

STATE PERFORMANCE PLAN / ANNUAL PERFORMANCE REPORT: PART B

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

**For reporting on
FFY 2023**

Alabama



PART B DUE February 3, 2025

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

Introduction

Instructions

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

Intro - Indicator Data

Executive Summary

Additional information related to data collection and reporting

Number of Districts in your State/Territory during reporting year

150

General Supervision System:

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

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

The Alabama State Department of Education, Special Education Services (SES) Section (hereafter referred to as the ALSDE), employs a tiered monitoring approach to ensure that the IDEA Part B requirements are met. The State uses a cyclical and risk-based method to monitor each LEA's annual IDEA implementation.

The State conducts universal monitoring activities with all LEAs every year. These activities, known as Tier I monitoring, involve the collection and review of SPP/APR data, LEA determinations, and risk assessment (i.e., combined program and fiscal). The risk assessment determines the focus and intensity of monitoring activities for LEAs in the current cycle and helps identify LEAs that may require focused monitoring outside of the cycle.

Within the State's five-year monitoring cycle, about 20% of LEAs (approximately 35-40) are monitored each year with greater detail and depth than the annual monitoring activities. This process is known as Tier II monitoring. Every LEA will undergo Tier II monitoring at least once within the five-year cycle.

The ALSDE also manages a more intensive monitoring process for LEAs in the current year cycle whose risk assessment score indicate a need for greater attention. This process, known as Tier III monitoring, is tailored to each LEA based on the specific reasons for their high risk. The combination of a cyclical and risk-based approach, and the State's annual universal monitoring activities, enables the ALSDE to comprehensively monitor every LEA's implementation of IDEA annually.

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

For all LEAs in the monitoring cycle, the ALSDE reviews a sample of student records. The purpose of these reviews is to ensure compliance with IDEA and verify the LEAs grant assurances. Each LEA's files are reviewed using a standard protocol that addresses: Referral and evaluation; Eligibility determination; Individual Education Program (IEP) process; Transition planning (Part C to Part B and post-secondary); and Procedural safeguards.

The number of student files reviewed for each LEA in the monitoring cycle is based on the LEA's overall IDEA Child Count. A minimum of 20 files and a maximum of 40 files are reviewed. If an LEA has fewer than 20 students with IEPs, all student files will be reviewed. Reviewing this number allows for a sample of files that cover various aspects, including schools within the LEA (such as preschool, elementary, middle, and high school grades), disability areas as reported on the October 1 Child Count for the LEA, students in different educational environments, students from diverse racial and ethnic backgrounds, and students in nontraditional placements (e.g., specialized treatment centers, schools for students who are deaf or blind, juvenile justice system, correctional system, and students placed in private school settings by the LEA, whether in or out of state), if applicable.

For any finding of noncompliance, regardless of the source, two requirements must be met for the noncompliance to be considered corrected. All identified noncompliance must be corrected and verified by the State no later than one year from the date the noncompliance was identified.

Requirement 1: Each child-specific instance of noncompliance must be corrected unless the child is no longer in the jurisdiction of the LEA. This step requires the LEA to correct the citation(s) for each individual student record. Correction usually requires convening the IEP Team and addressing the area that was not compliant and determining whether there was a denial of a free and appropriate public education (FAPE). The LEA Special Education Coordinator/Director notifies the State that individual corrections have been completed. The ALSDE staff will work with the LEA Special Education Coordinator/Director to determine the review process for the individual student corrections. Then the ALSDE must review each individual student's correction for each finding to verify that the corrections have been made.

Requirement 2: Once each individual student correction for a finding has been completed, reviewed, and verified by the ALSDE, the systemic implementation of the related regulation must be verified. This step requires the state to review data collected subsequent to the identification of noncompliance to ensure the LEA is correctly implementing the regulatory requirement at 100% compliance. The timeline for subsequent verification is established once the LEA has corrected each individual case of noncompliance and completed all required actions to address the area of noncompliance. To verify correction, the ALSDE will review a sample of subsequent data for each regulation that was noncompliant to ensure systemic correction based on Child Count (e.g., <2,501 = 2; 2,501 – 3,500 = 3; 3,501 – 4,500 = 5; 4,501 – 5,500 = 8; Over 5,500 = 10).

If an LEA is extremely small and does not have sufficient updated data for the State to subsequently review, the state will review evidence of training that

addresses the noncompliance identified. The LEA will receive written communication indicating they have corrected each individual case of noncompliance and the date the review of subsequent data will begin. The LEA must show 100% correction of noncompliance before the ALSDE will clear/close out the monitoring process. If the same findings are identified during the first review of subsequent data, the public agency will not show 100% correction of noncompliance and will not be cleared/closed out. The LEA will be required to correct the new individual instances of noncompliance and notify the State when those are corrected. The State must verify those individual corrections and then move to review subsequent data to verify the systemic implementation of the regulation. This process will repeat until individual corrections are verified and systemic implementation is verified at 100% compliance. This should occur within one year of identification of noncompliance.

If the State cannot verify both individual and systemic corrections within one year, the LEA will be classified as having longstanding noncompliance, and the ALSDE will decide on the appropriate enforcement actions.

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

The ALSDE employs various monitoring activities to ensure compliance with state and federal regulations. These activities include using SPP/APR data, reviewing student records, and conducting Student Services Reviews, which evaluate the status of selected students with disabilities receiving special education and related services. This review process assesses the adequacy of key service functions and aims to enhance the quality of special education services. Additional monitoring tools include the dispute resolution system, fiscal monitoring practices, and other data sources, such as the Local Education Agency (LEA) Plan (a manual that outlines policies, procedures, and practices to guide LEAs in adhering to both state and federal mandates concerning special education), and a risk assessment that guides the focus and intensity of monitoring activities for LEAs in that year's cycle. Furthermore, LEAs must conduct a self-assessment to evaluate their compliance levels.

The State also leverages centralized databases to support compliance monitoring. The PowerSchool Special Programs database manages comprehensive student records, including pre-referral, eligibility, IEP development, service documentation, state reporting, and data collection. Cognia eProve monitors the alignment of K-12 school systems with state and federal regulations, as well as, the Alabama State Board of Education mandates. The LINQ Electronic Grant Application Process (eGAP) system allows an LEA to submit funding applications, develop plans requesting funding from the ALSDE, and provide expenditure reporting to complete necessary financial processing requirements regarding federal funds and funding applications. Moreover, as part of the monitoring process, the ALSDE reviews students' most recent records, including eligibility and IEP data, within the monitoring cycle (August to May). For SPP/APR data collections, student records from the current reporting period (July 1 – June 30) are also reviewed.

To ensure the accuracy, validity, and reliability of data used for official reporting, the ALSDE has implemented multi-tiered validation procedures. These include school-level, system-level, and state-level validation processes. Additionally, the ALSDE has established an approval process to ensure timely, complete, and accurate data submissions. The ALSDE further supports LEAs by providing data analysis and planning tools through the LEA Performance Profile. These tools assist LEAs in analyzing both state and local data, identifying barriers to improving performance on SPP/APR indicators and developing strategies for sustained improvement.

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

The ALSDE issues findings of noncompliance by LEA. The State's written notification of noncompliance includes: a description of the identified noncompliance; the statutory or regulatory IDEA citation; a description of the data that renders the noncompliance; a statement that the noncompliance must be corrected as soon as possible, and in no case later than one year from the date of the State's written notification of noncompliance; any required corrective action(s); and a timeline for submission of a corrective action plan or evidence of correction. Written notifications of noncompliance are issued no later than three months after identifying the noncompliance.

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

The State does not permit its LEAs to correct noncompliance prior to the State's issuance of a finding (i.e., pre-finding correction).

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

If identified noncompliance is not corrected and verified as corrected within the prescribed timeline, the ALSDE implements the following graduated and progressive enforcement procedures consistent with its authority under IDEA regulations 34 CFR §§300.600(a) and 300.608:

- The LEA Special Education Coordinator/Director will receive a call from the ALSDE Program Director of Special Education.
- A letter will be written to the LEA Superintendent outlining the seriousness of correction of noncompliance.
- A compliance agreement will be implemented.
- Special conditions may be imposed on the IDEA grant to the LEA.
- A meeting with the LEA Superintendent will be requested.
- The ALSDE may direct an LEA's use of funds to address the factors contributing to the noncompliance.
- The ALSDE may delay or withhold funds in accordance with federal and state procedures.

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

The ALSDE is required by §300.600(a)(2) of the IDEA and by the Office of Special Education Programs (OSEP) to determine if each LEA Meets Requirements, Needs Assistance, Needs Intervention, or Needs Substantial Intervention. The ALSDE uses the Annual Performance Report (APR) compliance indicators 4B, 9, 10, 11, 12, and 13 and, in FFY 2023, added the results indicator 3A 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 criteria for LEA Determinations are as follows:

Meets Requirements: The LEA has met the compliance requirements, including timely data submissions, with cleared audit findings, based on data submitted to the ALSDE. Any previously identified noncompliance with the above indicators has been corrected within one year.

Needs Assistance: The LEA needs assistance in meeting one or more of the requirements of the IDEA, or the LEA may have been late submitting one or more required reports.

Factors the State will consider in determining whether the LEA Needs Assistance in implementing the requirements of IDEA include the following:

- The LEA does not demonstrate substantial compliance on the compliance indicators.
- The LEA does not correct any noncompliance identified through Comprehensive Monitoring or other means within the one-year requirement.

Needs Intervention: The LEA has non-compliance with multiple indicators, failure to submit timely and accurate data, and/or failure to timely correct non-compliance. 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: After an LEA is identified for three or more consecutive years as Needs Intervention, or at any time the State determines that the LEA needs substantial intervention in implementing the requirements of IDEA, the LEA will be designated as Needs Substantial Intervention.

Among the factors the State will consider are:

- Three or more consecutive years as Needs Intervention.
- The failure to meet compliance requirements that significantly impact the provision of FAPE to students with disabilities.
- The LEA has informed the State that it is unwilling to comply.

LEA Determination Matrix Scoring Criteria

An LEA can earn a maximum of 30 points in the ALSDE's annual LEA Determination Matrix. For each SPP/APR compliance indicator, 2 points are awarded if the State does not identify any noncompliance.

Indicator 4B

- 0 points: Awarded if the LEA has 1 or more findings of noncompliance.

Indicators 9 and 10

- 1 point: Awarded for 1 to 4 findings of noncompliance.
- 0 points: Awarded for 5 or more findings of noncompliance.

Indicator 11

- 2 points: Awarded if the LEA's compliance percentage is 98.0% or greater.
- 1 point: Awarded if the compliance percentage falls between 95.0% and 97.9%.
- 0 points: Awarded if the compliance percentage is less than 95%.

Indicator 12

- 1 point: Awarded if more than 25.0% of evaluations are late or at least one late evaluation is due to an unacceptable reason (e.g., Central Office delay, EI delay).
- 0 points: Awarded if 25.0% or more of evaluations are late and all late evaluations are due to unacceptable reasons.

Indicator 13

- 2 points: Awarded if the LEA's compliance percentage is 98.0% or greater.
- 1 point: Awarded if the compliance percentage falls between 95.0% and 97.9%.
- 0 points: Awarded if the compliance percentage is less than 95%.

Noncompliance Corrected Within a Year

- 0 points: Awarded if the LEA does not clear the noncompliance within one year.

Timely Submission of Data

- 1 point: Awarded if at least one state report is not submitted on time.
- 0 points: Awarded if two or more state reports are not submitted on time.

Cleared Financial Audits

- 1 point: Awarded if the LEA had findings but subsequently cleared them.
- 0 points: Awarded if the LEA had findings that remain unresolved.

Indicator 3A

- 2 points: Awarded if the LEA met the state target of 95.0%.
- 1 point: Awarded if the LEA did not meet the state target but its percentage falls between 94.9% and 90.0%.
- 0 points: Awarded if the LEA's percentage is less than 90.0%

An LEA is classified as Meets Requirements if its overall percentage is 75% or higher, Needs Assistance if the overall percentage is between 40% and 74.9%, and Needs Intervention if the overall percentage is below 40%. Additionally, if an LEA remains in the Needs Intervention category for three or more consecutive years, it advances to the Needs Substantial Intervention category.

LEA determinations are compiled each spring following the ALSDE's submission of the APR in February and are disseminated via superintendent letter in June. Annual LEA determinations are not publicly posted.

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

The ALSDE is currently revising its general supervision manual and will publicly post a revised version during the SPP/APR clarification period in April 2025. The link provided is the current publicly available version.

ALSDE | Alabama Achieves | Special Education | Comprehensive Monitoring Manual

Technical Assistance System:

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

The ALSDE 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 State 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 onsite, teleconferences, webinars, and 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 ALSDE developed "one-pagers" to provide information and assistance in multiple areas posted on the ALSDE website and the LiveBinder platform to be accessed by the public and school personnel. Other examples of universal TA include statewide conferences with content designed to address common areas of need (e.g., the Council of Administrators in Special Education (CASE) Fall and Spring Conferences, the Early Intervention and Preschool Conference, the Alabama Educational Technology Conference (AETC), the MEGA Conference (Special Education Strand) conducted each July, and the Back-to-School Conference for LEA Special Education Coordinators/Directors in preparation for the school year. Moreover, the ALSDE hosts "SES shorts," one-hour webinars, administrator training through Professional Learning Units (PLUs), and other regional professional development on topics such as dispute resolution, disproportionate representation, creating compliant IEPs, secondary transition, fiscal management, and preschool transition for LEA staff. Lastly, virtual office hours (e.g., PowerSchool, Preschool) are held monthly and during data collection (e.g., Child Count) by the ALSDE staff 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., behavior, Differentiated Instructional Guides (DIGs)). Examples of targeted TA include those delivered in response to needs identified from monitoring data, such as IEP training or secondary transition training. Targeted TA is delivered by the ALSDE 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 database to correct an identified area of non-compliance or to address another training need to improve the provision of FAPE in the least restrictive environment for children with IEPs. Capacity-building activities can be implemented through multiple means, such as coaching, mentoring, direct training, and asynchronous training from the ALSDE staff, state and/or regional TA/PPD providers, and/or national TA/PPD providers. The purpose of intensive TA is to build the capacity of educators to improve outcomes for students with disabilities.

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 least restrictive environment (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 statewide and regional conferences, dissemination of promising practices, online coursework through the IRIS Center, and statewide initiatives, such as the Alabama Reading Initiative (ARI), the Office of Mathematics Improvement (OMI), and the Alabama Math, Science, and Technology Initiative (AMSTI). PD is also conducted in coordination with state agencies, such as the Alabama Department of Mental Health, the Alabama Department of Rehabilitation Services (ADRS), Alabama's Early Intervention System, advocacy centers, and state institutions of higher education. Training and PD regarding low-incidence disability areas, behavioral management, discipline, preschool special education, assistive technology, autism spectrum disorders, high-leverage practices, secondary transition, and special education recruitment and retention are provided by content-specific specialists.

The ALSDE 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 with disabilities in Grades 4-8, and expanding transition services for toddlers and elementary, middle, and high school students. For Goal 1, the SPDG has partnered with select AL-MTSS schools, content specialists from institutions of higher education, and a national research center focused on MTSS to provide training, coaching, and support for educators around the application of reading in an MTSS framework. For Goal 2, the SPDG offers professional learning opportunities provided by the National Technical Assistance Center on Transition (NTACT-C), the Alabama Parent Education Center (APEC), and the ALSDE transition team to improve transitions from each education level.

The data and results yielded by the SPDG projects are being utilized to inform PD 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 that employ evidence-based practices rooted within the framework of Implementation Science are operated throughout the state. School and district staff participate regularly in high-quality PD and receive ongoing coaching from trained and experienced instructional coaches.

Stakeholder Engagement:

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

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the

ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SEL) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

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

YES

Number of Parent Members:

14

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 Alabama SEAP continues to play a vital role in shaping and providing feedback on the SPP/APR process. The ALSDE ensured that stakeholders, including parents, special educators, general educators, school-level leaders, and LEA-level administrators, had opportunities to engage in the development and input phases of the SPP/APR for the 2020–2025 reporting cycle during quarterly SEAP meetings and the SEAP data committee sessions quarterly, or as needed. Annually, in collaboration with the SEAP, the SES Data Team revisits targets and discusses the need to revise targets, if necessary, seeks improvement strategies and recommendations for any indicators that do not meet the State target and/or demonstrate slippage, and evaluates the progress of the State using indicator data.

Beyond engaging with SEAP, the ALSDE expanded its collaborative efforts by partnering with the APEC. This partnership focused on equipping diverse groups of parents with the tools and knowledge necessary to support the development and implementation of activities aimed at improving outcomes for children with disabilities. To ensure equitable access and participation, the ALSDE hosted family focus groups (families of students in grades 6-12) at varying times, including evenings, to accommodate different schedules. These sessions facilitated discussions on secondary transition services, allowing parents to share their experiences and provide feedback on the implementation of these services across LEAs.

In collaboration with APEC, the ALSDE also connected parents and families with relevant state and local resources, ensuring they had access to the support needed to address their unique challenges. Furthermore, stakeholder feedback gathered through these initiatives was instrumental in identifying areas for improved alignment in family engagement strategies. This feedback directly informed the development of improvement strategies and contributed to the broader goals of the SPP/APR process.

Activities to Improve Outcomes for Children with Disabilities:

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

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 ALSDE continues to offer virtual options for family focus groups. These virtual options were made accessible to families in rural, urban, and suburban areas across the State at various days and 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 the SES to hear family members' concerns, suggestions, and needs. At the suggestion of the SEAP, information was posted to the SES Section YouTube channel for parents to access easily. 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 SEAP members to broaden the scope to include more diverse parents on the advisory panel. The ALSDE will continue to collaborate with APEC to ensure that the stakeholders represent the diversity of the State.

In a continued effort 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 ALSDE offered 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 allowed 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 ALSDE actively solicits public input throughout the year to set targets, analyze data, develop improvement strategies, and evaluate progress. At the annual MEGA Conference, the State presents its most recent APR data to stakeholders, including LEA Special Education Coordinators/Directors and teachers, ALSDE staff from other sections of the department, and parents of students with disabilities. Specifically, the State analyzes indicator trend data, discusses the rigor of the SPP/APR targets, and solicits suggestions for strategies to improve the performance of students with disabilities. Additionally, at quarterly SEAP meetings, data are reviewed in detail, and panel members are provided with feedback forms to capture their insights and recommendations for improvement. Moreover, at the Back-to-School Conference, attended by LEA staff, the State shares updates on key initiatives and gathers input on specific strategies to support improved outcomes. Furthermore, data are presented at the Fall and Spring ALACASE (Alabama Council of Administrators of Special Education) conferences, where LEA staff are engaged in discussions, and their feedback is actively sought to refine and enhance the State's efforts to support students with disabilities.

Additionally, during family focus group sessions, which include parents of transition-aged students, the State presents the most recent APR data, seeks their feedback and insights, and discusses progress toward achieving established targets. Similarly, at the annual Alabama PTI parent training conference, the State provides participants with a feedback form to gather their suggestions for strategies and improvements, as well as their perspectives on the State's progress in improving outcomes for students with disabilities.

Making Results Available to the Public:

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

The ALSDE employs multiple platforms and outreach methods to ensure that the results of target setting, data analysis, improvement strategy development, and progress evaluation are accessible to the public:

Key findings and updates are shared during public meetings (e.g., SEAP, MEGA conference) and invited meetings (e.g., Back-to-School Conference and regional parent trainings) where stakeholders, including parents, educators, and advocacy groups, are invited to attend and provide feedback. In addition to the SEAP meetings being open to the public, the virtual SEAP meetings are livestreamed and posted online for viewing. Collaborations with organizations such as the APEC (Alabama's PTI) and local parent advocacy groups extend the reach of information dissemination. These groups help distribute resources and updates to parents and families statewide. Results and updates are shared during family focus groups, stakeholder forums, and annual conferences. These sessions not only inform participants but also provide an opportunity for ongoing dialogue and feedback.

