA Data Collection Form(s) for CCEIS (tracking report) is submitted with correct data and documentation by the due date. Any additional documentation is submitted as requested. A score of 1 indicates medium risk meaning that the LEA Data Collection Form(s) for CCEIS (tracking report) is incomplete or not submitted. Any additional documentation is incomplete or not submitted within 15 days of request or not related to the area in which the LEA was identified for CCEIS. A score of 2 indicates high risk meaning that the LEA has been identified for consecutive years and has an incomplete LEA Data Collection Form(s) for CCEIS (tracking report) or it is not submitted; documentation of services and expenditures is not available in eGAP. An LEA may receive an N/A (not applicable) if the LEA was not identified as having significant disproportionality and not required to set aside funds for CCEIS. **Do not upload any documentation in AdvancED ASSIST.**

Identification, Voluntary CEIS

- **Coordinated Early Intervening Services (CEIS)** – The CEIS is where an LEA may “voluntarily” choose to reserve up to 15% of the LEA’s IDEA Part B and Preschool funds for CEIS (34 CFR §300.226). The LEA’s must provide a copy of the current LEA Data Collection Form(s) for CEIS (tracking report) and supporting documentation (e.g., CEIS plan, tracking log). If applicable, the LEA Data Collection Form(s) for CEIS (tracking report) must be uploaded by the 2nd Friday in July each year and will be reviewed in the Documents Library of eGAP. The tracking report is due the first year of implementation and for the subsequent two (2) years following.

The first year the LEA voluntarily implements CEIS an LEA may receive a score of 0, 1, 2 or N/A. A score of 0 indicates low risk meaning that the LEA tracking report is submitted with correct data and documentation by the due date. Any additional documentation is submitted as requested. A score of 1 indicates medium risk meaning that the LEA Data Collection Form(s) for CEIS (tracking report) is incomplete or not submitted. Additional documentation is incomplete or not submitted within 15 days of the request or not related to the area in which the LEA set aside funds. A score of 2 indicates high risk meaning that the LEA Data Collection Form(s) for CEIS (tracking report) is incomplete or not submitted; documentation of services and expenditures is not available in eGAP. An LEA may receive an N/A (not applicable) if the LEA did not voluntarily set aside funds for CEIS. **Do not upload any documentation in AdvancED ASSIST.**

- **Subgrants/Financial Support - Corrections Required (34CFR §§300.700 & 300.705)** – There are eight (8) sub-areas that are considered as part of this fiscal review: Correct and Timely Submission; Written Policies and Procedures; Excess Cost; Application for Funds; Proportionate Share for Parentally-Placed Private School Students; Maintenance of Effort (MOE); Time and Effort (100% Certification Requirement and/or Personnel Activity Report (PAR) Requirement); and Inventory Management.
 - Excess Cost 34CFR 300.202 – The IDEA requires LEAs to use Part B funds only to pay the “excess costs” of providing special education and related services to children with disabilities. To comply with the excess-cost requirement, an LEA must spend at least the average annual per student expenditure on the education of an elementary school or secondary school child with a disability before Part B funds are used to pay the excess costs of providing special education and related services. The ALSDE Fiscal Section reviews the financial statement reports to check excess cost for each LEA.
 - Correct and Timely Submission 34CFR 300- Regulations pursuant to a specific law or statute contains the regulations for IDEA Part B and IDEA Preschool. All required documentation will be reviewed as to whether it is accurate and if it is submitted within the deadline to decide if the requirement is met.
 - Written Policies and Procedures Part 200 – Federal funds received by local boards of education are subject to the Uniform Administrative Requirements-Part 200. Part 200 contains requirements that school boards must have written policies to document certain procedures that will be followed with federal program funds. All LEAs are responsible for implementing written policies and procedures for effective control over and accountability for all funds, property, and other assets. An assurance statement regarding written policies and procedures should be uploaded by October 1st each year and will be reviewed in the Documents Library of eGAP for compliance by the ALSDE, Special Education Services Section. **Do not upload any documentation to AdvancED ASSIST.** The ALSDE may request an LEA to provide a copy of written policies and procedures regarding IDEA funds.

Note: Special Education Coordinators/Directors are responsible for ensuring that written policies and procedures related to the use of IDEA Part B and Preschool funds are developed and implemented.
 - Application for Funds 2CFR 200.302 (b) (3) – The EDGAR regulations require subrecipients of federal funds to have records that identify adequately the source and application of funds for federally-funded activities. The electronic grant application process (eGAP) will be reviewed for timely submission and accuracy by ALSDE, Special Education Services. **Do not upload any documentation in AdvancED ASSIST.**

- Proportionate Share for Parentally-Placed Private School Students 34 CFR 300.133 – Proportionate Share is the amount of IDEA Part B and Preschool funds the LEA must expend to provide equitable services for children with disabilities ages 3-21 who are enrolled by their parents in private, including religious, elementary schools and secondary schools located in the school district served by the LEA. The Proportionate Share Calculation and Documentation Report or the Proportionate Share Assurance statement should be uploaded by October 1st and will be reviewed in the Documents Library of eGAP for compliance and timely submission by the ALSDE, SES. **Do not upload any documentation in AdvancED ASSIST.**
- Maintenance of Effort (MOE) 34 CFR 300.203 (a) – LEA MOE is the federal requirement that an LEA may not use the IDEA Part B allocated funds to reduce the level of expenditures for the education of children with disabilities, made by the LEA from local funds, below the level of those expenditures for the preceding fiscal year. To ensure compliance with the MOE requirement, the ALSDE accounting will review data and expenditures regarding MOE in the ALSDE LEA Accounting Report Manager. **Do not upload any documentation in AdvancED ASSIST.**
- Time and Effort [A. 100% Certification Requirement] 34 CFR 200.430 – The Semi-Annual Certification Requirement also referred to as 100% Certification or Single Cost Objective is required when salaries and benefits paid for employees who work on a single federal cost objective must be supported by periodic certifications that the employee worked solely on that activity for the period covered by the certification. The cost objective must be identified and the certification must be signed by either the employee and/or a supervisory official able to verify the time documented. The 100% Certification documentation requires semi-annual certification, which is completed at least every six-months after the work has been completed. Upload a random sample of three (3) employees in AdvancED ASSIST documenting 2 semesters or 4 quarters per each employee. If not applicable to your LEA an explanation in the comment box in AdvancED ASSIST must be provided.
- Time and Effort [B. Personnel Activity Reports (PAR) Requirement] 34 CFR 200.430 – Federal regulation requires that charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed and meet the following criteria in order to be accurate, allowable, and allocable charges to the award(s): The employee’s time must be documented in writing. The documentation should reflect the actual time or percentage of day spent by the employee on activities of the federal program being charged. If an employee’s salary is paid from a federal award along with multiple cost objectives, then the amount of time or percentage of time worked on each award should be documented on the time sheet or another official document. The period covered by the documentation may not exceed one month and must coincide with the pay period(s) of an LEA. The documentation should account for all of the employee’s time for the period covered (including state and local activities). After the work has been completed, the documentation should be signed by the employee and/or a supervisory official able to verify the time documented. Upload a random sample of time and effort documents for three (3) employees that demonstrates three months of work per each employee. If time and effort are not applicable to your LEA an explanation in the comment box in AdvancED ASSIST must be provided.
- Inventory Management 2CFR 200.313 – EDGAR requires an inventory management system for tracking items purchased with federal funds. The LEA is responsible for effective control over, and accountability for property and other assets as outlined in EDGAR (2CFR 200.313). The LEA must adequately safeguard all assets and assure they are used for the authorized purpose. Upload an inventory list into AdvancED ASSIST from the last three years, of documented inventory with a value less than \$5,000.00. This includes any inventory placed at a private school to support equitable services. If the LEA does not have inventory with a value less than \$5000.00 or at a private

school then provide an explanation in the comment box in AdvancED ASSIST. The LEAs on cyclical monitoring will have inventory checked during the on-site visit.