The timelines for making the results available align with federal and state reporting requirements. Preliminary data and rationales for slippage are shared with the SEAP and other internal and external stakeholders during the development process, typically in the fall. Results of data analysis and finalized improvement strategies are shared with stakeholders during quarterly SEAP meetings and regional engagement sessions throughout the reporting period. As new data or stakeholder feedback becomes available, the ALSDE provides updates during stakeholder meetings (e.g., SEAP meetings and annual state conferences) and parent networks to ensure transparency and accountability. Updates on progress toward targets and the effectiveness of improvement strategies are made publicly available through an annual performance report, typically released in the Spring.

Finalized data and targets are included in the SPP/APR and published annually on the ALSDE website in compliance with federal deadlines.

Reporting to the Public

How and where the State reported to the public on the FFY 2022 performance of each LEA located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State's submission of its FFY 2022 APR, as required by 34 CFR §300.602(b)(1)(i)(A); and a description of where, on its Web site, a complete copy of the State's SPP/APR, including any revisions if the State has revised the targets that it submitted with its FFY 2022 APR in 2024, is available.

The SPP/APR is primarily shared with the public and media via the ALSDE's website. The FFY 2022 SPP/APR can be found on the ALSDE's website at ALSDE | Alabama Achieves and via the following path: Reports & Data > Student Data > Special Education Reports > scroll down to SPP/APR, FFY 2022 SPP/APR.

The direct link is Alabama Achieves | Reports & Data | Student Data | Special Education Reports | SPP/APR | FFY 2022 SPP/APR. Once the SPP/APR has been posted, a media news release is sent to forums statewide, including the State board members, ALSDE staff members, LEAs, public information officers, education organizations, and news outlets.

The LEA Performance Profiles may also be accessed on the ALSDE website at www.alabamaachieves.org and via the following path: Reports & Data > Student Data > Special Education Reports > LEA Reports - Performance Profiles. The direct link is [Alabama Achieves | Reports & Data | Student Data | Special Education Reports | LEA Reports - Performance Profiles](#). 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

None

Intro - OSEP Response

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 2023 SPP/APR, use data from 2022-2023), and compare the results to the target.

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

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

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

1 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2020	73.31%

FFY	2018	2019	2020	2021	2022
Target >=	57.59%	57.59%	73.31%	73.56%	73.81%
Data	68.04%	69.64%	73.31%	74.90%	79.46%

Targets

FFY	2023	2024	2025
Target >=	74.06%	74.31%	74.56%

Targets: Description of Stakeholder Input

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Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

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reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,853
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	728
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	84
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	161

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to graduating with a regular high school diploma	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
3,853	4,826	79.46%	74.06%	79.84%	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.

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

2 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2013	12.71%

FFY	2018	2019	2020	2021	2022
Target <=	11.46%	10.00%	6.29%	6.19%	6.09%
Data	6.18%	5.46%	4.07%	5.70%	3.96%

Targets

FFY	2023	2024	2025
Target <=	5.99%	5.89%	5.79%

Targets: Description of Stakeholder Input

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Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

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related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SEL) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Prepopulated Data

Source	Date	Description	Data
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a regular high school diploma (a)	3,853
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by graduating with a state-defined alternate diploma (b)	
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by receiving a certificate (c)	728
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education by reaching maximum age (d)	84
SY 2022-23 Exiting Data Groups (EDFacts file spec FS009; Data Group 85)	02/21/2024	Number of youth with IEPs (ages 14-21) who exited special education due to dropping out (e)	161

FFY 2023 SPP/APR Data

Number of youth with IEPs (ages 14-21) who exited special education due to dropping out	Number of all youth with IEPs who exited special education (ages 14-21)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
161	4,826	3.96%	5.99%	3.34%	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	2023	2024	2025
Reading	A >=	Grade 4	95.00%	95.00%	95.00%
Reading	B >=	Grade 8	95.00%	95.00%	95.00%
Reading	C >=	Grade HS	95.00%	95.00%	95.00%
Math	A >=	Grade 4	95.00%	95.00%	95.00%
Math	B >=	Grade 8	95.00%	95.00%	95.00%
Math	C >=	Grade HS	95.00%	95.00%	95.00%

Targets: Description of Stakeholder Input

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External Stakeholder Engagement:

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FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Participation Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	9,051	7,691	5,852
b. Children with IEPs in regular assessment with no accommodations (3)	1,793	1,658	1,420
c. Children with IEPs in regular assessment with accommodations (3)	6,398	5,133	3,006
d. Children with IEPs in alternate assessment against alternate standards	807	753	657

Data Source:

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

Date:

01/08/2025

Math Assessment Participation Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs (2)	9,056	7,695	5,855
b. Children with IEPs in regular assessment with no accommodations (3)	1,778	1,611	1,573
c. Children with IEPs in regular assessment with accommodations (3)	6,413	5,168	3,348
d. Children with IEPs in alternate assessment against alternate standards	804	752	659

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

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

(3) The term "regular assessment" is an aggregation of the following types of assessments, as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot

assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	8,998	9,051	99.20%	95.00%	99.41%	Met target	No Slippage
B	Grade 8	7,544	7,691	97.26%	95.00%	98.09%	Met target	No Slippage
C	Grade HS	5,083	5,852	86.91%	95.00%	86.86%	Did not meet target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Participating	Number of Children with IEPs	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	8,995	9,056	99.02%	95.00%	99.33%	Met target	No Slippage
B	Grade 8	7,531	7,695	97.01%	95.00%	97.87%	Met target	No Slippage
C	Grade HS	5,580	5,855	93.71%	95.00%	95.30%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The 2023-2024 Proficiency and Participation Data of Students with IEPs can be found on the ALSDE website at ALSDE | Alabama Achieves and via the following path: Reports Data > School Performance > scroll down to Proficiency, 2023-2024.

The direct link is Alabama Achieves | Reports & Data | School Performance | Proficiency, 2023-2024

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

Targets: Description of Stakeholder Input

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Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of

parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SEL) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	8,191	6,791	4,426
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	826	386	44
c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	807	538	155

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the regular assessment	8,191	6,779	4,921
b. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	590	133	43

c. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	485	123	119
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(1) The term "regular assessment" is an aggregation of the following types of assessments as applicable for each grade/ grade group: regular assessment based on grade-level achievement standards, advanced assessment, Innovative Assessment Demonstration Authority (IADA) pilot assessment, high school regular assessment I, high school regular assessment II, high school regular assessment III and locally-selected nationally recognized high school assessment in the prefilled data in this indicator.

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,633	8,191	17.79%	19.09%	19.94%	Met target	No Slippage
B	Grade 8	924	6,791	12.33%	11.83%	13.61%	Met target	No Slippage
C	Grade HS	199	4,426	4.73%	4.45%	4.50%	Met target	No Slippage

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Grade Level Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Regular Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	1,075	8,191	10.92%	8.36%	13.12%	Met target	No Slippage
B	Grade 8	256	6,779	2.94%	1.81%	3.78%	Met target	No Slippage
C	Grade HS	162	4,921	2.94%	2.74%	3.29%	Met target	No Slippage

Regulatory Information

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

Public Reporting Information

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

The 2023-2024 Proficiency and Participation Data of Students with IEPs can be found on the ALSDE website at ALSDE | Alabama Achieves and via the following path: Reports Data > School Performance > scroll down to Proficiency, 2023-2024.

The direct link is Alabama Achieves | Reports & Data | School Performance | Proficiency, 2023-2024

Provide additional information about this indicator (optional)

3B - Prior FFY Required Actions

None

3B - OSEP Response

3B - Required Actions

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

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

3C. Same data as used for reporting to the Department under Title I of the ESEA, using *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	2023	2024	2025
Reading	A >=	Grade 4	24.57%	24.57%	36.86%
Reading	B >=	Grade 8	23.94%	23.94%	35.91%
Reading	C >=	Grade HS	37.01%	37.01%	55.52%
Math	A >=	Grade 4	19.81%	19.81%	29.72%
Math	B >=	Grade 8	13.44%	13.44%	20.16%
Math	C >=	Grade HS	28.84%	28.84%	43.26%

Targets: Description of Stakeholder Input

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

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Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	807	752	657
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	68	175	155

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade

Group	Grade 4	Grade 8	Grade HS
a. Children with IEPs who received a valid score and a proficiency level was assigned for the alternate assessment	804	752	659
b. Children with IEPs in alternate assessment against alternate standards scored at or above proficient	112	97	37

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	68	807	25.89%	24.57%	8.43%	Did not meet target	Slippage
B	Grade 8	175	752	24.50%	23.94%	23.27%	Did not meet target	Slippage
C	Grade HS	155	657	40.66%	37.01%	23.59%	Did not meet target	Slippage

Provide reasons for slippage for Group A, if applicable

The ALSDE recognizes the slippage and regression in the performance of students with IEPs in reading on the Alabama Comprehensive Assessment Program (ACAP) Alternate. This decline may be attributed to the implementation of new alternate achievement standards in reading during the 2023-2024 school year, which required both students and educators to adapt to higher expectations, new instructional methods, and new assessment criteria. Additionally, it is important to consider that this group of students were preschoolers at the onset of the COVID-19 pandemic. As a result, disruptions to early learning and development during this critical period may have contributed to learning gaps and delays, potentially impacting their reading proficiency and overall academic progress.

In response, ALSDE has implemented a comprehensive improvement plan aimed at addressing these challenges and enhancing outcomes for all students, including those with IEPs.

As part of this plan, ALSDE leverages the expertise of various sections within the department, such as the Alabama Multi-Tier System of Supports (MTSS) and the Office of Math Improvement (OMI), which work in coordination with other statewide initiatives, including the Office of School Improvement (OSI), the Alabama Math, Science, and Technology Initiative (AMSTI), and the Alabama Reading Initiative (ARI). These collaborative efforts are designed to strengthen instructional practices and provide targeted support to all students, including those with IEPs. Professional development is designed to build local capacity to ensure that students with significant cognitive disabilities achieve increasingly higher academic outcomes.

Through a multi-tiered system of support (MTSS) framework, these initiatives offer professional learning opportunities, high-quality instructional materials, and enhanced educator support in both reading and math. By integrating these resources, ALSDE is committed to equipping educators with the tools and strategies necessary to improve academic achievement and close performance gaps for all students, including those with IEPs.

Provide reasons for slippage for Group B, if applicable

The ALSDE recognizes the slippage and regression in the performance of students with IEPs in reading on the Alabama Comprehensive Assessment Program (ACAP) Alternate. This decline may be attributed to the implementation of new alternate achievement standards in reading during the 2023-2024 school year, which required both students and educators to adapt to higher expectations, new instructional methods, and new assessment criteria.

In response, ALSDE has implemented a comprehensive improvement plan aimed at addressing these challenges and enhancing outcomes for all students, including those with IEPs.

As part of this plan, ALSDE leverages the expertise of various sections within the department, such as the Alabama Multi-Tier System of Supports (MTSS) and the Office of Math Improvement (OMI), which work in coordination with other statewide initiatives, including the Office of School Improvement (OSI), the Alabama Math, Science, and Technology Initiative (AMSTI), and the Alabama Reading Initiative (ARI). These collaborative efforts are designed to strengthen instructional practices and provide targeted support to all students, including those with IEPs. Professional development is designed to build local capacity to ensure that students with significant cognitive disabilities achieve increasingly higher academic outcomes.

Through a multi-tiered system of support (MTSS) framework, these initiatives offer professional learning opportunities, high-quality instructional materials, and enhanced educator support in both reading and math. By integrating these resources, ALSDE is committed to equipping educators with the tools and strategies necessary to improve academic achievement and close performance gaps for all students, including those with IEPs.

Provide reasons for slippage for Group C, if applicable

The ALSDE recognizes the slippage and regression in the performance of students with IEPs in reading on the Alabama Comprehensive Assessment Program (ACAP) Alternate. This decline may be attributed to the implementation of new alternate achievement standards in reading during the 2023-2024 school year, which required both students and educators to adapt to higher expectations, new instructional methods, and new assessment criteria.

In response, ALSDE has implemented a comprehensive improvement plan aimed at addressing these challenges and enhancing outcomes for all students, including those with IEPs.

As part of this plan, ALSDE leverages the expertise of various sections within the department, such as the Alabama Multi-Tier System of Supports (MTSS) and the Office of Math Improvement (OMI), which work in coordination with other statewide initiatives, including the Office of School Improvement (OSI), the Alabama Math, Science, and Technology Initiative (AMSTI), and the Alabama Reading Initiative (ARI). These collaborative efforts are designed to strengthen instructional practices and provide targeted support to all students, including those with IEPs. Professional development is designed to build local capacity to ensure that students with significant cognitive disabilities achieve increasingly higher academic outcomes.

Through a multi-tiered system of support (MTSS) framework, these initiatives offer professional learning opportunities, high-quality instructional materials, and enhanced educator support in both reading and math. By integrating these resources, ALSDE is committed to equipping educators with the tools and strategies necessary to improve academic achievement and close performance gaps for all students, including those with IEPs.

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Number of Children with IEPs Scoring At or Above Proficient Against Alternate Academic Achievement Standards	Number of Children with IEPs who Received a Valid Score and for whom a Proficiency Level was Assigned for the Alternate Assessment	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	112	804	14.56%	19.81%	13.93%	Did not meet target	No Slippage
B	Grade 8	97	752	11.94%	13.44%	12.90%	Did not meet target	No Slippage
C	Grade HS	37	659	6.49%	28.84%	5.61%	Did not meet target	Slippage

Provide reasons for slippage for Group C, if applicable

The ALSDE acknowledges the slippage and regression in the performance of students with IEPs in math on the Alabama Comprehensive Assessment Program (ACAP) Alternate. The decline in proficiency may be attributed to learning gaps experienced during the COVID-19 pandemic. It is important to consider that many students experienced interrupted instruction, remote learning challenges, and inconsistent access to quality math instruction during the pandemic, leading to foundational skill gaps that persist into high school.

In response, ALSDE has implemented a comprehensive improvement plan aimed at addressing these challenges and enhancing outcomes for all students, including those with IEPs.

As part of this plan, ALSDE leverages the expertise of various sections within the department, such as the Alabama Multi-Tier System of Supports (MTSS) and the Office of Math Improvement (OMI), which work in coordination with other statewide initiatives, including the Office of School Improvement (OSI), the Alabama Math, Science, and Technology Initiative (AMSTI), and the Alabama Reading Initiative (ARI). These collaborative efforts are designed to strengthen instructional practices and provide targeted support to all students, including those with IEPs. Professional development is designed to build local capacity to ensure that students with significant cognitive disabilities achieve increasingly higher academic outcomes.

Through a multi-tiered system of support (MTSS) framework, these initiatives offer professional learning opportunities, high-quality instructional materials, and enhanced educator support in both reading and math. By integrating these resources, ALSDE is committed to equipping educators with the tools and strategies necessary to improve academic achievement and close performance gaps for 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 2023-2024 Proficiency and Participation Data of Students with IEPS can be found on the ALSDE website at ALSDE | Alabama Achieves and via the following path: Reports Data > School Performance > scroll down to Proficiency, 2023-2024.

The direct link is Alabama Achieves | Reports & Data | School Performance | Proficiency, 2023-2024

Provide additional information about this indicator (optional)

3C - Prior FFY Required Actions

None

3C - OSEP Response
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 2023-2024 school year) subtracted from the (proficiency rate for all students scoring at or above proficient against grade level academic achievement standards for the 2023-2024 school year)]. Calculate separately for reading and math. Calculate separately for grades 4, 8, and high school. The proficiency rate includes all children enrolled for a full academic year and those not enrolled for a full academic year.

Instructions

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

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

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

3D - Indicator Data

Historical Data:

Subject	Group	Group Name	Baseline Year	Baseline Data
Reading	A	Grade 4	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	2023	2024	2025
Reading	A <=	Grade 4	22.95	19.67	16.40
Reading	B <=	Grade 8	27.90	23.92	19.92
Reading	C <=	Grade HS	16.67	14.29	11.91
Math	A <=	Grade 4	10.39	9.37	7.78
Math	B <=	Grade 8	8.73	7.49	6.22
Math	C <=	Grade HS	14.43	12.37	10.31

Targets: Description of Stakeholder Input

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Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

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Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

FFY 2023 Data Disaggregation from EDFacts

Data Source:

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

Date:

01/08/2025

Reading Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
a. All Students who received a valid score and a proficiency was assigned for the regular assessment	52,152	54,012	48,970
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	8,191	6,791	4,426
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	28,949	26,858	13,101
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,699	1,128	681
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	826	386	44
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	807	538	155

Data Source:

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

Date:

01/08/2025

Math Assessment Proficiency Data by Grade (1)

Group	Grade 4	Grade 8	Grade HS
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a. All Students who received a valid score and a proficiency was assigned for the regular assessment	52,717	54,493	50,645
b. Children with IEPs who received a valid score and a proficiency was assigned for the regular assessment	8,191	6,779	4,921
c. All students in regular assessment with no accommodations scored at or above proficient against grade level	19,289	11,697	11,223
d. All students in regular assessment with accommodations scored at or above proficient against grade level	1,108	391	600
e. Children with IEPs in regular assessment with no accommodations scored at or above proficient against grade level	590	133	43
f. Children with IEPs in regular assessment with accommodations scored at or above proficient against grade level	485	123	119

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

FFY 2023 SPP/APR Data: Reading Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	19.94%	58.77%	36.82	22.95	38.83	Did not meet target	Slippage
B	Grade 8	13.61%	51.81%	38.27	27.90	38.21	Did not meet target	No Slippage
C	Grade HS	4.50%	28.14%	25.65	16.67	23.65	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The ALSDE recognizes the proficiency gap in reading between children with IEPs in Grade 4 and all students in Grade 4 on the Alabama Comprehensive Assessment Program (ACAP). The observed slippage may be due to the proficiency rate of all Grade 4 students increasing at a faster pace than that of students with IEPs. Moreover, the decline for students with IEPs may be attributed to the implementation of new alternate achievement standards in reading during the 2023-2024 school year, which required both students and educators to adapt to new instructional methods and assessment criteria. Additionally, it is important to consider that this group of students were preschoolers at the onset of the COVID-19 pandemic. As a result, disruptions to early learning and development during this critical period may have contributed to learning gaps and delays, potentially impacting their reading proficiency and overall academic progress.

In response, ALSDE has implemented a comprehensive improvement plan aimed at addressing these challenges and enhancing outcomes for all students, including those with IEPs.

As part of this plan, ALSDE leverages the expertise of various sections within the department, such as the Alabama Multi-Tier System of Supports (MTSS) and the Office of Math Improvement (OMI), which work in coordination with other statewide initiatives, including School Improvement, the Alabama Math, Science, and Technology Initiative (AMSTI), and the Alabama Reading Initiative (ARI). These collaborative efforts are designed to strengthen instructional practices and provide targeted support to all students, including those with IEPs.

Through a multi-tiered system of support (MTSS) framework, these initiatives offer professional learning opportunities, high-quality instructional materials, and enhanced educator support in both reading and math. By integrating these resources, ALSDE is committed to equipping educators with the tools and strategies necessary to improve academic achievement and close performance gaps for all students, including those with IEPs.

FFY 2023 SPP/APR Data: Math Assessment

Group	Group Name	Proficiency rate for children with IEPs scoring at or above proficient against grade level academic achievement standards	Proficiency rate for all students scoring at or above proficient against grade level academic achievement standards	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A	Grade 4	13.12%	38.69%	24.27	10.39	25.57	Did not meet target	Slippage
B	Grade 8	3.78%	22.18%	18.31	8.73	18.41	Did not meet target	No Slippage
C	Grade HS	3.29%	23.34%	21.69	14.43	20.05	Did not meet target	No Slippage

Provide reasons for slippage for Group A, if applicable

The ALSDE recognizes the proficiency gap in math between children with IEPs in Grade 4 and all students in Grade 4 on the Alabama Comprehensive Assessment Program (ACAP). The observed slippage may be due to the proficiency rate of all Grade 4 students increasing at a faster pace than that of students with IEPs. Additionally, it is important to consider that this group of students were preschoolers at the onset of the COVID-19 pandemic. As a result, disruptions to early learning and development during this critical period may have contributed to learning gaps and delays, potentially impacting their overall academic progress.

In response, ALSDE has implemented a comprehensive improvement plan aimed at addressing these challenges and enhancing outcomes for all students, including those with IEPs.

As part of this plan, ALSDE leverages the expertise of various sections within the department, such as the Alabama Multi-Tier System of Supports (MTSS) and the Office of Math Improvement (OMI), which work in coordination with other statewide initiatives, including School Improvement, the Alabama Math, Science, and Technology Initiative (AMSTI), and the Alabama Reading Initiative (ARI). These collaborative efforts are designed to strengthen instructional practices and provide targeted support to all students, including those with IEPs.

Through a multi-tiered system of support (MTSS) framework, these initiatives offer professional learning opportunities, high-quality instructional materials, and enhanced educator support in both reading and math. By integrating these resources, ALSDE is committed to equipping educators with the tools and strategies necessary to improve academic achievement and close performance gaps for 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 must provide a definition of its minimum n and/or cell size itself and a description thereof (e.g., a State's n size of 15 represents the number of children with disabilities enrolled in an LEA, and a State's cell size of 5 represents the number of children with disabilities who have received out-of-school suspensions and expulsions of more than 10 days within the LEA).

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

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

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

4A - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	4.70%

FFY	2018	2019	2020	2021	2022
Target <=	5.00%	4.00%	2.18%	2.18%	2.18%
Data	2.17%	2.16%	1.41%	0.00%	1.37%

Targets

FFY	2023	2024	2025
Target <=	4.70%	4.70%	4.50%

Targets: Description of Stakeholder Input

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

FFY 2023 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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
7	149	1.37%	4.70%	4.70%	N/A	N/A

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 and calculates the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs among all LEAs within the State. The methodology utilized by the ALSDE uses one state-level suspension/expulsion rate (the average of all LEAs) and adds one and a half (1.5) percentage points to the state rate to create a single state bar utilized for comparison to the district-level suspension/expulsion rate for children with IEPs annually. An LEA is determined to have a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least 1.5 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 0.70%; as such, the state bar for this reporting period is 2.20%. The state bar of 2.20% exceeds the state rate by 1.5 percentage points and is slightly more than three times the state rate for this reporting period. No minimum cell size or n-size is used, meaning all data is considered, regardless of the size of the LEA.

The ALSDE and stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) believe that the definition is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in Alabama because 100% of Alabama LEAs are being examined and considered for significant discrepancy. This comprehensive approach ensures that no LEA is overlooked, fostering a consistent and standardized method for making accurate comparisons. Further, the State has elected to set a lower threshold than in previous years (now adding 1.5 percentage points to the state rate as opposed to the two (2.0) percentage points previously used). This was done, based again on stakeholder feedback, to ensure the standards for determining significant discrepancy are rigorous, reasonable, and adequately responsive to potential concerns related to long-term suspensions/expulsions.

Provide additional information about this indicator (optional)

The ALSDE engaged multiple stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) for guidance regarding a change in methodology, the use of a single state bar, and our process for reviewing policies, procedures, and practices to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.

As a result of feedback from multiple stakeholder groups, the ALSDE revised its methodology for this indicator in FFY 2023. The revised methodology states that an LEA has a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least one and a half (1.5) percentage points more than the State's suspension/expulsion rate for children with IEPs and one or more student is suspended/expelled. This change reflects a decrease from two (2.0) percentage points, which has been historically used. The ALSDE began using the revised methodology in FFY 2023 (SY data 2022-2023). As a result of the change in methodology, data from the prior years are no longer comparable, and thus a new baseline was set. The ALSDE will continue to use a single state bar to calculate one state-level suspension/expulsion rate for all LEAs.

Review of Policies, Procedures, and Practices (completed in FFY 2023 using 2022-2023 data)**Provide a description of the review of policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.**

The ALSDE implemented a tiered approach for corrective actions based on an LEA's year of identification. In year one of identification, an LEA must review its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards using a state-provided template (Tier 1). In year two, in addition to Tier 1 activities, an LEA must complete a discipline self-assessment, participate in PBIS training, provide monthly progress reports to the ALSDE documenting the total number of suspensions/expulsions of children with IEPs, and develop an improvement plan outlining its procedures for monitoring the rate of suspensions and expulsions of children with IEPs based on data analyses and identification of patterns (Tier 2). In year three and subsequent years, an LEA must complete Tiers 1 and 2 activities and participate in discipline training and a root cause analysis process with support from the ALSDE.

For the seven LEAs that the ALSDE 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 required each LEA to review 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 these policies, procedures, and practices comply with IDEA. The LEAs then submitted their reviews to the ALSDE. Subsequently, the ALSDE reviewed the LEAs' self-review responses, and no instances of noncompliance were identified for any of the seven LEAs as a result of this review.

In the event that noncompliance is found during the ALSDE review of an LEA's response, the State requires the LEA to revise its policies, procedures, and/or practices to align with federal requirements and publicly report the revisions. Further, the LEAs must demonstrate and the State must verify corrections of noncompliance, consistent with QA 23-01.

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 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

4A - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy in the rate of long-term suspensions and expulsions is reasonably designed.

Response to actions required in FFY 2022 SPP/APR

The ALSDE is committed to ensuring that students with IEPs receive equitable services and support for their unique needs across all LEAs in the state. One of the critical measures that ALSDE monitors is the rate of suspensions and expulsions for children with IEPs. To maintain oversight and promote accountability, the ALSDE has implemented a methodology for examining these suspension and expulsion rates. This process is to identify any significant discrepancies that might indicate systemic issues within certain LEAs. By doing so, ALSDE can work towards addressing and rectifying any disparities to ensure that all children with IEPs receive the appropriate educational opportunities they are entitled to.

The State and its stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) examined historical trend data to determine the average number of districts that met or exceeded the State's rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The data showed that annually, more than 80% of the LEAs consistently fell below the state rate/state bar, indicating that approximately 20% of the LEAs exceeded the state rate/state bar by having one or more students with IEPs being suspended/expelled more than 10 days in a school year. To ensure the identification of any significant discrepancies that might indicate systemic issues within LEAs, a change to the methodology was implemented. This change reflected a decrease from two (2.0) percentage points to one and a half (1.5) percentage points. The ALSDE began using the revised methodology in FFY 2023 (SY data 2022-2023). As a result of the change in methodology, a new baseline was set. The ALSDE will continue to use a single state bar to calculate one state-level suspension/expulsion rate for all LEAs.

The ALSDE and its stakeholder groups believe that the revised methodology is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in Alabama because 100% of Alabama LEAs are being examined and considered for significant discrepancy. This comprehensive approach ensures that no LEA is overlooked, fostering a consistent and standardized method for making accurate comparisons. Further, the State has elected to set a lower threshold than in previous years (now adding 1.5 percentage points to the state rate as opposed to the two (2.0) percentage points previously used). This was done, based again on stakeholder feedback, to ensure the standards for determining significant discrepancy are rigorous, reasonable, and adequately responsive to potential concerns related to long-term suspensions/expulsions.

4A - OSEP Response

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

The State revised its targets for this indicator, and OSEP accepts those targets.

4A - Required Actions

Indicator 4B: Suspension/Expulsion

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

Compliance Indicator: Rates of suspension and expulsion:

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

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

Data Source

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

Measurement

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

Include State's definition of "significant discrepancy."

Instructions

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

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

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

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

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

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

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

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

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

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

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

Targets must be 0% for 4B.

4B - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2023	0.00%

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

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

The ALSDE minimum cell size of 1 represents the number of children with disabilities, by race and ethnicity, who have received out-of-school suspensions and expulsions of more than 10 days within the LEA. The ALSDE has not established a minimum n-size.

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

The ALSDE and stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) believe that the minimum cell size of 1 is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in Alabama, by race and ethnicity. The State has determined that the minimum cell size of 1 is reasonable based on a thorough analysis of historical data trends and the distribution of student populations across LEAs. Additionally, it allows the State to effectively identify LEAs with potential compliance issues, without excluding smaller LEAs whose data may otherwise be overlooked. By setting a minimum cell size of 1, the State ensures that the analysis captures meaningful patterns and trends while minimizing the risk of misidentification due to statistical anomalies. This approach aligns with federal requirements and provides a balanced framework for accurately assessing LEAs for significant discrepancy.

Prior to changing its methodology, the State and its stakeholder groups examined historical trend data to determine the average number of districts that met the State's minimum cell size of 1 in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs by race and ethnicity in Alabama. Trend data indicated that on average annually, approximately 40% of Alabama LEAs did not meet the State's minimum cell size of 1, which indicates these LEAs did not suspend or expel one or more children with IEPs for more than 10 days in a school year, leaving approximately 60% of LEAs that meet the minimum cell size of 1. Nevertheless, all Alabama LEAs' suspensions and expulsions rates are examined annually to determine if significant discrepancies, by race and ethnicity exist. The ALSDE and its stakeholder groups believe that the rationale for a minimum cell size of 1 is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs by race and ethnicity. This comprehensive approach ensures that no LEA is overlooked.

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

In the FFY 2022 APR, the State erroneously reported that it used a minimum 'n' size of 1, instead of reporting a minimum 'cell' size of 1, for the State's definition of significant discrepancy. Although incorrect terminology was used, the State's process (i.e., using a minimum cell size of 1 and excluding LEAs that had zero students with disabilities suspended or expelled greater than 10 days in a school year) has remained consistent and there has been no change from the prior SPP/APR reporting period.

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

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

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Number of LEAs that have a significant discrepancy, by race or ethnicity	Number of those LEAs that have policies, procedure or practices that contribute to the significant discrepancy and do not comply with requirements	Number of LEAs that met the State's minimum n/cell-size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
6	0	92	0.00%	0%	0.00%	N/A	N/A

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

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

Were all races and ethnicities included in the review?

YES

State's definition of "significant discrepancy" and methodology

The ALSDE engaged multiple stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) for guidance regarding a change in methodology, the use of a single state bar, and our process for reviewing policies, procedures, and practices to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.

As a result of feedback from multiple stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff), the ALSDE has revised our methodology for this indicator. The revised methodology states that an LEA has a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least one and a half (1.5) percentage points more than the State's suspension/expulsion rate for children with IEPs and one or more students are suspended/expelled. This change reflects a decrease from two (2.0) percentage points, which was used to set the state threshold in prior submissions. The ALSDE applied the revised methodology in FFY 2023 (using SY 2022-2023 data). The ALSDE continues to use a single state bar to calculate one state-level suspension/expulsion rate for all LEAs and all racial/ethnic groups.

The State calculates the rates of suspensions and expulsions greater than 10 days in a school year for children with IEPs from a racial/ethnic group for each LEA within the State. Then, using the minimum cell size of one, excludes any LEA that had a zero count of students with IEPs in a particular racial/ethnic group with out-of-school suspensions/expulsions greater than 10 days. 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 this reporting period is 0.70%; as such, the state bar for this reporting period is 2.20%, which is 1.5 percentage points higher than the state rate. An LEA was determined to have a significant discrepancy if its rate of suspensions/expulsions for children with IEPs by race or ethnicity was greater than 2.20%. A minimum cell size of one was used, yielding the exclusion of 57 LEAs from the calculations.

The ALSDE and our stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) believe that the revised methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The revised methodology ensures a thorough and equitable evaluation of significant discrepancies among LEAs. Specifically, this methodology allows the State to effectively identify LEAs with potential compliance issues without excluding smaller LEAs whose data may otherwise be overlooked. The methodology considers state-specific factors, such as population diversity, LEA size, and historical trends, to ensure that the approach is tailored to the unique characteristics of the state. This helps to account for variability across LEAs and ensures the methodology is contextually appropriate. Further, the State has elected to set a lower threshold than in previous years (now adding 1.5 percentage points to the state rate as opposed to the two (2.0) percentage points previously used). This was done, based again on stakeholder feedback, to ensure the standards for determining significant discrepancy are rigorous, reasonable, and adequately responsive to potential concerns related to long-term suspensions/expulsions.

Provide additional information about this indicator (optional)

The ALSDE and its stakeholder groups believe that the definition of significant discrepancy is reasonably designed to determine if significant discrepancies are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs in Alabama. Additionally, although the total number of districts is reported as 150 in the introduction for this reporting period, when using SY 2022-23 data, as required, the state had a total of 149 LEAs. Of these, 92 LEAs met the minimum cell size of 1, while 57 LEAs did not meet the minimum cell size of 1 and were, therefore, excluded from the calculations.

As a result of the change in methodology, data from the prior years are no longer comparable, and thus a new baseline was set. The ALSDE will continue to use a single state bar to calculate one state-level suspension/expulsion rate for all LEAs.

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

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

The ALSDE has implemented a tiered approach for corrective actions based on an LEA's year of identification. In year one of identification, an LEA must review its policies, procedures, and practices relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards using a state-provided template (Tier 1). In year two, in addition to the Tier 1 activities, an LEA must complete a discipline self-assessment, participate in PBIS training, provide monthly progress reports to the ALSDE documenting the total number of suspensions/expulsions of children with IEPs, and develop an improvement plan outlining its procedures for monitoring the rate of suspensions and expulsions of children with IEPs based on data analyses and identification of patterns (Tier 2). In year three and subsequent years, an LEA must complete Tiers 1 and 2 activities and participate in discipline training and a root cause analysis process with support from the ALSDE (Tier 3).

For the six LEAs that the ALSDE 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 by race/ethnicity, the State required each LEA to review 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 these policies, procedures, and practices comply with IDEA. Subsequently, the ALSDE reviewed the LEAs' self-review responses, and no instances of noncompliance were identified for any of the six LEAs as a result of this review.

In the event that noncompliance is found during the ALSDE review of an LEA's response, the State requires the LEA to revise its policies, procedures, and/or practices to align with federal requirements and publicly report the revisions. Further, the LEAs must demonstrate and the State must verify corrections of noncompliance, consistent with QA 23-01.

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 2022

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

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

4B - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must explain how its methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs, including how the State's threshold for measuring significant discrepancy, by race or ethnicity, in the rate of long-term suspensions and expulsions is reasonably designed.

Response to actions required in FFY 2022 SPP/APR

The ALSDE engaged multiple stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) for guidance regarding a change in methodology, the use of a single state bar, and our process for reviewing policies, procedures, and practices to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs.

As a result of feedback from multiple stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff), the ALSDE has revised its methodology for this indicator. The revised methodology states that an LEA has a significant discrepancy when its suspension/expulsion rate for children with IEPs is at least one and a half (1.5) percentage points more than the state's suspension/expulsion rate for children with IEPs and one or more students are suspended/expelled. This change reflects a decrease from two (2.0) percentage points previously used. The ALSDE began using the revised methodology in FFY 2023 (using SY 2022-2023 data). As a result of the change in methodology, a new baseline was set. The ALSDE will continue to use a single state bar to calculate one state-level suspension/expulsion rate for all LEAs and all racial/ethnic groups.

The ALSDE and our stakeholder groups (i.e., SEAP, LEA Special Education Coordinators/Directors and teachers, and ALSDE staff) believe that the revised methodology is reasonably designed to determine if significant discrepancies, by race or ethnicity, are occurring in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs. The revised methodology ensures a thorough and equitable evaluation of significant discrepancies among LEAs. Specifically, this methodology allows the State to effectively identify LEAs with potential compliance issues without excluding smaller LEAs whose data may otherwise be overlooked. The methodology considers state-specific factors, such as population diversity, LEA size, and historical trends, to ensure that the approach is tailored to the unique characteristics of the State. This helps to account for variability across LEAs and ensures the methodology is contextually appropriate. Further, the state has elected to set a lower threshold than in previous years (now adding 1.5 percentage points to the state rate as opposed to the two (2.0) percentage points previously used). This was done, based again on stakeholder feedback, to ensure the standards for determining significant discrepancy are rigorous, reasonable, and adequately responsive to potential concerns related to long-term suspensions/expulsions.

4B - OSEP Response

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

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

Instructions

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

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

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

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

5 - Indicator Data

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A	2020	Target >=	77.75%	77.75%	83.92%	83.92%	83.92%
A	83.92%	Data	83.59%	83.62%	83.92%	83.81%	82.65%
B	2020	Target <=	6.00%	6.00%	7.21%	6.96%	6.71%
B	7.21%	Data	7.18%	7.19%	7.21%	7.39%	8.21%
C	2020	Target <=	2.50%	2.50%	2.26%	2.26%	2.26%
C	2.26%	Data	2.45%	2.42%	2.26%	2.09%	2.09%

Targets

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

Targets: Description of Stakeholder Input

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	Total number of children with IEPs aged 5 (kindergarten) through 21	99,142
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class 80% or more of the day	82,077
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	8,387
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c1. Number of children with IEPs aged 5 (kindergarten) through 21 in separate schools	1,004
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c2. Number of children with IEPs aged 5 (kindergarten) through 21 in residential facilities	438
SY 2023-24 Child Count/Educational Environment Data Groups (EDFacts file spec FS002; Data group 74)	07/31/2024	c3. Number of children with IEPs aged 5 (kindergarten) through 21 in homebound/hospital placements	381

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

NO

FFY 2023 SPP/APR Data

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Number of children with IEPs aged 5 (kindergarten) through 21 inside the	82,077	99,142	82.65%	83.92%	82.79%	Did not meet target	No Slippage

Education Environments	Number of children with IEPs aged 5 (kindergarten) through 21 served	Total number of children with IEPs aged 5 (kindergarten) through 21	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
regular class 80% or more of the day							
B. Number of children with IEPs aged 5 (kindergarten) through 21 inside the regular class less than 40% of the day	8,387	99,142	8.21%	6.46%	8.46%	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]	1,823	99,142	2.09%	2.26%	1.84%	Met target	No Slippage
Part	Reasons for slippage, if applicable						
B	The state continues to observe a rise in the number of students with complex academic and behavioral challenges, which may contribute to the increasing percentage of students receiving services outside the regular classroom for more than 40% of the school day.						

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

Instructions

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

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

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

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

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

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

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

6 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

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

Part	FFY	2018	2019	2020	2021	2022
A	Target >=	53.00%	53.00%	52.70%	52.70%	52.70%
A	Data	53.47%	52.09%	52.70%	54.59%	55.60%
B	Target <=	5.50%	5.50%	4.28%	4.28%	4.28%
B	Data	3.12%	3.31%	4.28%	3.49%	5.25%
C	Target <=			2.71%	2.71%	2.71%
C	Data			2.71%	2.52%	2.53%

Targets: Description of Stakeholder Input

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Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

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groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

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Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Targets

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

Inclusive Targets

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

Target Range not used

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

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

Inclusive Targets – 6A, 6B

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

Inclusive Targets – 6C

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

Prepopulated Data

Data Source:

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

Date:

07/31/2024

Description	3	4	5	3 through 5 - Total
Total number of children with IEPs	1,698	2,722	368	4,788
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	935	1,588	200	2,723
b1. Number of children attending separate special education class	98	104	16	218
b2. Number of children attending separate school	21	26	5	52
b3. Number of children attending residential facility	1	1	0	2
c1. Number of children receiving special education and related services in the home	38	44	6	88

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

NO

FFY 2023 SPP/APR Data - Aged 3 through 5

Preschool Environments	Number of children with IEPs aged 3 through 5 served	Total number of children with IEPs aged 3 through 5	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. A regular early childhood program and receiving the majority of special education and related services in the regular early childhood program	2,723	4,788	55.60%	52.70%	56.87%	Met target	No Slippage
B. Separate special education class, separate school, or residential facility	272	4,788	5.25%	4.28%	5.68%	Did not meet target	Slippage
C. Home	88	4,788	2.53%	2.71%	1.84%	Met target	No Slippage

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

The state continues to observe a rise in the number of students with complex academic and behavioral challenges, which may contribute to the increasing percentage of students receiving services outside the regular early childhood program.