*Every LEA should have inventory that has been purchased with IDEA Part B or Preschool Funds during the last three (3) years.

An LEA may receive a score of 0, 1 or 2. A score of 0 indicates low risk meaning that the LEA has no corrections required regarding Subgrants/Financial Support-Corrections Required. A score of 1 indicates medium risk meaning that the LEA has multiple corrections (up to three) regarding Subgrants/Financial Support. A score of 2 indicates high risk meaning that the LEA has multiple corrections required (more than three) regarding Subgrants/Financial Support.

- **Allocations of Funds - Use of Funds (Carryover > 20%)** (34CFR§300.202) – Amounts provided to the LEA under Part B of IDEA - **(1)** Must be expended in accordance with the applicable provisions of this part; **(2)** Must be used only to pay the excess costs of providing special education and related services to children with disabilities, consistent with paragraph (b) of this section; and **(3)** Must be used to supplement State, local, and other Federal funds and not to supplant those funds.

An LEA may receive a score of 0, 1 or 2. A score of 0 indicates low risk meaning that the LEA had less than 20% of carryover funds in accordance with their submitted and approved budgets. A score of 1 indicates medium risk meaning that the LEA had between 20% and 30% of carryover funds in accordance with their submitted and approved budgets. A score of 2 indicates high risk meaning that the LEA had more than 30% of carryover funds in accordance with their submitted and approved budgets. **Do not upload any documentation in AdvancED ASSIST.**

Risk	Low Risk	Medium Risk	High Risk	Items	Points
Visual	Green	Yellow	Red		
	Low Points	Medium Points	High Points	# of Items	Max Points
Fiscal Data					
Single Audit Review(Federal IDEA Findings/Corrections)[2CFR Part 200]	0	1	2	1	2
Comprehensive Coordinated Early Intervening Services, CCEIS [34CFR§300.646]	0	1	2	1	2
Subgrants/Financial Support-Timely Submission [34CFR §§300.700&300.705]	0	n/a	2	1	2
Subgrants/Financial Support- Corrections Required [34CFR §§300.700&300.705]	0	1	2	1	2
Allocations of Funds-use of funds (carryover > 31%) [34CFR§300.202]	0	1	2	1	2
TOTAL/RANGE	< 2.5	2.5-5	≥ 5	5	10

LEA Determinations

Each year the OSEP makes State Determinations and, consequently, the state is required to make Determinations for each LEA, as required by 34 CFR §300.603. Alabama uses the compliance indicators of 4B, 9, 10, 11, 12, and 13 to assess the performance of each LEA. In addition, the factors of timely data submission and audit findings are included in the matrix for LEA Determinations. The LEA Determinations are compiled each spring following the ALSDE submission of the Annual Performance Report (APR) to the OSEP in February and are disseminated via superintendent letter in early July.

A description of each of the categories for State and LEA Determinations are as follows:

- **Meets Requirements** - An LEA Determination of Meets Requirements means that the LEA has met the compliance requirements, including timely data submissions, with cleared audit findings, based on data submitted to the ALSDE. Any previous identified noncompliance with the above indicators has been corrected within one year. An LEA determined as not meeting the requirements of Part B of the IDEA may not reduce maintenance of effort for any fiscal year determined as Needs Assistance, Needs Intervention or Needs Substantial Intervention, as required by 34 CFR §300.608.
- **Needs Assistance** - An LEA Determination of Needs Assistance means that the LEA needs assistance in meeting one or more of the requirements of the IDEA, as related to the above compliance indicators, or the LEA may have been late submitting one or more required reports. When an LEA has been determined to be in Needs Assistance, it is important to ascertain exactly which factors led to the determination and whether the determination represents a temporary circumstance that can easily be corrected.
- **Needs Assistance + 2** - An LEA Determination of Needs Assistance for two or more consecutive years requires the LEA to submit a plan detailing the steps it will take to correct the factors resulting in this determination. An approval of the plan by state staff means that the submitted plan has been deemed to be sufficient to correct the identified issues leading to the determination status. However, verification of the plan's implementation may be indicated, such as ongoing review in SETS of indicator data, depending upon the reasons leading to the determination. The letter notifying the LEA of its determination status will also require the LEA to report on any technical assistance received and the results of the technical assistance. Other assistance, such as monitoring assistance, may be required.
- **Needs Intervention** - An LEA Determination of Needs Intervention is a serious circumstance resulting from noncompliance with multiple indicators, failure to submit timely and accurate data, and/or failure to timely correct noncompliance. A plan is required to be submitted and enforcement sanctions, including targeted/intensive technical assistance, targeted use of funds, entry into a compliance agreement, and withholding of funds may be implemented.
- **Needs Substantial Intervention** - An LEA Determination of Needs Substantial Intervention will result in the implementation of the most severe sanctions after other remedies have not been successful. Any sanctions will be designed to bring the LEA into compliance as soon as practicable. A plan is required to be submitted and enforcement sanctions, including targeted/intensive technical assistance, targeted use of funds, entry into a compliance agreement, and withholding of funds may be implemented.

Under LEA determinations, there are three sub-areas. An LEA may receive a score of 0, 25, or 45. A score of 0 indicates low risk (an LEA determined as "Meets Requirements" will be designated as low risk.). A score of 25 indicates medium risk (an LEA determined as "Needs Intervention" between 1 to 3 years OR "Needs Assistance" for ≤ 2 consecutive years will be designated as medium risk). A score of 45 indicates

high risk (an LEA determined as “Needs Substantial Intervention” OR “Needs Intervention” for 3 consecutive years OR “Needs Assistance” for ≥ 3 years will be designated as high risk).

Risk	Low Risk	Medium Risk	High Risk	Items	Points
Visual	Green	Yellow	Red		
	Low Points	Medium Points	High Points	# of Items	Max Points
Determinations					
Meets Requirements (MR)	0	n/a	n/a	1	0
Needs Assistance (NA)	n/a	25	n/a	1	25
Needs Intervention(NI) or Needs Substantial Intervention (NSI)	n/a	n/a	45	1	45
TOTAL/RANGE	0	25	45	3	45

Other – Professional Learning

Professional Learning is based on the Special Education Coordinators’/Directors’ attendance at the Back to School Meeting. An LEA may receive a score of 0 or 5. A score of 0 indicates low risk meaning the Coordinator/Director attended the Back to School Meeting. A score of 5 indicates high risk meaning that the Coordinator/Director did not attend the Back to School Meeting.