Provide additional information about this indicator (optional)

6 - Prior FFY Required Actions

None

6 - OSEP Response

6 - Required Actions

Indicator 7: Preschool Outcomes

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

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

Data Source

State selected data source.

Measurement

Outcomes:

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

Progress categories for A, B and C:

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

Summary Statements for Each of the Three Outcomes:

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

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

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

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

Instructions

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

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

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

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

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

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

7 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Part	Baseline	FFY	2018	2019	2020	2021	2022
A1	2023	Target >=	91.55%	91.55%	93.09%	93.09%	93.09%
A1	51.07%	Data	94.27%	94.77%	94.27%	93.29%	88.13%

A2	2023	Target >=	83.55%	83.55%	76.30%	76.30%	76.30%
A2	54.71%	Data	78.22%	76.30%	76.08%	76.89%	71.22%
B1	2023	Target >=	91.45%	91.45%	92.31%	92.31%	92.31%
B1	57.30%	Data	92.43%	93.83%	92.96%	92.23%	86.98%
B2	2023	Target >=	65.85%	65.85%	57.20%	57.20%	57.20%
B2	50.44%	Data	63.56%	61.89%	59.44%	61.42%	58.09%
C1	2023	Target >=	89.85%	89.85%	91.57%	91.57%	91.57%
C1	43.88%	Data	92.57%	93.47%	92.13%	91.93%	82.89%
C2	2023	Target >=	88.95%	88.95%	75.40%	75.40%	75.40%
C2	50.63%	Data	86.16%	85.40%	83.16%	83.31%	76.34%

Targets

FFY	2023	2024	2025
Target A1 >=	51.07%	51.07%	51.17%
Target A2 >=	54.71%	54.71%	54.81%
Target B1 >=	57.30%	57.30%	57.40%
Target B2 >=	50.44%	50.44%	50.54%
Target C1 >=	43.88%	43.88%	43.98%
Target C2 >=	50.63%	50.63%	50.73%

Targets: Description of Stakeholder Input

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The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

During the FFY 2023 reporting period, all LEAs in the State were required to use a new preschool outcomes measure (i.e., Teaching Strategies GOLD). Thus, the data for FFY 2023 is no longer comparable to prior years, necessitating a revision to the baseline.

As such, the ALSDE, in collaboration with the Alabama Department of Rehabilitation Services, Early Intervention System, ALSDE staff, and the SEAP, discussed the need to revise the baseline and reset the targets for this indicator to ensure that the data aligned with the new data source and demonstrated improvement over the baseline in FFY 2025. During the discussions, we reviewed historical and current year's preschool outcomes data for both Part B Indicator 7: Preschool Outcomes and Part C Indicator 3: Early Childhood Outcomes.

The State and its stakeholders recognize a decrease in FFY 2023 data compared to previous years. When setting new targets for this indicator, the State, in collaboration with stakeholders, sought to ensure the targets are reasonable while considering the challenges of transitioning to a new outcomes measure. These targets are not intended to be static; the State will continue to review data annually to ensure that the targets remain both achievable and rigorous.

Lastly, the State will continue to provide training to LEA staff on the appropriate use of the tool to ensure accurate data collection, consistent implementation, and improved outcomes for students.

FFY 2023 SPP/APR Data

Number of preschool children aged 3 through 5 with IEPs assessed

2,603

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	460	17.67%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	428	16.44%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	291	11.18%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	636	24.43%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	788	30.27%

Outcome A	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation: $(c+d)/(a+b+c+d)$</i>	927	1,815	88.13%	51.07%	51.07%	N/A	N/A
A2. The percent of preschool children who were functioning within age expectations in Outcome A by the time they turned 6 years of age or exited the program. <i>Calculation: $(d+e)/(a+b+c+d+e)$</i>	1,424	2,603	71.22%	54.71%	54.71%	N/A	N/A

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

Outcome B Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	339	13.02%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	521	20.02%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	430	16.52%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	724	27.81%

Outcome B Progress Category	Number of Children	Percentage of Children
e. Preschool children who maintained functioning at a level comparable to same-aged peers	589	22.63%

Outcome B	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation:</i> $(c+d)/(a+b+c+d)$	1,154	2,014	86.98%	57.30%	57.30%	N/A	N/A
B2. The percent of preschool children who were functioning within age expectations in Outcome B by the time they turned 6 years of age or exited the program. <i>Calculation:</i> $(d+e)/(a+b+c+d+e)$	1,313	2,603	58.09%	50.44%	50.44%	N/A	N/A

Outcome C: Use of appropriate behaviors to meet their needs

Outcome C Progress Category	Number of Children	Percentage of Children
a. Preschool children who did not improve functioning	631	24.24%
b. Preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	419	16.10%
c. Preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	235	9.03%
d. Preschool children who improved functioning to reach a level comparable to same-aged peers	586	22.51%
e. Preschool children who maintained functioning at a level comparable to same-aged peers	732	28.12%

Outcome C	Numerator	Denominator	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 6 years of age or exited the program. <i>Calculation:</i> $(c+d)/(a+b+c+d)$	821	1,871	82.89%	43.88%	43.88%	N/A	N/A
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:</i> $(d+e)/(a+b+c+d+e)$	1,318	2,603	76.34%	50.63%	50.63%	N/A	N/A

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

YES

Sampling Question	Yes / No
Was sampling used?	NO

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

NO

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

Teaching Strategies GOLD® (hereafter referred to as GOLD) objectives and dimensions that comprise each of the functional outcomes that are reported are based on a crosswalk recommended by the national Early Child Outcomes (ECO) Center. Criteria for defining “comparable to same-aged peers” was determined through Rasch analyses by Teaching Strategies. Using a nationally representative sample of same-aged children, each cut score was derived from the distribution of the latent trait for each outcome area. The algorithms result in a 7-point rating system that parallels the Child Outcomes Summary (COS) ratings. These ratings by age are programmed into the GOLD online system which generates a rating based on GOLD scores for each functional outcome. Research studies examining the reliability and validity of the GOLD may be found at <https://teachingstrategies.com/research/#assessment>.

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

In FFY 2022, the ALSDE began transitioning to the GOLD tool for collecting preschool outcomes data and piloted using the instrument with 25 LEAs. During the FFY 2023 reporting period, all LEAs were required to use the GOLD tool for the entry checkpoint and the exit checkpoint for children exiting preschool and transitioning to kindergarten who had received at least six months of special education and related services.

It is important to note that for 1,333 students, the Early Learning Progress Profile (ELPP) was used as the tool for the entry checkpoint, while the GOLD tool was used for the exit checkpoint. For these students, the ALSDE developed a tool into which entry ELPP scores were entered. The tool converted that data to the three COS scores, which were then entered into the GOLD platform as the COS entry data for those students. In doing so, the State used GOLD algorithms to produce the progress categories.

Additionally, for 1,270 students, the GOLD tool was used for both the entry and exit checkpoints. During this reporting period, no students had both entry and exit checkpoints completed using the ELPP tool.

The ELPP was a tool specifically developed for the State of Alabama, designed to generate three COS scores for federal reporting. While it was previously used to determine preschool outcomes data, it has since been replaced by the GOLD tool.

The procedures for gathering the GOLD 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 GOLD annually by the mid-May checkpoint for all children exiting preschool programs and transitioning to kindergarten. The GOLD 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. The LEAs are trained to use this information to examine the effectiveness of curricula, instructional settings, and specially designed instruction (SDI) to improve outcomes for preschool children with IEPs.

Provide additional information about this indicator (optional)

7 - Prior FFY Required Actions

None

7 - OSEP Response

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

The State revised its targets for this indicator, and OSEP accepts those targets.

7 - Required Actions

Indicator 8: Parent involvement

Instructions and Measurement

Monitoring Priority: FAPE in the LRE

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

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

Data Source

State selected data source.

Measurement

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

Instructions

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

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

Provide the actual numbers used in the calculation.

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

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

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

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

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

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

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

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

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

8 - Indicator Data

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

Targets: Description of Stakeholder Input

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Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education

teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Historical Data

Baseline Year	Baseline Data
2010	74.90%

FFY	2018	2019	2020	2021	2022
Target >=	76.38%	76.38%	76.99%	77.24%	77.49%
Data	76.70%	72.96%	72.29%	71.37%	73.08%

Targets

FFY	2023	2024	2025
Target >=	77.74%	77.99%	78.24%

FFY 2023 SPP/APR Data

Number of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities	Total number of respondent parents of children with disabilities	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
14,905	20,303	73.08%	77.74%	73.41%	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 students with disabilities ages 3-21 to rate the facilitation of parent involvement at their children's schools. One survey was administered to both preschool and school-age children.

The survey dissemination process was the same for both groups. School staff, district staff, and APEC staff disseminated website links and 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, although school districts only requested online surveys in English, Spanish, Korean, and Vietnamese.

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, separate analyses were conducted to compare results between preschool and school-age groups. The percentage of parent involvement among parents of preschool children was 80.18%, which was an increase of 0.77% compared to FFY 2022. The percentage of parent involvement among parents of school-age children was 72.73%, which was an increase of 0.22% compared to FFY 2022. The response rates were 37.43% among parents of preschool children and 19.49% among parents of school-age children.

The number of parents to whom the surveys were distributed.

103,931

Percentage of respondent parents

19.54%

Response Rate

FFY	2022	2023
-----	------	------

Response Rate	22.05%	19.54%
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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% for the representativeness of the responders compared to the target group. According to LaPier, Bullis, and Falls (September 2007), from the former National Post-School Outcomes Center, +/-3.0% differences can be construed as "important differences."

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

The responding sample was compared to 2023 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 data below demonstrates the percentages for the FFY 2023 Alabama Parent Survey responding sample, the percentages from the 2023 Child Count data (ages 3-21), and the differences between the two.

Gender, Total Population, Responding Sample, Difference

Female, 34.64%, 35.96%, 1.32%

Male, 65.36%, 64.04%, -1.32%

Race/Ethnicity

American Indian or Native Alaskan, 0.67%, 0.56%, -0.11%

Asian, 0.74%, 0.84%, 0.10%

Black or African American, 34.46%, 29.33%, -5.13%

Hispanic/Latino, 8.42%, 6.57%, -1.85%

More than One Race, 3.75%, 6.77%, 3.02%

Native Hawaiian or Other Pacific Islander, 0.08%, 0.16%, 0.08%

White, 51.88%, 55.77%, 3.89%

Disability Category

Autism, 11.94%, 18.00%, 6.06%

Deaf-Blindness, 0.02%, 0.40%, 0.38%

Developmental Delay, 5.33%, 10.03%, 4.70%

Emotional Disability, 1.05%, 1.90%, 0.85%

Hearing Impairment, 0.83%, 0.84%, 0.01%

Intellectual Disability, 6.75%, 6.35%, -0.40%

Multiple Disabilities, 1.33%, 4.20%, 2.87%

Orthopedic Impairment, 0.45%, 0.40%, -0.05%

Other Health Impairment, 13.43%, 5.52%, -7.91%

Specific Learning Disability, 39.72%, 29.06%, -10.66%

Speech/Language Impairment, 18.48%, 22.36%, 3.88%

Traumatic Brain Injury, 0.22%, 0.28%, 0.06%

Visual Impairment, 0.46%, 0.66%, 0.20%

As indicated in the data above, eight indices were not representative of the target population obtained from the 2023 Child Count data:

- Black or African American (5.13% underrepresented);
- More Than One Race (3.02% overrepresented);
- White (3.89% overrepresented);
- Autism (6.06% overrepresented);
- Developmental Delay (4.70% overrepresented);
- Other Health Impairment (7.91% underrepresented);
- Specific Learning Disability (10.66% underrepresented); and
- Speech/Language Impairment (3.88% overrepresented).

As the Alabama Parent Survey was more widely disseminated online and through paper-and-pencil compared to previous years, there was more opportunity for response error. For example, respondents were asked to identify demographic information, including disability. In FFY 2023, there were 2,473 missing responses to the primary disability question, or 11.6% of the sample. Response error was also noted in disability responses. For example, responses to the primary disability question indicate that a percentage of parents do not know the disability category (e.g., parents have written "Attention Deficit Disorder" in the margin but checked "Intellectual Disability").

Additionally, results suggest errors in the administration of the survey. For example, Deaf-Blindness had over four times the number of students identified with Deaf-Blindness in the State (a 411% 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.

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

NO

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

To address deviations in the 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, the ALSDE will continue efforts to increase the response rate. ALSDE staff reviewed response rate data for districts twice during the data collection window, and this step will continue

for FFY 2024. Furthermore, the ALSDE will continue to communicate with districts that have low response rates to ensure family members have an opportunity to be represented.

- To promote the online survey, the State will continue to share the survey weblink on the SES web page, as well as at statewide conferences with parent participants.

- The ALSDE will continue to work closely with APEC to reach parents through APEC's outreach activities. The ALSDE will ask APEC to include the survey weblink in materials shared with families.

- The ALSDE will consider moving back to sampling to have a smaller number of local education agencies (LEAs) to monitor during data entry. Being able to monitor the progress may help increase response rates and focus efforts on increasing responses from traditionally underrepresented groups.

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

In addition to the strategies listed above for increasing representativeness, 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 social media. Specifically, the ALSDE 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 ALSDE 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 ALSDE will contact all LEAs with response rates lower than the State's FFY 2023 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 Coordinator/Director 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 strategies to improve data collection.

- The ALSDE 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 2024 data collection period, the ALSDE 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 ALSDE SEAP contact will develop and distribute packets to parents who are SEAP members. Packets will include online access information, a few paper surveys, and contact information for the ALSDE. 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 will employ the same steps for students who are Hispanic as for students who are Black or African American. Additionally, the ALSDE has a contract with a language interpreter service. The interpreter service will be available for any LEA to use for the Indicator 8 Parent Survey.

Two of the Primary Disability categories Other Health Impairment (OHI) and Specific Learning Disability (SLD) were underrepresented. The ALSDE will consider modifying the Alabama Parent Survey Primary Disability section to offer examples of disabilities within categories (e.g., "ADHD" an example of OHI) in order to make the section more parent-friendly.

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 staff combined paper surveys submitted and the online, direct-entry surveys (in English, Korean, Vietnamese, and Spanish) to create its dataset. ALSDE staff have established the following internal decision rules:

- 1) Any surveys with responses to the 11 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 11 parent involvement items and no open-ended responses, the surveys must have three or more responses to demographic questions (including LEA) to be included in the analyses.

After applying these decision rules, there were a total of 21,291 responses in FFY 2023. Among these responses, there were 20,303 responses to the parent involvement items. Therefore, 4.64% of respondents only completed demographic questions and/or provided open-ended responses. While a respondent can choose whether or not to participate, the ALSDE staff will encourage LEAs to ask parents to complete the rating scale items. Increasing responses may reduce nonresponse bias.

To address nonresponse bias, the State analyzed Indicator 8 data with weighted demographic variables. Each of the 22 demographic indices was assigned an expected percentage based on the percentage from the 2023 Child Count data. Individual responses were recoded for each demographic variable. Using statistical software (SPSS), weights were assigned, and the Indicator 8 data were reanalyzed. The table below shows Indicator 8 parent involvement by weighted demographic categories.

FFY 2023 Results, Expected Value for Gender, Expected Value for Race, Expected Value for Primary Disability
Indicator 8 73.4%, 73.3%, 74.0%, 74.8%

When weighted, all three expected values for gender, race, and disability were within 1.4% of the actual value, and none of the values exceeded Alabama's Indicator 8 target. Furthermore, race and disability were slightly higher than the actual values. These results suggest the actual value were likely representative of the population and nonresponse bias did not have a significant impact on the results.

The ALSDE will continue to take steps to improve response rates, sample from a broader pool of students, and increase completion rates. To address the potential issue of nonresponse bias and promote responses from a broad cross-section of youths, the ALSDE staff have implemented, and will continue to implement, the following steps to reach a broader sample of families:

- 1) Monitor response rates;
- 2) Contact districts with no or low response rates during the data collection window to encourage participation;
- 3) Share the Parent Survey weblink with APEC and the Alabama Parent Training and Information Center;
- 4) Provide translations of the survey in 11 languages; and
- 5) Disseminate the survey as both a weblink and in paper-and-pencil format via the local districts and schools.

In FFY 2024, extra efforts will be made to increase the response rate of parents of students with OHI or SLD, and students who are Black or African American, including sharing the link with parent groups and referencing the low response rate in communications with districts.

Sampling Question	Yes / No
Was sampling used?	NO

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

Provide additional information about this indicator (optional)

8 - Prior FFY Required Actions

In the FFY 2023 SPP/APR, the State must report whether the FFY 2023 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Response to actions required in FFY 2022 SPP/APR

The demographics of children receiving special education services were not representative of the target population obtained from the 2023 Child Count data. Eight indices were not representative of the target population obtained from the 2023 Child Count data:

- Black or African American (5.13% underrepresented);
- More Than One Race (3.02% overrepresented);
- White (3.89% overrepresented);
- Autism (6.06% overrepresented);
- Developmental Delay (4.70% overrepresented);
- Other Health Impairment (7.91% underrepresented);
- Specific Learning Disability (10.66% underrepresented); and
- Speech/Language Impairment (3.88% overrepresented).

To address deviations in the 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, the ALSDE will continue efforts to increase the response rate. ALSDE staff reviewed response rate data for districts twice during the data collection window, and this step will continue for FFY 2024. Furthermore, the ALSDE will continue to communicate with districts that have low response rates to ensure family members have an opportunity to be represented.
- To promote the online survey, the State will continue to share the survey weblink on the SES page and at statewide conferences with parent participants.
- The ALSDE will continue to work closely with APEC to reach parents through APEC's outreach activities. The ALSDE will ask APEC to include the survey weblink in materials shared with families.
- The ALSDE will consider moving back to sampling to have a smaller number of local education agencies (LEAs) to monitor during data entry. Monitoring the progress may help increase response rates and focus efforts on increasing responses from traditionally underrepresented groups.

In addition to the strategies listed above for increasing representativeness, 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 social media. Specifically, the ALSDE 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 ALSDE 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 Data Manager will send an email to all LEAs with response rates lower than the State's FFY 2023 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 Coordinator/Director 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 strategies to improve data collection.
- The ALSDE 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 2024 data collection period, the ALSDE 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 ALSDE SEAP contact will develop and distribute packets to parents who are SEAP members. Packets will include online access information, a few paper surveys, and contact information for the ALSDE. 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 will employ the same steps for students who are Hispanic as for students who are Black or African American. Additionally, the ALSDE has a contract with a language interpreter service. The interpreter service will be available for any LEA to use for the Indicator 8 Parent Survey.

Two of the Primary Disability categories, Other Health Impairment (OHI) and Specific Learning Disability (SLD), were underrepresented. The ALSDE will consider modifying the Alabama Parent Survey Primary Disability section to offer examples of disabilities within categories (e.g., "ADHD" an example of OHI) in order to make the section more parent-friendly.

ALSDE staff combined paper surveys submitted and the online, direct-entry surveys (in English, Korean, Vietnamese, and Spanish) to create its dataset. ALSDE staff have established the following internal decision rules:

- 1) Any surveys with responses to the 11 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 11 parent involvement items and no open-ended responses, the surveys must have three or more responses to demographic questions (including LEA) to be included in the analyses.

After applying these decision rules, there were a total of 21,291 responses in FFY 2023. Among these responses, there were 20,303 responses to the parent involvement items. Therefore, 4.64% of respondents only completed demographic questions and/or provided open-ended responses. While a respondent can choose whether or not to participate, the ALSDE staff will encourage LEAs to ask parents to complete the rating scale items. Increasing responses may reduce nonresponse bias.