Risk	Low Risk	Medium Risk	High Risk	Items	Points
Visual	Green	Yellow	Red		
	Low Points	Medium Points	High Points	# of Items	Max Points
Other					
<i>Professional Learning</i>					
Back to School - September 2017	0		5	1	5
TOTAL/RANGE	0	n/a	5	1	5

Other – Coordinator/Director Experience

Coordinator/Director Experience is based on the number of years a new special education Coordinator/Director has been working in the field. An LEA may receive a score of 0, 2.5, or 5. A score of 0 indicates low risk meaning that the Coordinator/Director has > 10 years of experience. A score of 2.5 indicates medium risk meaning that the Coordinator/Director has 5 to 10 years of experience. A score of 5 indicates high risk meaning that the Coordinator/Director has < 5 years of experience.

Risk	Low Risk	Medium Risk	High Risk	Items	Points
Visual	Green	Yellow	Red		
	Low Points	Medium Points	High Points	# of Items	Max Points
Other					
<i>New Special Ed Director/Coord.</i>					
> 10 years Experience	0	n/a	n/a	1	0
5-10 years Experience	n/a	2.5	n/a	1	2.5
0-5 years Experience	n/a	n/a	5	1	5
TOTAL/RANGE	0	2.5	5	3	5

Types of Monitoring

The SES will monitor LEAs utilizing the following monitoring methods outlined in the Alabama State Department of Education Compliance Monitoring Manual: On-Site Monitoring; Self-Assessment Monitoring (to be completed by all LEAs annually); Desk-Review Monitoring; High-Risk Assessment; Technical Assistance; and Enhanced-Self Monitoring. The type of monitoring that an LEA will receive will be based on the following data sources: Risk-Assessment (identified level of risk based on data), previous monitoring data, LEA at-a-Glance (data review conducted by SES staff), LEA Determination Profile, and additional information received from the Regional Specialist.

Note: The type of risk-based monitoring that SES will conduct is based on identified areas of need. The SES reserves the right to require LEAs to complete any type of monitoring as necessary to ensure compliance with federal and state laws.

On-Site Monitoring

The LEAs on the cyclical schedule will be monitored on-site. Specialists from SES will meet with the Special Education Coordinator/Director and staff during the On-Site monitoring visit with the specific intent to provide technical assistance and to assist with developing a Corrective Action Plan (CAP), if required. LEAs designated for on-site monitoring are provided an official report of the outcome of the review through ASSIST. A combination of ALSDE full-time and part-time employees may be utilized for on-site monitoring.

Self-Assessment Monitoring

There are two self-assessments that **must** be submitted annually to the ALSDE Office of Supporting Programs – Part I and Part II Self-Assessment (Assurances). The LEAs are required to submit a signed Document of Assurance and Technical Assistance form to the ALSDE no later than September 15 of each year. A signed Document of Assurance attests to local compliance with all state and federal requirements.

Additionally, SES requires all LEAs identified for Comprehensive Monitoring to complete and submit Part I and Part II Assurances in Advanced ASSIST.

Failure to timely submit the Self-Assessment instruments could result in an on-site monitoring event.

Desk Review Monitoring

Desk review monitoring is a remote review of the LEA that is conducted by telephone and electronic communications between the ALSDE and LEA staff. Staff in schools and other facilities are typically not interviewed; however, the ALSDE reserves the right to physically visit an LEA selected for desk review monitoring. The LEAs designated for desk review monitoring are provided an official report of the outcome of the review.

Technical Assistance

The LEAs may be provided official technical assistance (TA) annually either by official request from the LEA or through procedures defined in *Alabama Code §16-6B-3*. The levels of TA are universal, targeted, and intensive.

High-Risk Assessment

The SES will utilize a risk-based methodology to identify LEAs that will be monitored during a school year. The annual high-risk assessment conducted by the ALSDE shall be considered a form of monitoring. **Each section within the ALSDE will determine the level of risk based on the identified scoring**

indicators for each specific program (e.g. Career and Technical Education, Federal Programs, Accounting, Special Education Services).

Enhanced Self-Monitoring

Enhanced self-monitoring is a monitoring method provided to LEAs identified as low risk, but do not require on-site or desk review monitoring. LEAs selected for enhanced self-monitoring will be expected to provide a progress report or additional documentation beyond what is expected of regular self-assessment. Typically, there will not be interviews with LEA staff or a monitoring report.

SES Monitoring Activities

The SES monitoring activities include the following:

- Review of Self-Assessment
- Pre-Staffing
- Desk Audit
- Fiscal Review
- Student Services Reviews
- Complete Comprehensive Monitoring Report

Self-Assessment

Every LEA must complete the Comprehensive Monitoring Self-Assessment (Assurance) Manuals (Part 1 and Part 2). Every LEA must submit a signed Document of Assurance and Technical Assistance form to the ALSDE no later than September 15 of each year. A signed Document of Assurance attests to local compliance with all state and federal requirements.

Pre-Staffing (LEA at-a-Glance I)

For LEAs on the Compliance Monitoring Schedule, SES staff will conduct a guided conversation using the data and other relevant information (e.g., LEA Profiles, Dispute Resolution, accounting information, Child Count, and previous monitoring reports) to determine areas of focus/need.

Desk Audit

The SES will conduct a desk audit for LEAs that are on the Compliance Monitoring Schedule. Staff will review records in SETS and the Team Leader will compile the Findings of Noncompliance Report. During the review, SES staff will review the area(s) of noncompliance with the Special Education Coordinator. The LEA will have 30 days to correct any findings. The LEA will develop a CAP.

System Profile

The System Profile consists of a review of those requirements that are related to improving educational results for children with disabilities. Some of the areas to be reviewed include: Child Find activities, documentation for students placed in private schools by their parents, students placed in private schools by the LEA, access to surrogate parents, certification, in-service training, personnel certification/licensure, and information on least restrictive environment. The review will consist of items 1-8. All items must be uploaded in AdvancED ASSIST.

Fiscal Review

The Fiscal Review consists of a review of those requirements that are related to improving educational results for children with disabilities. Some of the areas to be reviewed include: proportionate share, eGAP application, written procedures, timely submissions, coordinated early intervening services and other areas related to fiscal requirements.

The review will also consist of fiscal information that is required by the EDGAR regulations. The SES will review 100% certification, time and effort documentation, equipment purchases/inventory lists, and the financial management assurance statement. The results of the System Profile/Fiscal review will be incorporated into the LEA Comprehensive Monitoring Report. During the review, staff members from SES will review the area(s) of noncompliance with the Special Education Coordinator. A CAP will be developed and implemented.

Student Services Reviews (SSRs)

The SSRs consist of a case-based review method for (1) appraising the current status of selected students with disabilities who are receiving special education and related services, and (2) determining the adequacy of performance of key service functions for those who support them. The process examines short-term results for students with disabilities and the contribution made by school-arranged supports and services in producing those outcomes. The review may require a four day visit to conduct SSRs and to debrief the Special Education Coordinator/Director. The results of the review will be used for understanding and improving front-line practices by those who service the students. Only areas of noncompliance will be included in the LEA Compliance Monitoring document. During the review, staff members from SES will review any areas of noncompliance with the Special Education Coordinator. A CAP will be developed and checked for implementation.