To address nonresponse bias, the State analyzed Indicator 8 data with weighted demographic variables. Each of the 22 demographic indices was assigned an expected percentage based on the percentage from the 2023 Child Count data. Individual responses were recoded for each demographic variable. Using statistical software (SPSS), weights were assigned, and the Indicator 8 data were reanalyzed. The table below shows Indicator 8 parent involvement by weighted demographic categories.

FFY 2023 Results, Expected Value for Gender, Expected Value for Race, Expected Value for Primary Disability
Indicator 8, 73.4%, 73.3%, 74.0%, 74.8%

When weighted, all three expected values for gender, race, and disability were within 1.4% of the actual value, and none of the values exceeded Alabama's Indicator 8 target. Furthermore, race and disability were slightly higher than the actual values. These results suggest the actual values were likely representative of the population and nonresponse bias did not have a significant impact on the results.

The ALSDE will continue to take steps to improve response rates, sample from a broader pool of students, and increase completion rates. To address the potential issue of nonresponse bias and promote responses from a broad cross-section of youths, the ALSDE staff have implemented and will continue to implement, the following steps to reach a broader sample of families:

- 1) Monitor response rates;
- 2) Contact districts with no or low response rates during the data collection window to encourage participation;
- 3) Share the Parent Survey weblink with APEC and the Alabama Parent Training and Information Center;
- 4) Provide translations of the survey in 11 languages; and
- 5) Disseminate the survey as both a weblink and in paper-and-pencil format via the local districts and schools.

In FFY 2024, extra efforts will be made to increase the response rate of parents of students with OHI or SLD, and students who are Black or African American, including sharing the link with parent groups and referencing the low response rate in communications with districts.

8 - OSEP Response

8 - Required Actions

In the FFY 2024 SPP/APR, the State must report whether the FFY 2024 data are from a response group that is representative of the demographics of children receiving special education services, and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the response data are representative of the demographics of children receiving special education services.

Indicator 9: Disproportionate Representation

Instructions and Measurement

Monitoring Priority: Disproportionality

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

9 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	1.40%

FFY	2018	2019	2020	2021	2022
Target	0%	0%	0%	0%	0%
Data	0.00%	50.00%	1.40%	4.14%	2.76%

Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

0

Number of districts with disproportionate representation of racial/ethnic groups in special education and related services	Number of districts with disproportionate representation of racial/ethnic groups in special education and related services that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
7	6	150	2.76%	0%	4.00%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

A factor for the 1.24 percentage point slippage was the result of six LEAs with inappropriate identification, which was two additional LEAs than the previous year. The additional findings of noncompliance may result from LEAs not clearly documenting their policies and procedures for eligibility determination and staff shortages in evaluation specialists (e.g., psychometrists). The State remains committed to training LEAs on the required minimum evaluative components for eligibility determination and conducting unbiased, data-driven evaluations. The State will also continue to collaborate with other sections to promote best practices for implementing multi-tiered systems of support (MTSS).

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 150 LEAs were included in an initial examination of data and calculation of disproportionate representation. Based on the data for all 150 LEAs, seven LEAs had a risk ratio greater than 2.25 and met the State's minimum cell-size of ten. The ALSDE did not exclude any LEAs from the calculation of disproportionate representation due to all LEAs meeting the minimum cell-size. Data for all racial and ethnic groups were used in the review and analysis for disproportionate representation for each LEA, including 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.

The ALSDE examined LEA child find, evaluation, eligibility, and other related policies, procedures, and practices for each LEA identified with disproportionate representation. The ALSDE extracted a disaggregated list of students from the Child Count data, by race/ethnicity for each LEA identified as having disproportionate representation. Next, for each LEA that exceeded the risk ratio of 2.25 with disproportionate representation of racial/ethnic groups in special education and related services, the ALSDE Integrated Monitoring Team (IMT) reviewed individual student records from the disaggregated list who were part of the racial/ethnic group identified for disproportionate representation. The IMT determined if evaluation and eligibility requirements were met according to the requirements of the Alabama Administrative Code (AAC) and the IDEA, Part B. If a student record was determined to have noncompliance (e.g., not meeting evaluation and eligibility requirements according to the AAC and the IDEA, Part B) as a result of inappropriate identification, the ALSDE made a finding of noncompliance and required correction of the individual student instance no later than one year from the notification of the findings. Additionally, when an LEA was identified as having disproportionate representation due to inappropriate identification, the LEA was required to review and revise (if applicable) the policies, practices, and procedures used in their identification processes. Lastly, the ALSDE reviewed and verified responses in the LEAs' self-review of the policies, procedures, and practices related to their identification processes.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved 100% compliance). The State's database was accessed to view updated data (i.e., new student evaluation records) to determine that the LEA correctly included the minimum requirements for eligibility determination for all students who went through the eligibility determination process 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 2022 findings of noncompliance were conducted within one year from the written notification of noncompliance, consistent with OSEP QA 23-01.

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

For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database and determined that the noncompliance, the minimum requirements for eligibility determination, was corrected. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 findings of noncompliance within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

9 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the four districts identified in FFY 2022 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 QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The ALSDE verified that each LEA identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved 100% compliance). The State's database was accessed to view updated data (i.e., new student evaluation records) to determine that the LEA correctly included the minimum requirements for eligibility determination for all students who went through the eligibility determination process 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 2022 findings of noncompliance were conducted within one year from the written notification of noncompliance, consistent with OSEP QA 23-01. Additionally, the review of updated data did not reveal any continued noncompliance for the LEAs identified.

For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database and determined that the noncompliance, minimum requirements for eligibility determination were corrected and documented. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

9 - OSEP Response

9 - Required Actions

Because the State reported less than 100% compliance for FFY 2023 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the six districts identified in FFY 2023 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 district and no outstanding corrective action exists under a State complaint or due process hearing decision for the child., consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 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 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 10: Disproportionate Representation in Specific Disability Categories

Instructions and Measurement

Monitoring Priority: Disproportionality

Compliance indicator: Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.
(20 U.S.C. 1416(a)(3)(C))

Data Source

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

Measurement

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

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

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

Instructions

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

States are not required to report on underrepresentation.

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

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

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

Targets must be 0%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

10 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2020	4.96%

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

Data	0.00%	55.77%	4.96%	6.25%	3.42%
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Targets

FFY	2023	2024	2025
Target	0%	0%	0%

FFY 2023 SPP/APR Data

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

YES

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

4

Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories	Number of districts with disproportionate representation of racial/ethnic groups in specific disability categories that is the result of inappropriate identification	Number of districts that met the State's minimum n and/or cell size	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
30	23	146	3.42%	0%	15.75%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

A factor for the 12.33% slippage was the result of 23 LEAs with inappropriate identification, which was 18 additional LEAs than the previous year. The additional findings of noncompliance may result from LEAs not clearly documenting their policies and procedures for eligibility determination and staff shortages in evaluation specialists (e.g., psychometrists). The State remains committed to training LEAs on the appropriate documentation of the required minimum evaluative components for eligibility determination and conducting unbiased, data-driven evaluations. The State will also continue to collaborate with other sections to promote best practices for implementing MTSS.

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 in specific disability categories. 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 of 30 when defining disproportionate representation under Indicator 10.

Using the OSEP Disproportionality Template, all 150 LEAs were included in an initial examination of data and calculation of disproportionate representation. Based on the data for 146 LEAs, 30 LEAs had a risk ratio greater than 2.50 and met the State's minimum cell-size of ten and the minimum n-size of 30. The ALSDE excluded 4 LEAs from the calculation of disproportionate representation due to not meeting 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 included 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.

The ALSDE examined LEA child find, evaluation, eligibility, and other related policies, procedures, and practices for each LEA identified with disproportionate representation. The ALSDE extracted a disaggregated list of students from the Child Count data, by racial/ethnic group in specific disability categories for each LEA identified as having disproportionate representation. Next, for each LEA that exceeded the risk ratio of 2.50 with disproportionate representation of racial/ethnic groups in special education and related services, the ALSDE Integrated Monitoring Team (IMT) reviewed individual student records from the disaggregated list who were part of the racial/ethnic group in specific disability categories identified for disproportionate representation. The IMT determined if evaluation and eligibility requirements were met according to the requirements of the AAC and the IDEA, Part B. If a student record was determined to have noncompliance (e.g., not meeting evaluation and eligibility requirements according to the AAC and the IDEA, Part B) as a result of inappropriate identification, the ALSDE made a finding of noncompliance and required correction of the individual student instance no later than one year from the notification of the findings. Additionally, when an LEA was identified as having disproportionate representation due to inappropriate identification, the LEA was required to review and revise (if applicable) the policies, practices, and procedures used in their identification processes. Lastly, the ALSDE reviewed and verified responses in the LEAs' self-review of the policies, procedures, and practices related to their identification processes.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
5	5		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved 100% compliance). The ALSDE database was accessed to view updated data (i.e., new student evaluation records) to determine that the LEA correctly included the minimum requirements for eligibility determination for all students who went through the eligibility determination process 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 2022 findings of noncompliance were conducted within one year from the written notification of noncompliance, consistent with OSEP QA 23-01.

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

For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database to determine if the minimum requirements for eligibility determination were corrected. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 findings of noncompliance within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

10 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. The State must demonstrate, in the FFY 2023 SPP/APR, that the five districts identified in FFY 2022 with disproportionate representation of racial and ethnic groups in specific disability categories that was the result of inappropriate identification are in compliance with the requirements in 34 C.F.R. §§ 300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance: (1) is correctly implementing the specific regulatory requirement(s) (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance (greater than 0% actual target data for this indicator), provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved 100% compliance). The ALSDE database was accessed to view updated data (i.e., new student evaluation records) to determine that the LEA correctly included the minimum requirements for eligibility determination for all students who went through the eligibility determination process 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 2022 findings of noncompliance were conducted within one year from the written notification of noncompliance, consistent with OSEP QA 23-01. Additionally, the review of updated data did not reveal any continued noncompliance for all LEAs identified.

For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database to determine if the minimum requirements for eligibility determination were corrected. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

10 - OSEP Response

10 - Required Actions

Because the State reported less than 100% compliance for FFY 2024 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. The State must demonstrate, in the FFY 2024 SPP/APR, that the 23 districts identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 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 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 11: Child Find

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Child Find

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

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

Data Source

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

Measurement

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

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

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

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

Instructions

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

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

11 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2005	82.00%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.70%	99.71%	99.60%	99.74%	99.33%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

(a) Number of children for whom parental consent to evaluate was received	(b) Number of children whose evaluations were completed within 60 days (or State-established timeline)	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
26,472	26,380	99.33%	100%	99.65%	Did not meet target	No Slippage

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

92

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 92, the following numbers indicate the range of days beyond the 60-day initial evaluation timeline when evaluations were completed for children: 1-15 days - 28; 16-30 days - 18; 31-45 days - 5; 46-60 days - 1; and 60+ days - 40. 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, 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 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
33	33		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs (i.e., 33) identified as having noncompliance in FFY 2022 were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 11 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 the 33 LEAs with noncompliance reflected in the data reported for the FFY 2022 reporting period 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 written notification of noncompliance, consistent with OSEP QA 23-01.

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 State's 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 QA 23-01, and all individual noncompliance was corrected for FFY 2022 within one year. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	3	3	0

FFY 2021

Findings of Noncompliance Verified as Corrected

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

For the three LEAs that had findings of noncompliance during the FFY 2021 reporting period and did not correct identified noncompliance within one year from the written notification of noncompliance, the ALSDE verified during the FFY 2023 reporting period that the LEAs were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 11 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. As such, the ALSDE has verified that the three LEAs with noncompliance reflected in the data reported for the FFY 2021 reporting period for this indicator are correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a subsequent review of updated data, consistent with OSEP QA 23-01.

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. The ALSDE verified that the students received their required evaluations during the FFY 2021 reporting period, even though late, consistent with OSEP QA 23-01, and all individual noncompliance was corrected for FFY 2021 within one year and was verified during the FFY 2022 reporting period. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

11 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining three uncorrected findings of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

FFY 2022

The ALSDE verified that all LEAs (i.e., 33) identified as having noncompliance in FFY 2022 were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 11 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 the 33 LEAs with noncompliance reflected in the data reported for the FFY 2022 reporting period 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 written notification of noncompliance, consistent with OSEP QA 23-01.

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 QA 23-01, and all individual noncompliance was corrected for FFY 2022 within one year. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

FFY 2021

For the three LEAs that had findings of noncompliance during the FFY 2021 reporting period and did not correct identified noncompliance within one year from the written notification of noncompliance, the ALSDE verified during the FFY 2023 reporting period that the LEAs were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 11 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. As such, the ALSDE has verified that the three LEAs with noncompliance reflected in the data reported for the FFY 2021 reporting period for this indicator are correctly implementing the specific regulatory requirement (i.e., achieved 100% compliance) based on a subsequent review of updated data, consistent with OSEP QA 23-01.

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. The ALSDE verified that the students received their required evaluations during the FFY 2021 reporting period, even though late, consistent with OSEP QA 23-01, and all individual noncompliance was corrected for FFY 2021 within one year and was verified during the FFY 2022 reporting period. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

11 - OSEP Response

11 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 12: Early Childhood Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

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

Instructions

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

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

Targets must be 100%.

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

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

12 - Indicator Data

Not Applicable

Select yes if this indicator is not applicable.

NO

Historical Data

Baseline Year	Baseline Data
2005	76.30%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.92%	99.70%	99.54%	99.66%	99.69%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

a. Number of children who have been served in Part C and referred to Part B for Part B eligibility determination.	2,135
b. Number of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday.	408
c. Number of those found eligible who have an IEP developed and implemented by their third birthdays.	1,471
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.	241
e. Number of children who were referred to Part C less than 90 days before their third birthdays.	1
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 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
Percent of children referred by Part C prior to age 3 who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.	1,471	1,485	99.69%	100%	99.06%	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

14

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 14, the following numbers indicate the range of days beyond the third birthday when eligibility was determined and the IEP developed: 1-15 Days – 1; 16-30 Days – 4; 31-45 Days – 3; 46-60 Days – 3; and 60+ Days - 3. The reasons for delays include central office delays and an early intervention delay.

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 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
4	4		0

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all LEAs (i.e., 4) identified as having noncompliance were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 12 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 has verified that all LEAs with noncompliance reflected in the data reported for this indicator in FFY 2022 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 written notification of noncompliance, consistent with OSEP QA 23-01.

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 QA 23-01), and all individual noncompliance was corrected for FFY 2022 within one year. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

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

12 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2022 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

The ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 12 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 has verified that all LEAs with noncompliance reflected in the data reported for this indicator in FFY 2022 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 written notification of noncompliance, consistent with OSEP QA 23-01.

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 State's 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 QA 23-01), and all individual noncompliance was corrected for FFY 2022 within one year. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

12 - OSEP Response

12 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with noncompliance identified in FFY 2023 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 and no outstanding corrective action exists under a State complaint or due process hearing decision for the child, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 13: Secondary Transition

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

Data Source

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

Measurement

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

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

Instructions

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

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

Targets must be 100%.

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

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2023 SPP/APR, the data for FFY 2022), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

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

13 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2009	99.93%

FFY	2018	2019	2020	2021	2022
Target	100%	100%	100%	100%	100%
Data	99.95%	99.99%	99.98%	99.93%	99.78%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

FFY 2023 SPP/APR Data

Number of youth aged 16 and above with IEPs that contain each of the required components for secondary transition	Number of youth with IEPs aged 16 and above	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
23,279	23,297	99.78%	100%	99.92%	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?	NO

If no, please explain

The State's policies and procedures provide that public agencies must address transition for all students entering 9th grade, regardless of their age. The State requires the IEP Team to address: Age Appropriate Transition Assessments, Long-Term Postsecondary Education/Training, Employment/Occupation/Career, and Community/Independent Living Transition Goals, Anticipated Date of Exit, Pathway to the Alabama High School Diploma, Program Credits to be Earned, Total Number of Electives, Measurable Annual Goals for Postsecondary Education/Training, Employment/Occupation/Career and Community/Independent Living, Transition Services, and Transition Activities for each annual transition goal. However, the Transition Verification report (the report in the State database that collects the Indicator 13 data) only includes students that are 16 years of age or older during the duration dates of the student's current IEP. Therefore, the ALSDE does not include youth at an age younger than 16 in its data for this indicator.

Provide additional information about this indicator (optional)

Correction of Findings of Noncompliance Identified in FFY 2022

Findings of Noncompliance Identified	Findings of Noncompliance Verified as Corrected Within One Year	Findings of Noncompliance Subsequently Corrected	Findings Not Yet Verified as Corrected
10	9		1

FFY 2022 Findings of Noncompliance Verified as Corrected

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

The ALSDE verified that all but one LEA identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's Indicator 13 report to determine whether all students age 16 and above with IEPs contained each of the required components for secondary transition with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all but one LEA with noncompliance reflected in the data reported for the FFY 2022 reporting period 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 written notification of noncompliance. The findings in all but one LEA identified as having noncompliance with Indicator 13 for FFY 2022 were corrected within one year of written notification, consistent with OSEP QA 23-01.

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

For each individual case of noncompliance identified in FFY 2022, the ALSDE accessed the State database to determine whether the students' IEPs contained each of the required components for secondary transition, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01.

Based on a review of updated data within the State database, the ALSDE verified that each individual case of noncompliance (i.e., each student's IEP) contained the required components for secondary transition. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

FFY 2022 Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The ALSDE verified that all but one LEA identified as having noncompliance in FFY 2022 were correctly implementing the regulatory requirements. For the one LEA that could not be verified as compliant, the State Program Director contacted the LEA Special Education Coordinator to underscore the importance and necessity of achieving 100% accuracy with this indicator.

To address the issue, the State required district staff to participate in annual mandatory training on writing compliant transition plans, provided by the State. Following the training, the district was required to submit its procedures for developing secondary transition plans, clearly outlining the responsibilities of LEA staff.

Due to the one LEA's failure to correct noncompliance for both FFY 2021 and FFY 2022, the district was required to enter into a compliance agreement with the State regarding Indicator 13: Secondary Transition. This agreement, signed by both the LEA Superintendent and the LEA Special Education Coordinator/Director, outlined the district's commitment to achieving compliance.

Correction of Findings of Noncompliance Identified Prior to FFY 2022

Year Findings of Noncompliance Were Identified	Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2022 APR	Findings of Noncompliance Verified as Corrected	Findings Not Yet Verified as Corrected
FFY 2021	1	0	1

FFY 2021

Findings of Noncompliance Not Yet Verified as Corrected

Actions taken if noncompliance not corrected

The ALSDE verified that all but one LEA identified as having noncompliance in FFY 2021 were correctly implementing the regulatory requirements. For the one LEA that could not be verified as correctly implementing these requirements, the State Program Director contacted the LEA Special Education Coordinator/Director to emphasize the importance and necessity of achieving 100% compliance with this indicator.

To address the issue, the State required the LEA Special Education Coordinator/Director to participate in mandatory training on writing compliant transition plans, provided by the State. Following the training, the LEA Special Education Coordinator/Director was tasked with training all secondary special education teachers on compliant transition plan development. The district was required to submit a copy of the training agenda, presentation, and sign-in sheet to the State.

Additionally, the district was required to enter into a compliance agreement with the State regarding Indicator 13: Secondary Transition. This agreement, signed by both the LEA Superintendent and the LEA Special Education Coordinator/Director, outlined the district's commitment to achieving compliance.

13 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2022, the State must report on the status of correction of noncompliance identified in FFY 2022 for this indicator. In addition, the State must demonstrate, in the FFY 2023 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2021 was corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2023 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2022 and each LEA with remaining noncompliance identified in FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2023 SPP/APR, the State must describe the specific actions that were taken to verify the correction. If the State did not identify any findings of noncompliance in FFY 2022, although its FFY 2022 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2022.