The following criteria is used to determine the number of student records to be reviewed and the number of SSRs to be conducted for on-site monitoring based on the System Compliance Monitoring Cycle:

- For LEAs with 2,500 or less students with disabilities on the October 1, Child Count, 25 files will be reviewed and six (6) students will be selected for SSRs.
- For LEAs with over 2,500 students with disabilities on the October 1, Child Count, 1% of the files will be reviewed. One additional student will be selected for SSR for every 1,000 students with disabilities over the 2,500 mark; however, no more than 12 SSRs will be conducted (see chart to determine the number of SSRs to be conducted).

Number of Students	Number of SSRs
2,501 – 3,500	7
3,501 – 4,500	8
4,501 – 5,500	9
5,501 – 6,500	10
6,501 – 7,500	11
Over 7,500	12

- Special Education Services will produce a random sample of students to determine which student files will be reviewed. The ALSDE will share names of the students chosen for SSRs. The ALSDE has the authority to review more records and conduct more SSRs than stated above. The random sample will reflect a sampling of the following:
 - Schools in the LEA.
 - Special education teachers employed by the LEA.
 - Disability areas as reported on the October 1 Child Count for the LEA.
 - Compliance with certain indicators.
- The Data Analyst (DA) will identify the student files to be used in the SSR process based on age, grade, sex, race, LRE, and area of disability of the students on the random sample.
- The SSRs are conducted through interviews/probes with the parents and staff who work with the selected students to appraise the current status of each student and to determine the adequacy of performance of

the LEA in response to identified needs. Selected students may be interviewed, if appropriate, and/or observed for a brief period of time.

The SES will make recommendations and conduct a follow-up SSR review within one year, if the scores for the student/LEA indicate unacceptable services.

Comprehensive Monitoring Report

The monitoring team will gather information from the student file, Fiscal System profile Indication Reviews, etc. and SSRs. The Comprehensive Monitoring Report will include the following:

- *Findings of Noncompliance*
 - Area(s) of Needed Improvement
- *Corrective Action Plan* (must be uploaded in AdvancED ASSIST to address all findings of noncompliance)
 - Immediate Correction Strategies
 - Improvement Strategies
- *Documentation of Corrective Action* (addresses documentation of what must be done). All evidence must be uploaded in AdvancED ASSIST
 - Immediate Correction Strategies (documentation of findings of noncompliance in individual records and steps to correct them).
 - Improvement Strategies (documentation of training; any changes in current practices and procedures).

Activities PRIOR TO the ALSDE Compliance and SES Comprehensive On-Site Monitoring Visit

Desk audits will be conducted for each LEA on the Compliance Monitoring Schedule. A desk audit consists of a review of 25 records in SETS. Additional records may be reviewed based on the size of the agency. The Findings of Noncompliance Report will be compiled by the Team Leader and reviewed with the Special Education Coordinator/Director during the on-site visit.

An email will be sent to the Special Education Coordinator/Director that outlines all of the requirements for the on-site visit two weeks prior to the visit.

The files of the students selected for SSRs and any files that SES requests must be available for the monitoring team at a central location the first day of the on-site visit. At a minimum, the LEA must complete and ensure the accuracy of a *Compliance Verification Form (CVF)* for each student selected for SSR. A hard copy of the CVF should be maintained in the student's file for the monitoring team to review during the on-site visit.

The LEA will complete the *General Information about the Student Selected for Review* form for each student identified for a SSR. This form **must** be available on the first day of the on-site visit.

The LEA will schedule interview appointments for the SSRs with teachers, parents, related service providers, and other agency personnel involved in the education of the selected students. Selected students may be interviewed, if appropriate, and/or observed for a brief period of time. The Special Education Coordinator/Director will be provided the specifics regarding the scheduling of the interviews.

Activities DURING the SES Comprehensive On-Site Monitoring Visit

The regional specialist and team leader will:

- Review Findings of Noncompliance Report with Special Education Coordinator/Director.

The monitoring team will:

- Review SSR files and conduct SSRs.
- Focus on any area of need identified during the rating process.
- Discuss any self-monitoring process implemented by the LEA, the results, and if appropriate, corrective measures taken by the LEA.
- Discuss continuous improvement strategies identified by the LEA.
- Conduct a debriefing session to discuss the findings from the SSRs.
- Conduct an exit conference to discuss the overall findings from the focused monitoring during the time the Consolidated Monitoring Team is onsite.
- Spend 1-4 days onsite prior to the scheduled Compliance Monitoring team visit.

Activities AFTER the SES Comprehensive On-Site Monitoring Visit for SSRs

The monitoring team will request any additional information, if needed, after the review.

The SES staff and the Special Education Coordinator/Director will make arrangements for technical assistance in the identified areas.

The SES staff will complete a *Technical Assistance Summary* during the visit; a copy will be left with the LEA and a copy will be returned to the ALSDE for filing.

There are two requirements that must be met in order for the LEA to be determined clear in the areas cited in the Comprehensive Monitoring Report. The first requirement is completing the “Prong 1” activities. This step requires the LEA to correct the citations that are indicated as “Immediate Correction Strategies” or the “30-Day items”. After doing so, the LEA will receive an email indicating they have corrected each individual case of noncompliance and the date the review of new/updated data will begin. The second requirement is completing the “Prong 2” requirements. This step requires the education agency to attain 100% compliance on all new/updated data in order for SES to determine the system is correctly implementing the regulatory requirement.

The LEA will receive an email from AdvancED notifying the LEA that the corrective action plan has been created in ASSIST and that the Focused Monitoring Report has been sent. The email received from AdvancED begins the timeline. The LEA will receive a clearance letter, if there are no compliance issues.

If there are issues of noncompliance the timelines are indicated in the CAP in ASSIST. Documentation of immediate correction of student files must be completed within 30 calendar days. SES staff will call the Special Education Coordinator to determine the review process for the 30-day corrections. **The IEP Team Meeting to Amend the Annual IEP process must be followed for all changes made to the IEP (see Process Chart 5).**

- After these issues are corrected, the agency will be notified of the correction (Prong 1) and of the date the review of new/updated data will begin (Prong 2). Prong 2 monitoring occurs 60 days after the LEA has received notification of the status of the immediate correction strategies.
- Prong 2 is a random sample of new updated data that will be pulled and reviewed. The DA will pull 1 % of the student population or no more than 25 records to create the random sample based on the students

that the public agency has completed the initial or reevaluation process, IEP or any new information completed during the designated window of time. The date for Prong 2 data is established once the LEA has corrected each individual case of noncompliance.

- The random sample will be emailed to the Special Education Coordinator/Director through the secure share file.
- The Coordinator/Director will verify that the students are still enrolled in the LEA. The public agency is responsible for completing the Compliance Verification Forms (CVFs) for each student included on the random sample. The LEA has 10 days to mail the completed CVFs for each student on the random sample.
- The SES staff will review the CVFs, only checking items that were considered systemic issues found during the LEAs initial findings of noncompliance(Prong 1) (i.e., least restrictive environment, eligibility concerns, meeting notice, present level of academic achievement and functional performance, transition and measureable annual goals).
- The LEA must show 100% correction of noncompliance before SES is allowed to clear/close out the monitoring process.
- If the same findings are identified during the review of updated data, the public agency will not show 100% correction of noncompliance.
- If there are no issues of noncompliance, the LEA will be notified by the DA that they are correctly implementing the regulatory requirement (Prong 2).
- If areas of noncompliance are noted, the LEA will receive an email indicating the date of an additional review of new/updated data.
- Twenty calendar days from the last review of new/updated data, a 2nd review of new/updated data will be pulled and reviewed. The DA will pull 1 % of the student population or no more than 25 records to create the random sample based on the number of students that the public agency has completed the initial or reevaluation process, IEP or any new information completed during the designated window of time during the designated window of time. The education agency must show 100% correction of noncompliance before SES is allowed to clear/close out the monitoring process.
- If there is not 100% compliance the public agency will have 10 calendar days to correct all findings of noncompliance.
- A 3rd review of data is conducted if noncompliance still exists.
- If the same findings are identified during the review of updated data, the public agency does not show 100% correction of noncompliance the ALSDE will determine what enforcement procedures will be considered.

Enforcement Procedures:

- The Special Education Coordinator will receive a call from the Program Director of Special Education.
- A letter will be written to the Superintendent outlining the seriousness of correction of noncompliance.
- A Compliance agreement will be implemented.
- The Superintendent will be requested to come to the ALSDE and meet with the Deputy Superintendent of Education, Program Director of Special Education, Monitoring Administrator, Data Analyst, and Team Leader.
- Withholding of funds procedures may be implemented.

All areas identified must be addressed through professional development activities by either amending the *Special Education Plan for Children with Disabilities* to reflect appropriate/current practice, or by documenting appropriate implementation of the current plan.

If amendments are required, upload in ASSIST the *Special Education Plan for Children with Disabilities-Amended* and documentation of the professional development activities to the ALSDE within six months of the verification call. Amendments must be indicated by highlight, italics, underline, or insertion of new pages.

The *Special Education Plan for Children with Disabilities-Amended* signature page must accompany the amended plan.

Upon approval by the State Superintendent of Education, a copy of the signature page from the *Special Education Plan for Children with Disabilities-Amended* will be returned to the LEA.

SPP/APR Data

Pursuant to the IDEA's regulations regarding the State Performance Plan process at CFR §300.603, LEA Determinations are made based upon the LEA's submitted compliance, fiscal, and timely data submissions. Determination status includes the following designations: Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. Active engagement strategies will be conducted with LEAs who have been in Needs Assistance for more than two consecutive years.

Strategies will include:

- Conducting verification of compliance indicator data submissions for Indicators 11 (Child Find), 12 (Early Childhood Transition), and 13 (Secondary Transition).
- Examining selected indicator data through focused reviews.
 - (Graduation Rate, Drop Out Rate, Suspension/Expulsion Rate, Disproportionality, LRE, results of State Assessments, Secondary Transition (College and Career-Ready), and Dispute Resolution).
- Implementing Active Engagement based upon LEA Determination Status. LEAs who are determined to Need Assistance for more than two consecutive years will be provided targeted and focused technical assistance.

Indicator Review

Indicator Review involves reviewing the data and results from specified SPP/APR indicators. Those indicators include the following:

- Indicator 7 – Preschool Outcomes
- Indicator 11 – Students Evaluated within 60 Day Timeline (Child Find)
- Indicator 13 – Secondary Transition

Note: Only the LEAs that are part of Comprehensive Monitoring will be required to complete the Indicator Review. Upload the required documents in the Special Education Tracking System (SETS) under Documents.

Indicator 7 – Preschool Outcomes

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

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

Upload a copy of the Entry and Exit Early Learning Progress Profile (ELPP). Upload two (2) pieces of evidence upon which the ELPP data are based.

Supporting documentation for the Entry/Exit ELPP may include:

- Related Service Report/Data
- Early Intervention Reports/Information
- Medical Reports
- Instructional/Therapy Notes
- Natural Environment Observation
- Teacher Report
- Observation (structured/unstructured)
- Assessment (formal/informal)
- Private Evaluation
- Curriculum Evaluations
- Family Focus Interview
- Parent Report
- Checklist (teacher, parent, etc.)
- Anecdotal Notes

Indicator 11 – Students Evaluated within 60 Days (Child Find)

Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation.

Upload a copy of the original *Notice and Consent for Initial Evaluation*.

Indicator 13 – Secondary Transition

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

Upload a copy of all transition assessments used to develop the current IEP. If informal assessments were administered, be sure to include the student’s name and date the assessments were administered on the assessments. If formal assessments were administered, upload a copy of the score reports that include the student’s demographics and date the assessments were administered.

Technical Assistance Support

Technical Assistance (TA) support is an important component of the SES risk system. SES designed TA supports to mitigate potential risks and to help the SES use its resources wisely. The SES uses TA supports to 1) fulfill its monitoring responsibilities; 2) differentiate its level of monitoring and support; 3) address LEA-specific needs; and 4) allocate its resources.

The level of TA support provided to LEAs represents potential risks to SES, not the level of compliance or performance of the LEA. Some of the factors SES considers are structural and outside of an LEA's control.

For example, the turnover in leadership of a Special Education Coordinator/Director does not mean that an LEA is in noncompliance or demonstrating poor performance. However, it does indicate that there is a high potential for risk and a need for support. The new leadership staff would require additional support to acquire new and pertinent information to lead and implement a special education program effectively.

The areas of risk for every LEA include quantitative and qualitative data reviews for results, compliance and fiscal. SES assigns a level of risk to each LEA to determine the types of TA support(s) needed. The types of TA support are:

Universal	<ul style="list-style-type: none"> • Low intensity, low frequency, limited duration engagement • Available to all LEAs • One-time events with topics of broad interest; includes dissemination of products and resources • <i>Example – News You Can Use; training sessions/webinar; conferences/professional gatherings</i>
Targeted	<ul style="list-style-type: none"> • Moderate frequency, relatively short duration engagement • Offered to individual LEAs or to a small group of LEAs • One-time or series of events on a specific topic • <i>Example – All of the above examples plus regional training</i>
Intensive	<ul style="list-style-type: none"> • Intensively focused and planned; high frequency, sustained and in-depth engagement • Required for a small number of LEAs • Includes face-to-face contact and routine distance communications • <i>Example – All of the above examples plus on-site guidance and coaching by ALSDE staff determined by identified area(s) of focus</i>

The risk system is designed to mitigate potential risk and to leverage resources. The provision of universal TA means that the SES has determined the LEA to have a low level of risk and that the LEA would only need a minimal level of engagement and support such as receiving information and training through products and webinars. The provision of targeted TA means that the SES has determined the LEA to have a medium level of risk and that the LEA would benefit from a moderate level of engagement and support such as a one-time or series of events on a specific topic geared to support the LEA to address identified issues. The provision of intensive TA means that the SES has determined the LEA to have a high level of risk and that the LEA would require a greater level of engagement and support from SES to identify potential problems and help improve performance.