Response to actions required in FFY 2022 SPP/APR

FFY 2022

The ALSDE verified that all but one LEA identified as having noncompliance were correctly implementing the regulatory requirements. The State database was accessed to view each LEA's Indicator 13 report to determine whether all students aged 16 and above with IEPs contained each of the required components for secondary transition with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all but one LEA with noncompliance reflected in the data reported for the FFY 2022 reporting period 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 written notification of noncompliance. The findings in all but one LEA identified as having noncompliance with Indicator 13 for FFY 2022 were corrected within one year of written notification, consistent with OSEP QA 23-01.

For each individual case of noncompliance identified in FFY 2022, the ALSDE accessed the State database to determine whether the students' IEPs contained each of the required components for secondary transition, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. Based on a review of updated data within the State database, the ALSDE verified that each individual case of noncompliance (i.e., each student's IEP) contained the required components for secondary transition. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

The ALSDE verified that all but one LEA identified as having noncompliance in FFY 2022 were correctly implementing the regulatory requirements. For the one LEA that could not be verified as compliant, the State Program Director contacted the LEA Special Education Coordinator/Director to underscore the importance and necessity of achieving 100% accuracy with this indicator.

To address the issue, the State required district staff to participate in mandatory training on writing compliant transition plans, provided by the state. Following the training, the district was required to submit its procedures for developing secondary transition plans, clearly outlining the responsibilities of LEA staff.

FFY 2021

The ALSDE verified that all but one LEA identified as having noncompliance in FFY 2021 were correctly implementing the regulatory requirements. For the one LEA that could not be verified as correctly implementing these requirements, the State Program Director contacted the LEA Special Education Coordinator/Director to emphasize the importance and necessity of achieving 100% compliance with this indicator.

To address the issue, the State required the LEA Special Education Coordinator/Director to participate in mandatory training on writing compliant transition plans, provided by the State. Following the training, the LEA Special Education Coordinator/Director was tasked with training all secondary special education teachers on compliant transition plan development. The district was required to submit a copy of the training agenda, presentation, and sign-in sheet to the State.

Due to the one LEA's failure to correct noncompliance for this indicator for both FFY 2021 and FFY 2022, the district was required to enter into a compliance agreement with the State regarding Indicator 13: Secondary Transition. This agreement, signed by both the LEA Superintendent and the LEA Special Education Coordinator/Director, outlined the district's commitment to achieving compliance.

13 - OSEP Response

13 - Required Actions

Because the State reported less than 100% compliance for FFY 2023, the State must report on the status of correction of noncompliance identified in FFY 2023 for this indicator. In addition, the State must demonstrate, in the FFY 2024 SPP/APR, that the remaining one uncorrected finding of noncompliance identified in FFY 2022 and one uncorrected finding of noncompliance identified in FFY 2021 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022 and FFY 2021: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 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 2023, although its FFY 2023 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2023. If the State did not issue any findings because it has adopted procedures that permit its LEAs to correct noncompliance prior to the State's issuance of a finding, the explanation must include how the State verified, prior to issuing a finding, that the LEA has corrected each individual case of child-specific noncompliance and is correctly implementing the specific regulatory requirements.

Indicator 14: Post-School Outcomes

Instructions and Measurement

Monitoring Priority: Effective General Supervision Part B / Effective Transition

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

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

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

Data Source

State selected data source.

Measurement

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

Instructions

Sampling of youth who had IEPs and are no longer in secondary school is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates of the target population. (See [General Instructions](#) on page 3 for additional instructions on sampling.)

Collect data by September 2024 on students who left school during 2022-2023, timing the data collection so that at least one year has passed since the students left school. Include students who dropped out during 2022-2023 or who were expected to return but did not return for the current school year. This includes all youth who had an IEP in effect at the time they left school, including those who graduated with a regular diploma or some other credential, dropped out, or aged out.

I. Definitions

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

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

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

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

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

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

II. Data Reporting

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

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

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

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

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

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

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

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

III. Reporting on the Measures/Indicators

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

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

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

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

Include the State’s analysis of the extent to which the response data are representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school. States must include race/ethnicity in their analysis. In addition, the State’s analysis must include at least one of the following demographics: disability category, gender, geographic location, and/or another demographic category approved through the stakeholder input process.

If the analysis shows that the response data are not representative of the demographics of youth who are no longer in secondary school and had IEPs in effect at the time they left school, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State collected the data.

14 - Indicator Data

Historical Data

Measure	Baseline	FFY	2018	2019	2020	2021	2022
A	2009	Target ≥	23.49%	23.49%	22.54%	22.54%	22.54%
A	13.77%	Data	26.86%	24.67%	22.54%	21.99%	25.26%
B	2009	Target ≥	63.60%	60.29%	63.78%	63.78%	63.78%
B	45.41%	Data	64.73%	60.29%	64.75%	57.83%	65.48%
C	2009	Target ≥	77.61%	70.62%	71.17%	71.17%	71.17%
C	63.48%	Data	75.60%	70.62%	71.17%	68.12%	73.90%

FFY 2021 Targets

FFY	2023	2024	2025
Target A ≥	22.54%	22.54%	22.79%
Target B ≥	63.78%	63.78%	64.03%
Target C ≥	71.17%	71.17%	71.42%

Targets: Description of Stakeholder Input

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: “Every Child. Every Chance. Every Day.” This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama

Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

In 2021, the Alabama State Department of Education, Special Education Services Section, established new Indicator 14 targets. These targets were determined through input from the State's Special Education Advisory Panel (SEAP) and approved by OSEP.

During the FFY 2023 reporting year, the ALSDE sought input on how to better serve students transitioning from high school. Strategies included:

- 1) Gathering input from the State's SEAP members and participants while attending SEAP meetings.
- 2) Conducting a series of interviews with parents/guardians of students with disabilities. The interviews, conducted virtually and representing regions across the State, gathered input from 19 family members of students in grades 6-12. The interviews yielded data regarding concerns, suggestions, and needs from family members.
- 3) Gathering input from parents through a State Systemic Improvement Plan (SSIP)/Alabama State Personnel Development Grant (SPDG) survey. AL SPDG/SSIP 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 were used to determine areas for follow-up training and product development.
- 4) Presenting transition and post-school outcomes at several meetings. The ALSDE staff presented information about the State Performance Plan/Annual Performance Report (SPP/APR) and SSIP transition activities at the State's SEAP meetings and sought feedback from the SEAP. ALSDE staff also presented regarding the transition work at the State's MEGA Conference and at the ALSDE Back to School Conference with district leaders.

FFY 2023 SPP/APR Data

Total number of targeted youth in the sample or census	2,435
Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	1,801
Response Rate	73.96%
1. Number of respondent youth who enrolled in higher education within one year of leaving high school	497
2. Number of respondent youth who competitively employed within one year of leaving high school	635
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)	46
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).	140

Measure	Number of respondent youth	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
A. Enrolled in higher education (1)	497	1,801	25.26%	22.54%	27.60%	Met target	No Slippage
B. Enrolled in higher education or competitively employed within one year of leaving high school (1 +2)	1,132	1,801	65.48%	63.78%	62.85%	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)	1,318	1,801	73.90%	71.17%	73.18%	Met target	No Slippage

Part	Reasons for slippage, if applicable
B	<p>FFY 2023 analyses showed Alabama did not meet its target and had slippage for Indicator 14b. Indicator 14b results were 0.93% lower than the target and 2.63% lower than FFY 2022. The causes of slippage were due to new sampling and a decrease in individuals competitively employed who were not also enrolled in college.</p> <p>First, FFY 2023 was the first year of a new sample, with a new cohort of schools. Previously, half of the State's LEAs participated in Indicator 14 data collection one year, and the remaining LEAs participated the following year. As seen in the Indicator 14 Historical Data table, the Indicator 14b results deviated by 4-8%, depending on the cohort: FFY 2019=60.29%, FFY 2020=64.75%, FFY 2021=57.83%, and FFY 2022=65.48%. The ALSDE staff recognized the need to draw a new sample, which was approved by OSEP in 2023. Similar to the prior sampling plan, half of the State's LEAs participate in the data collection each year, but the samples have been recomposed to better balance the LEAs and the Indicator 14b results. It should be noted, the average of the prior four years of Indicator 14b, reflecting two years of data for all LEAs in Alabama, was 62.09%; FFY 2023 results were 62.85%, showing a slight increase. FFY 2024 results will confirm whether the increase in FFY 2023 was the result of improvements in Indicator 14b.</p> <p>Second, there was a decrease in the percentage of leavers who were competitively employed but not enrolled in college (Indicator 14a). In FFY 2022, 40.2% of leavers were competitively employed but not meeting the requirements of Indicator 14a; in FFY 2023, the percentage was 35.3%, a decrease of 4.9%. The other component of Indicator 14b, college enrollment (Indicator 14a), was higher in FFY 2023 than FFY 2022 (27.6% versus 25.3%, respectively). Therefore, college enrollment was not the cause of slippage for Indicator 14b.</p> <p>Drill-down analyses of FFY 2023 data found significant differences for Indicator 14b for gender [$X^2(1, N = 1801) = 5.687, p < .05$] and primary disability [$X^2(10, N = 1801) = 181.040, p < .001$]. There were no significant differences among race/ethnicity for Indicator 14b ($p > .05$).</p> <p>While females were significantly more likely to be enrolled in higher education than males, they were significantly less likely to be competitively employed [$X^2(1, N = 1801) = 41.190, p < .001$]. As a result, females had significantly lower Indicator 14b results than males. The data below depicts the relationships of gender, higher education, and competitive employment.</p> <p>Gender, Indicator 14a, Competitive Employment, Indicator 14b</p> <p>State Results, 27.6%, 35.3%, 62.9% Females (n=666), 33.5%, 25.8%, 59.3% Males (n=1135), 24.1%, 40.8%, 64.9%</p> <p>Indicator 14b results showed significant differences for the primary disability category. Further analyses showed significance for both 14a and competitive employment. The data below depicts the differences. Differences in Indicator 14b are due to rounding.</p> <p>Race/Ethnicity, Indicator 14a, Competitive Employment, Indicator 14b State Results, 27.6%, 35.3%, 62.9%</p>

Part	Reasons for slippage, if applicable
	<p>Autism (n=193), 25.4%, 17.1%, 42.5%</p> <p>Emotional Disability (n=21), 33.3%, 19.0%, 52.4%</p> <p>Hearing Impairment (n=41), 34.1%, 24.4%, 58.5%</p> <p>Intellectual Disability (n=186), 9.7%, 23.1%, 32.8%</p> <p>Multiple Disabilities (n=31), 6.5%, 16.1%, 22.6%</p> <p>Orthopedic Impairment (n=12), 25.0%, 8.3%, 33.3%</p> <p>Other Health Impairment (n=298), 35.9%, 36.9%, 72.8%</p> <p>Specific Learning Disability (n=964), 28.9%, 42.9%, 71.9%</p> <p>Speech/Language Impairment (n=19), 42.1%, 26.3%, 68.4%</p> <p>Traumatic Brain Injury (n=9), 22.2%, 33.3%, 55.6%</p> <p>Visual Impairment (n=27), 29.6%, 25.9%, 55.6%</p> <p>The percentage of students enrolled in higher education or competitively employed (Indicator 14b) was lowest among students with Multiple Disabilities (22.6%); Intellectual Disabilities (32.8%); Orthopedic Impairment (33.3%); and Autism (42.5%), Emotional Disabilities (52.4%), Traumatic Brain Injury (55.6%), and Visual Impairment (55.6%). All other disability subgroups included in the analyses were above the FFY 2023 results (62.9%). Several of these categories had small sample sizes, and therefore, the results should be interpreted with caution. While the Indicator 14b were similar to last year, there was a notable 11.1% decrease in the Autism category. Among students in the largest disability subgroup, Specific Learning Disability (n = 964), 71.9% were enrolled in higher education or competitively employed within one year of leaving high school. These results were second only to Other Health Impairment (72.8%).</p> <p>There were no significant differences among Indicator 14b for race/ethnicity. The highest Indicator 14b race/ethnicity subgroup was American Indian/Native Alaskan (72.7%, n=11), and the lowest was Asian (45.5%, n=22). Small samples likely skewed the percentages in these subgroups.</p>

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	2022	2023
Response Rate	66.87%	73.96%

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% for representativeness of the responders compared to the target group. According to LaPier, Bullis and Falls (September 2007), from the former National Post-School Outcomes Center, +/-3.0% differences can be construed as "important differences."

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 2023 Indicator 14 sample of leavers was 2,435, and 1,801 leavers responded to the Alabama Post-School Outcome Survey. To calculate response rate, the final formula was the number of students responding to at least one Indicator 14-determining question (1,801) divided by the number of students with an IEP at the time they left school in the cohort sample (2,435). The State's response rate for the FFY 2023 was 74.0%, which was 7.1% higher than in FFY 2022. All LEAs in the FFY 2023 cohort were represented. The high response rate helped attain representativeness.

Demographic data for the FFY 2023 responding sample was compared to the State's FFY 2023 leaver data (i.e., all students with an IEP in place at the time they left high school) and 2022 Child Count data for age-corrected values. The data below demonstrates: 1) the demographics for the population; 2) the demographics for the FFY 2023 responding sample, and 3) the difference between the two samples.

Demographic Indices for FFY 2023 Total Sample and Responding Sample
Total Alabama SWD, Responding Sample, Difference*

Gender

Male 64.11%, 63.02%, -1.09%

Female 35.89%, 36.98%, 1.09%

Race/Ethnicity

American Indian or Alaska Native 0.49%, 0.61%, 0.12%

Asian 0.90%, 1.22%, 0.32%

Black or African American 36.30%, 36.20%, -0.10%

Hispanic/Latino 6.86%, 6.44%, -0.42%

More Than One Race 2.30%, 2.44%, 0.14%

Native Hawaiian or Pacific Islander 0.08%, 0.11%, 0.03%

White 53.06%, 52.97%, -0.09%

Disability Category (ages 16-21)

Autism 9.98%, 10.72%, 0.74%

Deaf-Blindness 0.00%, 0.00%, 0.00%

Developmental Delay 0.00%, 0.00%, 0.00%
 Emotional Disability 1.44%, 1.17%, -0.27%
 Hearing Impairment 2.14%, 2.28%, 0.14%
 Intellectual Disability 10.31%, 10.33%, 0.02%
 Multiple Disabilities 1.93%, 1.72%, -0.21%
 Orthopedic Impairment 0.66%, 0.67%, 0.01%
 Other Health Impairment 16.71%, 16.55%, -0.17%
 Specific Learning Disability 53.59%, 53.53%, -0.07%
 Speech/Language Impairment 1.36%, 1.05%, -0.30%
 Traumatic Brain Injury 0.49%, 0.50%, 0.01%
 Visual Impairment 1.40%, 1.50%, 0.10%

*Due to rounding, numbers may not add up to 100%. Also, rounding may affect the value in the Difference column.

A comparison of the 22 indices for representativeness showed the responding sample was within +/-3.0 for all indices. Therefore, the responding sample was representative of the State's 2023 leaver and 2022 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)

YES

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

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's Indicator 14 response rate for FFY 2023 was 74.0%, which was 7.1% higher than in FFY 2022. A meta-analysis of over 1600 refereed published articles found the average response rate when surveying individuals was 52.7% (Baruch & Holtom, 2008). The State's FFY 2023 results were well above this average and would be considered a "high" response rate.

The ALSDE has continued to improve its response rate and will focus on ensuring underrepresented students are included. In FFY 2023, the ALSDE implemented the following three actions to improve the Indicator 14 response rate: 1) Emphasized to districts the importance of reminding students before leaving they will be contacted one year out; 2) Asked districts to ensure they have students' correct contact information via the student's summary of academic achievement and functional performance (SAAFP) plan. External verification data found out-of-state phone numbers without area codes, business numbers, and phone numbers with missing digits. Ensuring two points of contact with students should further increase the response rate, and 3) Asked districts to attempt at least one student contact after 5:00 p.m. In FFY 2023, the ALSDE began requiring districts to make the third attempt (or at least one attempt) after 5:00 p.m. to increase the reach of leavers who are employed during the day. State staff will continue these strategies to increase response rates.

For students who are traditionally underrepresented, the ALSDE will continue to implement the three strategies in the paragraph above as well as implement the following:

- While the data collection window is open, the ALSDE staff will conduct a random sample of districts and check individual student records of completers within those districts. The ALSDE staff will verify whether the percentage of students who are American Indian or Alaska Native, Black or African American, or Hispanic: 1) are proportionate to the number of students from the race/ethnicity percentages within the district, and 2) are completing the survey proportionately to students of other race/ethnicities. Any districts that have a disproportionately low number of survey completers who are from a traditionally underrepresented group will be contacted by their respective ALSDE regional specialist to discuss strategies for increasing response rates.

- The ALSDE will contract with a language interpreter service. The interpreter service will be available for any LEA to use for conducting the Alabama Post-School Outcomes 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 youth who are no longer in secondary school and had IEPs in effect at the time they left school.

The ALSDE staff use 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 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) were 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 1,801 responses in FFY 2023.

Nonresponse bias was likely among former students who either did 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 was 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. Therefore, 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 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 scored as "no" for Indicator 14a. ALSDE staff have found missing values for critical questions pertaining to 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.

To address nonresponse bias, the State analyzed Indicator 14 data with weighted demographic variables. Each of the 22 demographic indices was assigned an expected percentage based on the total leavers data. Students were recoded for each demographic variable. Using statistical software (SPSS), weights were assigned, and the Indicator data were reanalyzed.

FFY 2023 Indicator 14a, Indicator 14b, Indicator 14c

FFY 2023 Results 27.6%, 62.9%, 73.2%

Expected Value for Gender 26.5%, 63.5%*, 73.8%

Expected Value for Race/Ethnicity 27.9%, 63.2%, 73.3%

Expected Value for Primary Disability 28.8%, 69.7%*, 78.5%

*Indicator 14b was significantly different for gender and primary disability.

These results suggest the ALSDE may have had higher Indicator 14b and 14c results if all leavers had been represented, as the expected values were higher than actual for all demographic categories. Primary Disability, in particular, appears to have been negatively impacted by non-responders. As previously described, students who were working during the calling period may have been underrepresented. The weighted analyses suggest the FFY 2023 results were not largely impacted by non-response bias. Even with the expected value, the Indicator 14a and 14c targets would have been met, and the Indicator 14b target would likely not have been met.

The ALSDE will continue to take steps to improve response rates, sample from a broader pool of students, and increase completion rates. To address the potential issue of non-response bias and promote responses from a broad cross-section of youths, the ALSDE will implement the following steps:

- Ensure districts have the student's correct contact information via the student's academic and functional performance plan. Districts are asked to verify contact information for the student, and in the future, the ALSDE will also ask districts to verify a student's (or parent's) preferred social media account, if available.
- Ask districts to attempt at least one student contact after 5:00 p.m. Beginning in FFY 2023, the ALSDE required districts to make the third attempt (or at least one attempt) after 5:00 p.m. to increase the reach of leavers who are employed during the day.
- Offer language interpretation service to any district for conducting the Post-School Outcomes Survey. The ALSDE will contract with a service to provide interpretation for several languages.
- Post on social media (e.g., Twitter, ALSDE website) information about the upcoming Post-School Outcomes Survey. The ALSDE will encourage districts to also post information on their social media channels.

Sampling Question	Yes / No
Was sampling used?	YES
If yes, has your previously approved sampling plan changed?	YES
If yes, provide sampling plan.	Indicator 14 Sampling Plan 2024-2027_Rev April 2025

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; approximately half of Alabama's LEAs are represented each year, with each cohort of LEAs participating every other year. Therefore, all LEAs and their leavers are represented over two years. Additionally, half of the schools in the State's largest LEA (Mobile County) will be represented each year.

When establishing the composition of each of the two cohorts, the ALSDE considered the following data: the size of the LEAs (based on the number of leavers); the number of LEAs within each cohort; prior Indicator 14 results by LEA; and their demographic percentages (gender, ethnicity, and disability). The sampling plan reflects the Alabama SPP/APR Indicator 14 results from FFY 2020 and 2019, as well as Alabama 2022 Child Count demographics for LEAs without prior data.

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 LEAs by size. To achieve equivalent size samples, LEAs were first stratified into two groups, based on their student enrollment. Following OSEP's interpretation, the first group was comprised of the largest LEAs with an average daily membership (ADM) of 50,000 or greater. In Alabama, only the Mobile County School System qualified. High schools within the Mobile County School System were placed into the two cohorts using the following steps to ensure approximately half of the Mobile County high schools were represented each year: Among the remaining LEAs with an ADM less than 50,000, LEAs were coded by the total number of leavers in FFY 2019 and 2020. Codes included: Very Large (201 or more leavers); Large (51-200 leavers); Medium (16-50 leavers); Small (5-15 leavers); and Very Small (4 or less leavers). Although the variance in the number of leavers could be large for some groups, this coding allowed the team to ensure that similarly sized LEAs were divided between the two cohorts.

Step 2: Select equivalent-size samples. Two equivalent annual sample groups were selected across the two size-stratified groups to create samples that were similar in their number of LEAs and the number of students with disabilities, per the FFY 2019 and 2020 SPP/APR Indicator 14 leaver data and the Alabama 2022 Child Count. For Mobile County, the only Alabama LEA in the largest size group, its schools were divided among the two annual sample groups to preserve their size equivalency. One new LEA that has not had students old enough to be eligible leavers will be added in the third year (2025-2026 school year).

Step 3: Adjust samples based on prior results. Once the annual sample groups were selected to have equivalency in number of LEAs and students with disabilities, the LEAs within each size category (e.g., Large, Medium) were sorted by prior Indicator 14 results. Within each size category, pairs of LEAs with similar Indicator 14a, 14b, and/or 14c results were identified. Similar pairs were divided between the two cohorts. As LEAs were divided, the team referred to demographic factors (see Step 4), particularly regarding race/ethnicity to make decisions regarding assignments to cohorts.

Step 4: Adjust samples for equivalency of demographic factors. As samples were sorted based on prior Indicator 14 data, the team periodically verified equivalency of demographic factors (student gender, ethnicity, and disability). Once the cohorts were nearly complete, demographic factors were consulted to make final decisions on cohort selections. To increase the factors' equivalence between sample group percentages and the state population percentages, LEAs 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 or African American, 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).

FFY 2023 is the first year of the current sampling plan.

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

Provide additional information about this indicator (optional)

14 - Prior FFY Required Actions

None

14 - OSEP Response

The State submitted a revised sampling plan for this indicator, and OSEP's evaluation of the sampling plan indicated that it is approvable.

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 EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

15 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1 Number of resolution sessions	155
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section C: Due Process Complaints	11/13/2024	3.1(a) Number resolution sessions resolved through settlement agreements	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

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state

regions represented.

The ALSDE also partners with the Special Education Leadership Council (SEL) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Historical Data

Baseline Year	Baseline Data
2005	47.00%

FFY	2018	2019	2020	2021	2022
Target >=	29.97%	29.97%	18.68%	18.93%	19.18%
Data	7.45%	6.45%	9.00%	7.20%	7.74%

Targets

FFY	2023	2024	2025
Target >=	19.43%	19.68%	19.93%

FFY 2023 SPP/APR Data

3.1(a) Number resolutions sessions resolved through settlement agreements	3.1 Number of resolutions sessions	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
9	155	7.74%	19.43%	5.81%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

The number of resolution sessions has declined as parties have increasingly opted for mediation in place of resolution sessions or have chosen to waive the resolution meeting altogether. Most due process complaints are resolved without the need for a hearing, often through mediation and a mediation agreement or a settlement agreement executed outside of the resolution period.

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 EDFacts Metadata and Process System (EMAPS)).

Measurement

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

Instructions

Sampling is not allowed.

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

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

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

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

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

16 - Indicator Data

Select yes to use target ranges

Target Range not used

Prepopulated Data

Source	Date	Description	Data
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1 Mediations held	61
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.a.i Mediations agreements related to due process complaints	31
SY 2023-24 EMAPS IDEA Part B Dispute Resolution Survey; Section B: Mediation Requests	11/13/2024	2.1.b.i Mediations agreements not related to due process complaints	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

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons,

related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SEL) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Historical Data

Baseline Year	Baseline Data
2005	62.50%

FFY	2018	2019	2020	2021	2022
Target >=	87.36%	87.36%	85.55%	85.80%	86.05%
Data	82.86%	76.47%	88.89%	80.56%	80.00%

Targets

FFY	2023	2024	2025
Target >=	86.30%	86.55%	86.80%

FFY 2023 SPP/APR Data

2.1.a.i Mediation agreements related to due process complaints	2.1.b.i Mediation agreements not related to due process complaints	2.1 Number of mediations held	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
31	22	61	80.00%	86.30%	86.89%	Met target	No Slippage

Provide additional information about this indicator (optional)

16 - Prior FFY Required Actions

None

16 - OSEP Response

16 - Required Actions

Indicator 17: State Systemic Improvement Plan

Instructions and Measurement

Monitoring Priority: General Supervision

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

Measurement

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

Instructions

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

Targets: In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State's FFY 2025 target must demonstrate improvement over the State's baseline data.

Updated Data: In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) Children with Disabilities. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

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

Phase I: Analysis:

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

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

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

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

- Results of Ongoing Evaluation and Revisions to the SSIP.

Specific Content of Each Phase of the SSIP

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

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

Phase III: Implementation and Evaluation

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

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through 2025 SPPs/APRs, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, (e.g., a logic model) of the principal activities, measures and outcomes that were implemented since the State's last SSIP submission (i.e., February 1, 2024). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2023 APR, report on anticipated outcomes to be obtained during FFY 2024, i.e., July 1, 2024-June 30, 2025).

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

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

C. Stakeholder Engagement

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

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2023 APR, report on activities it intends to implement in FFY 2024, i.e., July 1, 2024–June 30, 2025) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

17 - Indicator Data

Section A: Data Analysis

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

In 2014, the ALSDE and its stakeholders developed its 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 PSO and engage in higher education and competitive employment opportunities"].

Through the development of the Theory of Action, the ALSDE staff and stakeholders identified the 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 students with IEPs one year after leaving high school. The representative sample is divided into two cohorts; approximately half of Alabama's local education agencies (LEAs) are represented each year, with each cohort of LEAs participating every other year. Therefore, all LEAs and their leavers are represented over two years. Additionally, half of the schools in the State's largest LEA (Mobile County) are represented each year.

When establishing the composition of each of the two cohorts, the ALSDE considered the following data: the size of the LEAs (based on the number of leavers); the number of LEAs within each cohort; prior Indicator 14 results by LEA; and their demographic percentages (gender, ethnicity, and disability). The sampling plan reflects the Alabama State Performance Plan/Annual Performance Report (SPP/APR) Indicator 14 results from FFY 2020 and 2019, as well as Alabama 2022 Child Count demographics for LEAs without prior data.

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 LEAs by size. To achieve equivalent size samples, LEAs were first stratified into two groups based on their student enrollment. Following OSEP's interpretation, the first group was comprised of the largest LEAs with an average daily membership (ADM) of 50,000 or greater. In Alabama, only the Mobile County School System qualified. High schools within Mobile County School System were placed into the two cohorts to ensure approximately half of the Mobile County high schools were represented each year.

The LEAs with an ADM of less than 50,000 were coded by the total number of leavers in FFY 2019 and 2020. Codes included: Very Large (201 or more leavers); Large (51-200 leavers); Medium (16-50 leavers); Small (5-15 leavers); and Very Small (4 or less leavers). Although the variance in the number of leavers could be large for some groups, this coding allowed the team to ensure that similarly-sized LEAs were divided between the two cohorts.

Step 2: Select equivalent-size samples. Two equivalent annual sample groups were selected across the two size-stratified groups to create samples that were similar in their number of LEAs and the number of students with disabilities (SWD), per the FFY 2019 and 2020 SPP/APR Indicator 14 leaver data and the Alabama 2022 Child Count. For Mobile County, the only Alabama LEA in the largest size group, schools were divided among the two annual sample groups to preserve their size equivalency. One new LEA that has not had students old enough to be eligible leavers will be added in the third year (2025-2026 school year).

Step 3: Adjust samples based on prior results. Once the annual sample groups were selected to have equivalency in number of LEAs and SWD, the LEAs within each size category (e.g., Large, Medium) were sorted by prior Indicator 14 results. Within each size category, pairs of LEAs with similar Indicator 14a, 14b, and/or 14c results were identified. Similar pairs were divided between the two cohorts. As LEAs were divided, the team referred to demographic factors (see Step 4), particularly regarding race/ethnicity, to make decisions regarding assignments to cohorts.

Step 4: Adjust samples for equivalency of demographic factors. As samples were sorted based on prior Indicator 14 data, the team periodically verified the equivalency of demographic factors (student gender, ethnicity, and disability). Once the cohorts were nearly complete, demographic factors were consulted to make final decisions on cohort selections. To increase the factors' equivalence between sample group percentages and the state population percentages, LEAs 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 or African American, 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).

FFY 2023 is the first year of the current sampling plan.

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

YES

Please provide a description of the changes and updates to the theory of action.

The State's theory of action was modified to remove initiatives related to co-teaching/co-planning, behavior, behavior implementation teams, and whole project management. After reviewing the SiMR results, the ALSDE found continued improved outcomes related to its Goal 2 (transition) work and the corresponding parent secondary transition activities. The State in collaboration with stakeholders opted to narrow its focus and continue to focus on implementing the secondary transition/PSO activities in its prior theory of action. Prior Goal 2 and its strategies (Strategy 5: transition demonstration sites, Strategy 6: State transition infrastructure, and Strategy 8: parent and stakeholder engagement) have been revised as Strategies 1, 2, and 3, respectively.

Please provide a link to the current theory of action.

Alabama Achieves | Reports & Data | Student Data | Special Education Reports | SSIP | Alabama Part B SSIP Theory of Action

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	Current Relationship	2023	2024	2025
Target	Data must be greater than or equal to the target	63.78%	63.78%	64.03%

FFY 2023 SPP/APR Data

Number of respondent youth who enrolled in higher education within one year of leaving high school + Number of respondent youth who were competitively employed within one year of leaving high school	Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
1,132	1,801	65.48%	63.78%	62.85%	Did not meet target	Slippage

Provide reasons for slippage, if applicable

FFY 2023 analyses showed Alabama did not meet its target and had slippage for Indicator 14b. Indicator 14b results were 0.93% lower than the target and 2.63% lower than FFY 2022. The causes of slippage were due to new sampling and a decrease in individuals competitively employed who were not also enrolled in college.

First, FFY 2023 was the first year of a new sample, with a new cohort of schools. Previously, half of the State's local education agencies (LEAs) participated in Indicator 14 data collection one year, and the remaining LEAs participated the following year. As seen in the Indicator 14 Historical Data table, the Indicator 14b results deviated by 4-8%, depending on the cohort: FFY 2019=60.29%, FFY 2020=64.75%, FFY 2021=57.83%, and FFY 2022=65.48%. The ALSDE recognized the need to draw a new sample, which was approved by OSEP in 2023. Similar to the prior sampling plan, half of the State's LEAs participate in the data collection each year, but the samples have been recomposed to better balance the LEAs and the Indicator 14b results. It should be noted, the average of the prior four years of Indicator 14b, reflecting two years of data for all LEAs in Alabama, was 62.09%; FFY 2023 results were 62.85%, showing a slight increase. FFY 2024 results will confirm whether the increase in FFY 2023 was the result of improvements in Indicator 14b.

Second, there was a decrease in the percentage of leavers who were competitively employed but not enrolled in college (Indicator 14a). In FFY 2022, 40.2% of leavers were competitively employed but not meeting the requirements of Indicator 14a; in FFY 2023, the percentage was 35.3%, a decrease of 4.9%. The other component of Indicator 14b, college enrollment (Indicator 14a), was higher in FFY 2023 than FFY 2022 (27.6% versus 25.3%, respectively). Therefore, college enrollment was not the cause of slippage for Indicator 14b.

Drill-down analyses of FFY 2023 data found significant differences for Indicator 14b for gender [χ^2 (1, N = 1801) = 5.687, $p < .05$] and primary disability [χ^2 (10, N = 1801) = 181.040, $p < .001$]. There were no significant differences among race/ethnicity for Indicator 14b ($p > .05$).

While females were significantly more likely to be enrolled in higher education than males, they were significantly less likely to be competitively employed [$X^2(1, N = 1801) = 41.190, p < .001$]. As a result, females had significantly lower Indicator 14b results than males. The data below depicts the relationships of gender, higher education, and competitive employment.

Gender, Indicator 14a, Competitive Employment, Indicator 14b

State Results, 27.6%, 35.3%, 62.9%
 Females (n=666), 33.5%, 25.8%, 59.3%
 Males (n=1135), 24.1%, 40.8%, 64.9%

Indicator 14b results showed significant differences for the primary disability category. Further analyses showed significance for both 14a and competitive employment. The data below depicts the differences. Differences in Indicator 14b are due to rounding.

Race/Ethnicity, Indicator 14a, Competitive Employment, Indicator 14b

State Results, 27.6%, 35.3%, 62.9%
 Autism (n=193), 25.4%, 17.1%, 42.5%
 Emotional Disability (n=21), 33.3%, 19.0%, 52.4%
 Hearing Impairment (n=41), 34.1%, 24.4%, 58.5%
 Intellectual Disability (n=186), 9.7%, 23.1%, 32.8%
 Multiple Disabilities (n=31), 6.5%, 16.1%, 22.6%
 Orthopedic Impairment (n=12), 25.0%, 8.3%, 33.3%
 Other Health Impairment (n=298), 35.9%, 36.9%, 72.8%
 Specific Learning Disability (n=964), 28.9%, 42.9%, 71.9%
 Speech/Language Impairment (n=19), 42.1%, 26.3%, 68.4%
 Traumatic Brain Injury (n=9), 22.2%, 33.3%, 55.6%
 Visual Impairment (n=27), 29.6%, 25.9%, 55.6%

The percentage of students enrolled in higher education or competitively employed (Indicator 14b) was lowest among students with Multiple Disabilities (22.6%); Intellectual Disabilities (32.8%); Orthopedic Impairment (33.3%); and Autism (42.5%), Emotional Disabilities (52.4%), Traumatic Brain Injury (55.6%), and Visual Impairment (55.6%). All other disability subgroups included in the analyses were above the FFY 2023 results (62.9%). Several of these categories had small sample sizes, and therefore, the results should be interpreted with caution. While the Indicator 14b data were similar to last year, there was a notable 11.1% decrease in the Autism category. Among students in the largest disability subgroup, Specific Learning Disability (n = 964), 71.9% were enrolled in higher education or competitively employed within one year of leaving high school. These results were second only to Other Health Impairment (72.8%).

There were no significant differences among Indicator 14b for race/ethnicity. The highest Indicator 14b race/ethnicity subgroup was American Indian/Native Alaskan (72.7%, n=11), and the lowest was Asian (45.5%, n=22). Small samples likely skewed the percentages in these subgroups.

Provide the data source for the FFY 2023 data.

The ALSDE uses the Alabama Post-School Outcomes Survey (PSO Survey) as the source of 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 Project Officer for the 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 above. LEA staff in the FFY 2023 cohort conducted interviews with spring 2023 leavers using the Alabama PSO Survey. The process for collecting data is outlined in the Alabama Post-School Outcomes 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 LEA designated a Survey Administrator, typically the LEA Special Education Coordinator/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). LEA staff 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 Management Table for Indicator 14b. Student responses were coded, and using the definitions in the Management 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.

Progress made toward the SiMR is outlined in Section B, although there was no direct data collection measuring PSO other than Indicator 14 data. The evaluation plan measures progress toward the SiMR, Indicator 14b, through improved secondary transition services and supports.

The AL SSIP evaluation includes both quantitative and qualitative data. Coaches and schools complete an annual Site Form to track Strategy 1 participants. Site Form data are used for planning fidelity data collection 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 event. Training events are tracked through the Alabama PL Database. Retrospective post-evaluations are shared with participants at the end of training 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.

Fidelity data are collected for the development of district/school transition programs and teaching transition in the classroom. In FFY 2023, baseline transition program data were collected in September/October 2024. Details of the fidelity collection are found in Section B.

Progress was measured through the annual SSIP Transition Stakeholder Survey, administered in November 2024. Additionally, parents/family members participating in the Transition Family Interviews 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 interviews, which provided both outcome and needs assessment data.

Outcome data, including graduation, college and career readiness, IEP participation, and Indicator 14 data, are collected annually. The State disaggregates results by participating Strategy 1 districts/schools to assess whether AL SSIP schools/districts that received additional transition supports had improved outcome data.

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

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 provided guidance on the data collection procedures for the Alabama PSO Survey, which provides data for Indicator 14b (the Alabama SiMR). Local school districts conduct the PSO Survey on a biennial cycle. FFY 2023 is the first year for Alabama's new Indicator 14 sampling plan.

ALSDE staff have found completion rates within the AL PSO Survey 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/he is included as a responder. In FFY 2023, 4.4% of respondents did not respond to the college enrollment questions, resulting in the student being marked "no" for Indicator 14a, even if the student was in fact enrolled in college. Additionally, ALSDE staff found missing values for critical questions pertaining to length of employment, minimum wage, and duration of enrollment in higher education have negatively impacted the final Indicator 14 results. In FFY 2023, 5.1% of respondents did not answer one or more employment questions. Although the ALSDE 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 Measurement Table.

Furthermore, despite efforts to clarify data collection requirements, the AL SSIP Team continues to find inconsistencies in the processes of individual districts, which likely affected the Indicator 14 results. For example, districts are required to try to contact each identified student at least three times and log attempted 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 person knowledgeable about the student. To address this concern, the ALSDE specified that contacts should not be made on the same day, and while the contact attempts have improved, the issue continues to occur. Additionally, in FFY 2023, the ALSDE began requiring LEAs to make at least one contact attempt after 5:00 p.m. before marking a student as "unable to contact."

To address these issues, the ALSDE shared the PSO webinar and written directions with each district in the cohort. Also, an ALSDE staff member 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)

NO

Section B: Implementation, Analysis and Evaluation

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

Alabama Achieves | Reports & Data | Student Data | Special Education Reports | SSIP | Alabama Part B SSIP Evaluation Plan

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

YES

If yes, provide a description of the changes and updates to the evaluation plan.

The SSIP evaluation plan has not been revised since 2020. For FFY 2023, the State's Theory of Action was revised, resulting in a new evaluation plan. The following general changes were made:

- 1) Previous Goal 1 initiatives (co-teaching/co-planning, behavior, Goal 1 implementation teams) and project management evaluation questions were removed.
- 2) Previous Goal 2 initiatives (transition sites, transition infrastructure) and family engagement activities (now initiatives 1, 2, and 3) had minor changes based on the ALSDE's current transition work and in alignment with Alabama's State Personnel Development Grant (SPDG). As a result, the evaluation questions were revised.
- 3) Because of the date of the prior evaluation plan, some elements were out-of-date. Changes were made to persons responsible, specific assessment tools, and dates of data collection.

Please refer to the attached evaluation plan for specific changes.

If yes, describe a rationale or justification for the changes to the SSIP evaluation plan.

Changes to the evaluation plan reflect the updated Theory of Action and activities. The State's Theory of Action was narrowed to include activities related to secondary transition and PSO. Additionally, the State's SSIP is braided with the Alabama SPDG. The new SPDG activities began in 2023, and therefore, the aligned evaluation activities were revised.

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

Typically, the ALSDE reports on a school-year basis; however, in FFY 2023, due to the revisions in activities, Indicator 17 reflects activities and data between August 1, 2023 – November 1, 2024. The AL SSIP implements three improvement strategies focusing on improving secondary transition services in cohort districts, schools, and classes, as well as building engagement with families and infrastructure for the entire State to improve transition and PSO.