Technical Assistance support activities will differ for each LEA as they are based on the focus area and the level of risk. Special Education Services and the LEA will collaboratively determine specific activities based on the LEA context and the level of risk. Risks assigned to the results area will involve technical assistance activities designed to increase the LEAs' capacity to improve outcomes. Risks assigned to compliance and fiscal areas may be designated as intensive and include monitoring that could result in findings of noncompliance with required actions.

Appendix A

- ALSDE Comprehensive Monitoring SES and LEA Activities Prior to On-Site Visit
- During the On-Site Visit
- After the Onsite Monitoring Visit
- Process for ALL LEAs
- Process for Low Performing Student Service Reviews (SSRs)

ALSDE, SES Comprehensive Monitoring Visit: SES and LEA Activities

Prior to SES On-Site

Activities

Six Weeks

- ALSDE, SES staff conducts LEA-At-A-Glance
- (LAAG) I, a pre-staffing meeting

Five Weeks

- ALSDE, SES staff pulls random sample of students for the desk audit
- Desk Audit Review

Four Weeks

- Data Analyst (DA) sends Student Service Review (SSR) list
- Team Leader (TL) calls the LEA Special Education Coordinator/Director to discuss current Monitoring procedures, timelines and requirements...
- TL emails the LEA Special Education Coordinator/Director to request documentation of Indicator Verification information
TL emails SSR procedures, sample schedule, etc., to Special Education Coordinator/Director

Two Weeks

- TL receives schedule from the LEA Special Education Coordinator/Director
- LEA submits Indicator Verification information
- LEA completes the System Profile/Fiscal Review and uploads required documentation in AdvancED ASSIST

**ALSDE, SES staff conduct SSRs prior to SES Comprehensive Monitoring team visit*

During SES On-site Monitoring Week: SES and LEA Activities

During SES On-Site

Activities

Day One

- ALSDE, SES staff travels to the LEA
- TL discusses and collaborates with LEA Special Education Coordinator/Director on the following:
 - Scheduling SSRs
 - Conducting SSRs
- LEA Special Education Coordinator/Director checks with the school's administrator(s), case manager(s), parent(s), etc. to ensure interviews are on-schedule
- TL and Regional Specialist (RS) meet with LEA Special Education Coordinator /Director to review the week's activities:
- Review interview schedules for SSRs
- Identify date and time of Exit Conference
- TL and RS meet with LEA Special Education Coordinator/Director to review Findings of Noncompliance (FONC) Report from Desk Audit
- ALSDE, SES staff reviews the following items for students selected as SSRs:
 - LEA's official records on the student (Eligibility, IEP, etc.)
 - Documentation requested for the SSR (attendance records, discipline records, recent progress reports/report card, student's current schedule, SSR interview schedule, etc.)

Day Two

- ALSDE, SES staff conducts scheduled SSRs
- TL ensures completed SSRs are faxed to the state office daily
- TL discusses and collaborates with LEA Special Education Coordinator/Director

Day Three

- ALSDE, SES staff conducts scheduled SSRs
- TL ensures all documents from SSRs are faxed to the state office daily
- TL discusses and collaborates with LEA Special Education Coordinator/Director
- DA compiles final SSR report and emails to TL
- TL holds Debriefing Meeting (may be on Day Four, per TL)

Day Four

- Exit Conference held at LEA

***** ALSDE, SES staff verifies inventory purchased with IDEA funds during SES Comprehensive Monitoring team visit***

After SES On-site Monitoring Visit: SES and LEA Activities

Monitoring Team requests additional information, if needed, after the review the ALSDE, SES staff meet to complete Comprehensive Monitoring Report (LAAG II) and discuss findings resulting from:

- Desk Audit
- Indicator Verification
- SSRs
- System Profile/Fiscal
- LAAG I Report

The DA calls the LEA Special Education Coordinator/Director to determine the review process for the 30 day corrections

LEA completes the immediate corrections within 30 calendar days

- All changes made to the IEP must follow the amendment process (see Process Chart 5)
- LEA is notified by AdvancED that the corrective action plan (CAP) has been created in ASSIST and the Comprehensive Monitoring Report has been sent (Note: this action begins the timeline)
- LEA receives clearance letter if there are no compliance issues. If there are issues of noncompliance, then the timelines are indicated in the CAP in ASSIST
After these issues are corrected, the LEA is notified by the DA of the corrections (Prong 1) and of the date the review of new/updated data will begin (Prong 2)
- LEA must correct noncompliance according to citations that are indicated as “Immediate Correction Strategies” or the “30-Day items” (Note: First requirement is to complete “Prong 1” activities)
- LEA receives email indicating correction of each individual case of noncompliance and the date the review of new/updated data will begin (Note: to obtain “clear status”, all cited items on Comprehensive Monitoring Report must be corrected and completed)
- LEA must attain 100% compliance on all new/updated data for the SES to determine that the LEA is correctly implementing the regulatory requirements (Note: Second requirement is to complete “Prong 2” (new/updated data) requirements)
- If there is not 100% compliance the public agency will have 10 calendar days to correct all findings of noncompliance.
- A 3rd review of data is conducted if noncompliance still exists.
- If the same findings are identified during the review of updated data, the public agency does not show 100% correction of noncompliance the ALSDE will determine what enforcement procedures will be considered.

Enforcement Procedures:

- The Special Education Coordinator will receive a call from the Program Coordinator of Special Education.
 - A letter will be written to the Superintendent outlining the seriousness of correction of noncompliance.
 - A Compliance agreement will be implemented.
 - The Superintendent will be requested to come to the ALSDE and meet with the Deputy Superintendent of Education, Program Coordinator of Special Education, Monitoring Administrator, Data Analyst, and Team Leader.
 - Withholding of funds procedures may be implemented.

All areas identified must be addressed through professional development activities by either amending the *Special Education Plan for Children with Disabilities* to reflect appropriate/current practice, or by documenting appropriate implementation of the current plan.

Process for All LEAs

Step 1

All LEAs will complete the Comprehensive Monitoring Self–Assessment Manual (Part I and Part II). The manuals should be kept on file in the LEA. Checking yes to each of the items listed states that your LEA is compliant with regulatory requirements.

Step 2

All LEAs will submit the Self-Assessment (Part I and II Assurances) to Paul Gay’s office. (Appendix C)

Step 3

If your LEA is **NOT** on the Compliance Monitoring schedule you have completed this process. If your LEA is on the Compliance Monitoring schedule go to the next step. (Step 4)

- ALSDE, SES staff will review the Self-Assessment (Part I and Part II Assurances) and System Profile/Fiscal Review in AdvancED ASSIST.

NOTE: The following steps only apply to LEAs that are on the cyclical Compliance Monitoring Schedule or who have been determined to be At-Risk by ALSDE and are responsible for completing the System Profile/Fiscal Review.

Step 4

All LEAs who are on the Compliance Monitoring Schedule will complete the System Profile/ Fiscal Review in AdvancED ASSIST.

Step 5

ALSDE, SES will notify each LEA of their compliance status.

The LEA will receive a letter of noncompliance, if there are no findings of noncompliance.

The LEA will receive a report with findings of noncompliance and must develop and implement a Corrective Action Plan (CAP), if there are findings of noncompliance.

Step 6

The Regional Specialist and/or the Technical Assistance (TA) team may provide technical assistance if requested by the LEA or if SES deems it necessary to complete and implement the CAP.

Step 7

Regional Specialist will progress monitor the LEA’s completion and implementation of the CAP.

Step 8

Once the LEA has corrected all instances of noncompliance (Prong1), SES will review new/updated data (Prong II) to ensure that the LEA is meeting the regulatory requirements.

Reminder: Prong II (new/updated data) must be 100% compliant.

Step 9

Once Prong I and Prong II have been completed, the LEA will receive a letter of correction of noncompliance.

Process for Low Performing Student Services Reviews

The SES will conduct a follow-up SSR review within one year, if an LEA received scores during a previous monitoring visit that were considered unacceptable.

Step 1

Review the previous Roll-Up sheet.

Step 2

Identify the low performing areas.

Step 3

Develop probing questions related to the low performing scores.

Step 4

The Data Analyst (DA) will contact the Special Education Coordinator/Director to set up the visit, interviews and observations.

Step 5

Conduct the following-up interviews and observations.

Step 6

Meet with the Coordinator/ Director to discuss the results of the follow up.

Step 7

If additional follow-up is needed:

- Identify what action is required.
- Develop a timeline for documentation to be submitted.

Appendix B

- 2018-2019 Calendar for Special Education Reports and Data
- 5 Year Compliance Monitoring Cycle

Calendar for Special Education Reports and Data

July	<ul style="list-style-type: none"> ○ Summer Professional Learning Conference ○ Private School Consultation and Letter ○ Surrogate Parent Training ○ Child Find Flyers ○ Parent Involvement Activities ○ Review Credentials and Establish Contracted Services Required ○ Establish Time and Effort Collections ○ Coordinated Early Intervening Services (CEIS) Report Due (2nd Friday in July)
August	<ul style="list-style-type: none"> ○ Mandatory Training (Confidentiality, Surrogate Parent Training, Shortened School Day, Private School –Letter and Annual Meeting, Child Find Flyer/advertisement) ○ New Teacher Training (Make Sense Strategies-MSS, Positive Behavior Supports-PBS, Addressing Disproportionality) ○ Parental Involvement Activities ○ Back to School Training ○ Coordinated Early Intervening Services (CEIS) Collection opens
September	<ul style="list-style-type: none"> ○ EI to Preschool Tracking Log (2nd Tuesday) ○ Update LEA Staff members in ED Directory ○ Collect Current Certifications and Licensure ○ Update Independent Education Evaluation-IEE List ○ Data Collection (Indicators 11, 12, 13, and 14 through SETS) ○ Check Hearing Aids ○ Parent Involvement Activities ○ e-GAP Budgets Due (Sept 15th) ○ End of the Fiscal Year (Sept 30th)
October	<ul style="list-style-type: none"> ○ Child Count ○ EI to Preschool Conference ○ Alabama Assistive Technology Expo and Conference (ALATEC) ○ IEP Training ○ Eligibility Training ○ National Down Syndrome Month ○ National Physical Therapist Month ○ Fall ALA-CASE Conference ○ Assurance Statement for Written Procedures (Oct 1st) ○ Beginning of the Fiscal Year (Oct 1st) ○ Proportionate Share Due (Oct 1st)
November	<ul style="list-style-type: none"> ○ American Speech/Language/Hearing Association (ASHA) Conference ○ Check with Testing Coordinator about Special Populations Documents ○ Review Alabama State Department of Education Student Assessment Program Policies and Procedures for Students of Special Populations ○ Parent Involvement Activities

Calendar for Special Education Reports and Data

December	<ul style="list-style-type: none"> ○ Extended School Year (ESY) data review ○ IEP Training ○ Eligibility Training
January	<ul style="list-style-type: none"> ○ Parent Involvement Activities ○ Electronic copy of audited financial reports due ○ Paper copy of audited financial reports due
February	<ul style="list-style-type: none"> ○ Speech/Hearing Association of Alabama (ASHA) Conference ○ Spring ALA-CASE Conference ○ SETS Updates
March	<ul style="list-style-type: none"> ○ Alabama Transition Conference ○ Extend School Year (ESY) data review ○ Parent Involvement Activities
April	<ul style="list-style-type: none"> ○ National Autism Awareness Month ○ Learning Disability Awareness Month ○ IEP training
May	<ul style="list-style-type: none"> ○ Review Budget for ESY Adjustments ○ ELPP data for student exiting Preschool (May 15) ○ Better Speech and Hearing Awareness Month ○ Reconcile Time and Effort Reporting ○ Collect and Reconcile Equipment
June	<ul style="list-style-type: none"> ○ Postsecondary Transition survey closes ○ Data Collection-Annual Data Reports for Special Education ○ Coordinated Early Intervening Services (CEIS) Collection Closed ○ Review Maintenance of Effort (MOE) and Determine Applicable Adjustments

5 Year Compliance Monitoring Cycle

<u>2016-2017</u>	<u>2017-2018</u>	<u>2018-2019</u>	<u>2019-2020</u>	<u>2020-2021</u>
Attalla City	Arab City	Barbour County	Anniston City	Alabaster City
Blount County	Auburn City	Bullock County	Dallas County	Albertville City
Coffee County	Autauga County	Calhoun County	Enterprise City	Alexander City
****	Bessemer City	Chambers County	Fairfield City	Andalusia City
Colbert County	Bibb County	Chickasaw City	Geneva City	Athens City
Covington County	Boaz City	Choctaw County	Geneva County	Baldwin County
Elba City	Butler County	Clay County	Haleyville City	Brewton City
****	Birmingham City	Conecuh County	Hoover City	Clarke County
****	Chilton County	Coosa County	Houston County	Cleburne County
****	Cullman County	Dale County	Jackson County	Cherokee County
Franklin County	Daleville City	Demopolis City	Jasper City	Crenshaw County
Hale County	Decatur City	Eufaula City	Lanett City	Cullman City
****	Dothan City	Fayette County	Lawrence County	DeKalb County
Jefferson County	Elmore County	Florence City	Marshall County	Etowah County
Lauderdale County	Escambia County	Greene County	Pell City	Hartselle City
Madison County	Ft. Payne City	Guntersville City	Perry County	Henry County
Oxford City	Gadsden City	Homewood City	Phenix City	Lamar County
Oneonta City	Huntsville City	Leeds City	Piedmont City	Lowndes County
Opp City	Jacksonville City	Macon County	Roanoke City	Marengo County
Pelham City	Lee County	Madison City	Scottsboro City	Mt. Brook City
Pike Road City	Limestone County	Midfield City	Sheffield City	Opelika City
****	Linden City	Morgan County	Shelby County	Russellville City
Russell County	Marion County	Muscle Shoals City	Satsuma City	St. Clair County
****	Montgomery County	Pickens County	Tarrant City	Sylacauga City
****	Mobile County	Randolph County	Tuscaloosa County	Tallassee City
Selma City	Monroe County	Walker County	Tuscumbia City	Troy City
Sumter County	Ozark City		Wilcox City	Trussville City
Talladega City	Saraland City			Tuscaloosa City
	Talladega County			Vestavia Hills City
	Tallapoosa County			
	Thomasville City			
	Pike County			
	Washington County			
	Winfield City			
	Winston County			

****Denotes LEA was monitored the previous school year.

Appendix C

- Data Scoring Rubric

Data Scoring Rubric

SCORING ELEMENT	RISK SCORE	Data1	Data2	Data3
DATA INTEGRITY				
Child Count				
Student Exiting Information*				
Personnel Data*				
Student Evaluated w/in 60 Day Timeline				
Part C to B Transition				
Early Learning Progress Profile				
Secondary Transition				
Total Points	0			
RESULTS INDICATOR DATA				
		FFY 2016 Target	FFY 2015 Data	FFY 2016 Data
Dropout Rates (Indicator 2)		11.96	0.00	0.00
Suspensions/Expulsions (Indicator 4a)*		5.75	0.00	0.00
LRE - Inside general education 80% or more of the day (Indicator 5a)		72.25	0.00	0.00
LRE - Inside general education less than 40% of the day (Indicator 5b)		6.25	0.00	0.00
LRE - Separate Schools, Residential Facilities (Indicator 5c)		2.60	0.00	0.00
Preschool LRE (Indicator 6a)		47.75	0.00	0.00
Preschool LRE (Indicator 6b)		5.90	0.00	0.00
Preschool Outcomes (Indicator 7A2)		83.05	0.00	0.00
Preschool Outcomes (Indicator 7B2)		65.35	0.00	0.00
Preschool Outcomes (Indicator 7C2)		88.45	0.00	0.00
Parental Involvement (Indicator 8)		75.88	0.00	0.00
Post School Outcomes (Indicator 14a)		22.99	0.00	0.00
Post School Outcomes (Indicator 14b)		63.10	0.00	0.00
Total Points	0			
FISCAL DATA				
Single Audit Review (Federal IDEA Findings/Corrections) [2CFR Part 200]				
Comprehensive Coordinated Early Intervening Services, CCEIS [34CFR§300.646]				
Subgrants/Financial Support - Timely Submission [34CFR§§300.700 & 300.705]				
Subgrants/Financial Support - Corrections Required [34CFR§§300.700 & 300.705]				
Allocation of Funds-use of funds (carryover >31%) [34CFR §300.202]				
Total Points	0			
DETERMINATIONS				
Needs Intervention (NI) or Needs Substantial Intervention (NSI)				
Needs Assistance (NA)				
Meet Requirements (MR)				
Total Points	0			
OTHER				
<i>Professional Learning</i>				
Back to School - September 2017				
Total Points	0			
OTHER				
<i>New Special Education Director/Coordinator</i>				
0-5 Years Experience				
5-10 Years Experience				
> 10 Years Experience				
Total Points	0			
OVERALL SCORE	0			

Appendix D

- Technical Assistance Support Q&A

Technical Assistance Support

What is the technical assistance (TA) support that SES provides to LEAs?

Technical assistance support is an important component of the Special Education Services (SES) risk system.

SES designed TA supports to mitigate potential risks and to help the SES use its resources wisely.

How does SES use TA supports?

SES uses TA supports to:

- Fulfill its monitoring responsibilities
- Differentiate its level of monitoring and support
- Address LEA-specific needs
- Allocate its resources

What areas do risk include?

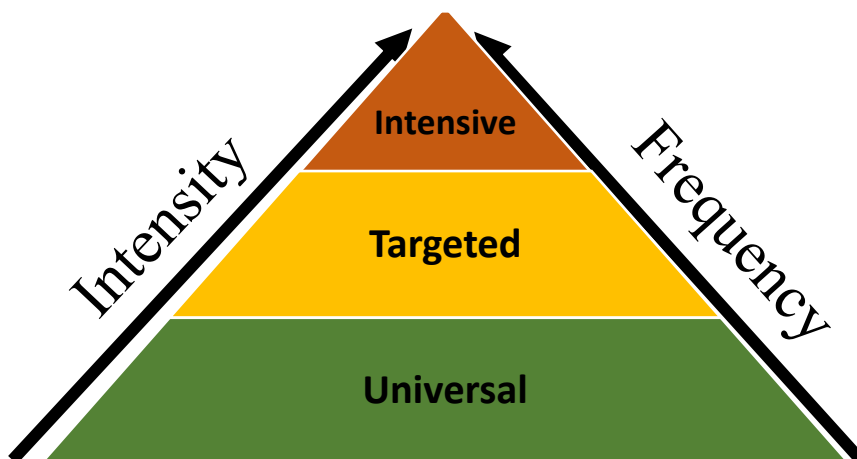
The areas of risk for every LEA include quantitative and qualitative data reviews for:

- Results
- Compliance
- Fiscal

What does SES do with its risk review?

SES assigns a level of risk to each LEA to determine the types of TA support(s) needed. The types of TA support are:

1. Universal
 - Engagement: Low intensity; low frequency
 - Available to all LEAs
 - Includes webinars, conferences/professional gatherings, and other guidance documents
2. Targeted
 - Engagement: Relatively short duration; moderate frequency
 - Offered individually or in small groups
 - Technical assistance and/or monitoring focused on a discrete issue
3. Intensive
 - Engagement: High intensity and frequency; intensively focused and planned
 - Required for a small number of LEAs
 - Technical assistance is sustained and in-depth



What notification will be provided to LEAs?

SES sends Special Education Coordinators/Directors notification that includes:

- A narrative that explains the risk process
- The level of TA support in each of the risk areas
- The major factors that led to a targeted or intensive level of risk, if applicable
- Technical assistance already being accessed by the LEA
- Additional technical assistance proposed

What does it mean if my LEA has one or more risk designations?

The level of TA support represents potential risks to SES, not the level of compliance or performance of the LEA. Some of the factors SES considers are structural and outside of an LEA's control.

For example, the turnover in leadership of a Special Education Coordinator/Director; the turnover does not mean noncompliance or poor performance for an LEA. However, it does point toward a high level of risk due to the need for new leadership staff to acquire new and pertinent information to lead and implement a special education program effectively.

The risk system is designed to mitigate potential risk and to leverage resources. The provision of intensive TA means that the SES has determined the LEA to have a high level of risk and that the LEA would benefit from a greater level of engagement and support from SES, to identify potential problems and help improve performance.

What will the TA support look like?

Activities will differ based on the focus area and the level of risk. SES and the LEA will collaboratively determine specific activities based on the LEA context and the level of risk. Results risks will involve technical assistance activities designed to increase the LEAs' capacity to improve outcomes. Intensive fiscal and compliance risks may include monitoring that could result in findings of noncompliance with required actions.

Will the activities be onsite or virtual?

It depends. The nature of the risk and the circumstances of the LEA will determine if TA activities are best performed onsite or through virtual meetings. Consideration will be given to yield the most effective and efficient use of SES's resources.

Will there be a written report?

SES will issue a written report covering any area that received an intensive level of risk.