Strategy 1: Create and publicize a model of comprehensive, research-based transition services for high school SWDs through the development of transition demonstration sites.

Strategy 2: Collaborate with transition groups to coordinate the Statewide transition infrastructure and strengthen the delivery of transition services from state to student.

Strategy 3: Engage parents and stakeholders in training, information sharing, and feedback for program improvement.

Strategy 1. Cohort district secondary transition activities:

Activities related to Strategy 1 included improving transition services in cohort schools, with a focus on two evidence-based practices: developing transition programming and teaching an evidence-based transition curriculum. The work is aligned with the NTACT-C. Teachers and administrators in selected cohort schools participated in transition training. Additional coaching was provided on developing school- and community-based work opportunities, transition teams, and post-school preparedness.

Cohort 1 (n=24 schools) was selected for the 2023-2024 school year. Cohort 2 (n=7 schools) was selected for the 2024-2025 school year. Both cohorts began receiving training in fall 2024. A total of 10 districts and 31 schools participated in this reporting year, including 18 high schools, 12 middle/junior high schools, and one freshman academy. In fall 2024, 104 individuals participated in training, coaching, a Transition Team, and/or teaching a transition class: 55 individuals from cohort districts/schools participated in the training, 75 had received coaching, 75 were members of a Transition Team, and 27 were teaching a transition class.

There were three transition training events for cohort sites: Using a Secondary Transition Curriculum (SSIP coach), Student-Led IEPs (district-specific training), and Secondary Transition Training Part 1: Predictors of Post-School Success (NTACT-C). Retrospective evaluations showed: 99% agreed/strongly agreed (A/SA) that they were satisfied with the training, 97% A/SA that the training was of high quality, 100% reported it was relevant, and 97% A/SA it was useful. Additionally, 99% A/SA that the training increased their skills for offering transition supports. The adult learning measures averaged 100%. The Professional Learning Coordinator assessed the fidelity of the training using the High-Quality Professional Development Checklist (HQPDP-v3) and found the training scored 95%.

During FFY 2023, there were 159 coaching events, which was a 19% increase over FFY 2022. All cohort districts and schools (31 schools) received coaching, and the median number of people coached at each event was five. The highest frequency of coaching duration was 1-2 hours (43%), followed by 3-4 hours (21%), and 0.5-1 hour (20%). The most frequent coaching strategies included: Sharing resources or project information (52%), Providing general support (24%), and Developing, reviewing, and/or revising school or individual plans (12%). The most frequent content areas for coaching were: Transition program vision (48%), Student-focused planning/IEP participation (30%), Transition Team development (25%), and School-based work program (20%). Additionally, 75% of coaching events included at least one administrator.

Strategy 2. State transition and post-school outcome infrastructure:

The ALSDE offered three State-level training events on secondary transition: transition training for Career and Technical Education (CTE); Supporting Every Student: The Role of School Counselors in Special Education; and Transition Unlimited training with the ADRS. Approximately 295 individuals participated in the training events. Post evaluations found that 91% rated the meeting overall as very good or excellent (VG/E) and 91% reported the training was relevant to their work. As a measure of adult learning principles, 88% stated the meeting was conducive to learning.

Alabama has shared links to over 20 Alabama-specific transition resources as well as links to external products from NTACT-C, the Transition Coalition, the IRIS Center, and the Zarrow Center. The ALSDE shared its secondary transition resources with families participating in the family focus group transition interviews. Also, the ALSDE continues to share resources regarding secondary transition as part of the AL SPDG. Between July 2023 and July 2024, the ALSDE's SSIP/SPDG transition website recorded 5,667 visitors and 21,980 total page views.

In March 2025, the ALSDE will co-host the Alabama Transition Conference. The conference has not been held since before the pandemic. During the current reporting period, the ALSDE staff organized and coordinated the conference, designed for all LEAs, practitioners, and families interested in secondary transition.

FFY 2023 was the first year of a new Indicator 14 sample. The ALSDE sent LEAs reminders regarding the PSO survey administration and a webinar about data collection. Additionally, the SES Data Team presented at the statewide Back-to-School meeting in August 2023 and 2024 regarding data collection and data integrity, with reminders to view the PSO Survey administration webinar. FFY 2023 Indicator 14 data included all LEAs in the sample (approximately half of the State).

The ALSDE increased the number of transition coaches from two to three during FFY 2023. SSIP staff, including coaches, met monthly, and coaches received additional training. On a staff survey, 100% of the SSIP coaches A/SA that they had learned new skills from the staff PL, and 100% reported they had the capacity to support their schools/districts.

Strategy 3. Activities to engage parents and stakeholders in secondary transition:

Strategy 3 Addresses communication and engagement with stakeholders, including families of SWD. District staff and coaches presented at the annual Alabama MEGA conference in July 2024. SSIP staff also presented to the Alabama SEAP to gather input on targets and progress.

In FFY 2023, the ALSDE contracted with APEC, Alabama's PTI, to offer transition training (Special Education Transition: Planning for a Full Life) in the SSIP cohort (Strategy 1) districts and virtually for all families. Seven training events were offered between February and March 2024, five in-person and two virtual, and 68 family members attended. Quality ratings found 78% agreed the training was high-quality, relevant, and useful; and 75% reported they were satisfied with the training.

APEC also assisted the SSIP Team with identifying parents/family members of students between Grades 6-12 to interview regarding transition services and readiness. In March/April 2024, the SSIP evaluators conducted 19 interviews with a sample of families from across the state. Families also completed survey items to help quantify their readiness to support their students.

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.

Strategy 1 outcomes focused on governance, accountability and monitoring, quality standards, and PL/TA.

To measure the outcomes of selection, Cohort 1 and 2 participants were asked whether the expectations of the project were clear, and 90% A/SA that they were. Furthermore, 95% of SSIP Transition Stakeholder Survey participants A/SA districts and schools benefit from participating in the project.

To measure the transition cohort training outcomes, participants completed retrospective post-evaluations. Learning measures assessed knowledge gains. The average pre-training learning score was 72%, and the average post-training score was 92%, for a 20% gain. Similarly, the confidence scores increased by 16%, from 76% to 92%. Both measures met their targets.

All cohort teachers, administrators, and other staff were asked on the Stakeholder Survey whether the SSIP PL increased their skills. The percentage of respondents A/SA were: Implementing a transition curriculum (90%); Developing a transition program (87%); Using data for decision-making (90%); Increasing student participation in their IEP meetings (87%); and Implementing predictors of post-school success (90%). All measures met the 80% target.

Participants were also asked about SSIP coaching. On the Stakeholder Survey, 96% A/SA the SSIP coaching increased their skills. Furthermore, the coaching section averaged 99%, indicating a high level of satisfaction with the coaching.

Fidelity data are described in detail in the fidelity section below. For transition programming, 50% of sites achieved fidelity at baseline. For transition teaching, 78% of teachers had fidelity for implementing an evidence-based transition curriculum.

Intermediate outcome measures on the Stakeholder Survey averaged 83% for all measures including collaboration has improved at my site (87%); communication with parents/families of SWD has improved (80%); our transition team is stronger (89%); and our transition program has more community partnerships (87%). Long-term outcomes showed similarly high results: our transition program has improved (87%); our transition program has more school and/or community work opportunities (76%); we have more student participation in IEP meetings (78%); and students have better outcomes (92%).

Although the results are baseline in FFY 2023 for Strategy 1 cohorts, ALSDE staff examined graduation and college and career readiness in cohort schools. [Note: Data are only available for high schools.] Among Cohort 1 schools, graduation rates for SWD decreased an average of -1.99% between baseline (77.81% in 2022-2023) and the first year of implementation (75.82% in 2023-2024). Cohort 2 baseline data were established at 71.39% in 2023-2024.

SWD in Cohort 1 schools saw improved college and career readiness (CCR) compared to baseline. CCR data averaged 67.59% in 2022-2023 and 69.97% in 2023-2024, for a 2.38% increase in Cohort 1 schools. Cohort 2 baseline data were established at 51.39%.

On the Alabama Parent Survey used for Indicator 8 reporting, parents of students were asked whether their child attended his/her last IEP meeting and whether the child actively participated. The results showed 69% of students in grades 9-12 attended their IEP meeting, and among those students, 93% "actively participated" in their meeting (e.g., communicated about his/her teachers, learning, goals, plans for after graduation, etc.). Therefore, when students attend their IEP meetings, they are likely to participate. Results among SSIP cohort districts were similar: 70% of students in grades 9-12 were reported to attend their IEP meetings, and among those students, 92% actively participated in the meeting, which met the attendance target of 55%. The ALSDE is working to increase IEP meeting participation as part of its SSIP work.

Strategy 2 outcomes focused on governance, data, and accountability/monitoring.

LEA participants from around the State attended the ALSDE transition training. Among the participants, 81% reported they gained new information. This value exceeds the 75% target.

A sample of teachers, administrators, and families were asked to rate the quality of the ALSDE transition resources, and 87% A/SA they were high-quality. This percentage varied by group, however: 96% of staff in LEAs A/SA, whereas 43% of family members A/SA. The overall percentage exceeds the target of 75%, although ALSDE-SES staff will consider the access and resources for families.

The progress toward the SiMR section (Section A above) provides Indicator 14b results. The response rate in FFY 2023 was 74.0%, exceeding the target of 65%. As explained in Section A, the State did not meet its Indicator 14b target.

Since FFY 2023 represented a new Indicator 14 target and new Strategy 1 cohorts, pre/post data could not be analyzed. The State did compare the same SSIP districts in FFY 2015, the baseline year for implementation, with FFY 2021 to determine the impact of the SSIP efforts on the SiMR. The results showed in that time, SSIP districts had a gain of 3.94% while the State had a decrease of -2.01%, representing a 5.95% difference. Therefore, the efforts of the SSIP have worked. The results will be monitored with the new cohort of Strategy 1 districts.

On the SSIP staff/coach survey, respondents were asked to rate their coaching skills as a result of the PL they had received, and 100% of staff rated their skills as "proficient" or "excellent". These results were above the target of 90%, demonstrating SSIP staff are confident in their skills to provide transition supports to districts.

Strategy 3 outcomes focused on accountability/monitoring and PL/TA.

Among parents who attended APEC's training on transition, 76% reported they had gained new knowledge as a result of the training, which is higher than the target of 75%.

In spring 2024, the SSIP evaluators interviewed a sample of 19 family members of students in grades 6-12. The results found three key themes:

1) Families would like schools to take initiative. Families and students must be proactive in transition (advocating, starting early, asking for meetings, taking opportunities to learn, having plans and setting goals, initiating communication with teachers, visiting the school).

2) Better communication is needed. Families are frustrated by poor communication and inadequate assistance from schools. Families are split on whether these failures result from a school's (i) lack of knowledge, (ii) insufficient initiative, or (iii) active resistance to sharing knowledge or providing services.

3) More communication about options/opportunities is needed. Families would like to see information about chances to learn and practice social skills, accommodations to make inclusion successful, individualized transition plans and learning, job and volunteer experience/training, and life skills.

Parents/family members who were interviewed in spring 2024 also completed a survey regarding transition readiness. The results found 58% A/SA that they were knowledgeable about transition supports; 67% were confident in their ability to support their child; and 37% had access to enough resources regarding transition. All three percentages were below the target of 75%.

SPP/APR Indicator 8 Parent Involvement data found 73.41% of parents reported involvement, which was an increase of 0.33% compared to FFY 2022. An analysis of SSIP cohort districts found higher results: 74.73% of parents reported involvement, which was 1.32% higher than the State's results.

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 following are specific next steps for each infrastructure improvement strategy:

Initiative 1

- Select an additional cohort of districts/schools.
- Continue the second part of the NTACTION transition program training. Offer training on student-led IEPs and student self-determination.
- Focus coaching on individual Transition Team priorities and student involvement.
- Ensure schools/districts have evidence-based transition curricula, have training on the curricula, and are using the curricula.
- Further develop Transition Teams to provide infrastructure. Invite parents of SWD to participate.
- Create or further develop school- and community-based work opportunities. Discuss school-based opportunities for middle school students.

Initiative 2

- Convene a Transition Conference in March 2025 and invite transition leaders and families from around the state to attend.
- Offer state-level transition training and provide technical assistance (TA) as requested.
- Provide guidance to districts regarding student-led IEP meetings.
- Develop resources regarding transition and disseminate on the ALSDE website.
- Review LEA Indicator 14 data and provide TA to low-performing LEAs.
- Revise and post Alabama PSO Survey data collection materials. Inform 2025 Indicator 14 participating LEAs about updates. Disseminate FFY 2023 Indicator 14 results.

Initiative 3

- Offer at least five training events on transition and PSO to families.
- Identify and coordinate parent/family participants for transition interviews. Conduct interviews of 20 individuals and collect survey data from participants.
- Analyze and disseminate interview and survey data results.
- Provide opportunities for parent and family stakeholder engagement, including the Transition Conference, SEAP 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 SSIP teams to review and use data; 2) Monitor outcome data submissions from SSIP 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.

List the selected evidence-based practices implement in the reporting period:

The ALSDE's Indicator 17 includes two evidence-based practices:

- 1) Implementing secondary transition programming
- 2) Implementing a secondary transition curriculum

Provide a summary of each evidence-based practice.

Developing and Implementing Secondary Transition Programming:

Beginning in FFY 2023, the ALSDE contracted with NTACTION to provide training and TA to cohort districts (Strategy 1) on transition programming for positive PSO. The two-part training consists of identifying the predictors of post-school success (PPS), applying PSO data, and applying PPS in school/district. Cohort schools/districts also complete the Predictor Implementation School/District Self-Assessment (PISA) (Mazzotti, et al., 2009). Transition Teams consider and develop the following clusters: student skills, career development, collaborative systems, and policy.

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 are curricula purchased and used by SSIP schools. Vendor's trainers, or SSIP coaches when vendor training is not available, provide training on using the curriculum. Additionally, SSIP coaches provide PL on selecting lessons based on students' IEPs, designing a Transition class, and improving instructional quality when implementing the curriculum.

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.

The ALSDE revised its Theory of Action to focus on secondary transition and PSO. By receiving improved secondary transition preparation and supports, students will be better prepared for college enrollment and/or competitive employment (Indicator 14b, the State's SiMR).

The first evidence-based practice, developing school/district transition programming, is designed to provide the infrastructure needed for schoolwide change. The four clusters of the program, 1) student skills, 2) career development, 3) collaborative systems, and 4) policy, are predictors of post-school success (Rowe et al., 2014). When schools and districts improve these areas, students have the school supports that lead to college enrollment and/or competitive employment.

The second evidence-based practice, secondary transition curricula, focuses on providing classroom-level supports that 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 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 PSO. 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.

Describe the data collected to monitor fidelity of implementation and to assess practice change.

The ALSDE uses two fidelity tools to assess its evidence-based practices. For transition programming, the State uses the Alabama Quality Indicators of Transition Programming (AL-QITP) (Morningstar, 2016). For the secondary transition curricula, the State uses the Alabama SSIP Transition Teaching Assessment (Cooledge & Larsen, 2019).

Developing and Implementing Secondary Transition Programming

The AL-QITP, aligned with the NTACT-C TA and training, includes the following core components: 1) Transition Planning, 2) Transition Assessment, 3) Family Involvement, 4) Student Involvement, 5) Transition Curriculum and Instruction, 6) Interagency Collaboration and Community Services, and 7) Systems Level Infrastructure.

Baseline data were collected for Cohort 1 and 2 districts/schools in September and October 2024. The target is after two years of implementation, 70% of cohort schools will score 75% or higher on the AL-QITP. At baseline, 50% of the sites achieved fidelity. The average score was 78%, and scores ranged from 61% to 91%. When looking at the assessment sections, all sections scored above the average except Family Involvement (68%) and Student Involvement (64%). Interagency Collaboration and Community Services was the highest-rated section (85%). Transition Teams were asked to rank-order the priority for addressing sections for the upcoming year, and the highest-priority was Student Involvement (1.3 average, with "1" being the highest priority).

The AL-QITP data have not been collected before, and the 50% achieving fidelity is baseline. Data will be collected again in February 2025 and 2026.

Secondary Transition Curricula

The Transition Teaching Fidelity Assessment focuses on adherence to the following core components: 1) Frequency of usage; 2) Fidelity to the transition curriculum's key elements of each lesson (Objectives, Vocabulary/Key Words, Practice, Feedback, Summarizing/Evaluating Outcomes, and Follows Curriculum Scope with Fidelity); and 3) Elements of instruction.

The 2023-2024 school year focused on selecting districts/schools and organizing coaching and training. Therefore, teachers were not asked to complete the SSIP Transition Teaching Assessment. Data are scheduled to be collected in February 2025. The data below are from the last data collection in March 2023.

The target for the SSIP Transition Teaching Assessment is 75% of teachers score 80% or higher on the assessment of implementation of an evidence-based transition curriculum. Among the nine teachers assessed, seven teachers (78%) achieved fidelity. The average score on the Transition Teaching Assessment was 86%, and the individual fidelity scores ranged from 69% to 98%. When looking at the assessment sections, the instructional components of the intervention rated higher (88%) than the curriculum components (81%) or frequency of instruction (77%).

The percentage of teachers achieving fidelity was 9% lower than the prior reporting year. The cohort schools, and teachers, were new to the project and in a baseline year. These results show that despite the decrease in scores, the State met its target of 75% of teachers 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 were presented under the infrastructure improvement strategy question listed above.

Provide a summary of the next steps for each evidence-based practice and the anticipated outcomes to be attained during the next reporting period.

The following are specific next steps for the evidence-based practices:

Secondary transition programming

- Host the second part of the NTACT-C transition program training.
- Offer training on student-led IEPs and student self-determination.
- Further develop Transition Teams.
- Develop plans per the AL-QITP results.
- Continue to coach on the above items plus school and community-based work opportunities, student involvement, family involvement, and interagency collaboration.
- Monitor AL-QITP fidelity results, as well as school/district outcome data (graduation, CCR, PSO, Indicator 8, IEP participation).

Secondary transition curricula

- Ensure schools are obtaining training from curricula vendors.
- Offer training from SSIP coaches on transition curriculum alignment with student IEPs, if not already provided.
- Continue to coach teachers on implementing a transition curriculum.
- Work with school administrators and the LEA Special Education Coordinator/Director to address infrastructure barriers that may hinder offering a transition class.
- Monitor AL SSIP Transition Teaching Assessment fidelity results and coaches' observation data.

As a result of these steps, the ALSDE should see improvements in individual school and teacher results on the fidelity forms. Additionally, Stakeholder Survey results should see increases in the content knowledge areas and improvements in the intermediate outcomes including collaboration, communication with parents/families, and stronger transition teams.

Does the State intend to continue implementing the SSIP without modifications? (yes/no)

NO

If no, describe any changes to the activities, strategies or timelines described in the previous submission and include a rationale or justification for the changes.

In FFY 2023, the ALSDE revised its SSIP; the changes were approved by OSEP.

In 2014, ALSDE developed the Theory of Action as the foundation of Alabama's SSIP, stating, "Students with IEPs will be prepared to transition effectively and achieve improved post-school outcomes [i.e., students will be able to achieve positive PSO and engage in higher education and competitive employment opportunities]".

Through this process, the ALSDE and its stakeholders identified the SiMR as Indicator 14b: the percentage of youth, no longer in secondary school, who had IEPs at the time they exited and were enrolled in higher education or competitively employed within one year of leaving high school. To measure progress toward the SiMR, two goals were originally developed:

Goal 1: Improve instructional and behavioral outcomes, and

Goal 2: Improve transition services. Each goal incorporated several infrastructure improvement strategies.

Since 2019, ALSDE has implemented evidence-based practices and aligned systems across the department to enhance student support. The SES section has partnered with the ALSDE MTSS section to provide academic support and a systems framework, resulting in consistent gains in both areas at SSIP demonstration sites.

Given that students in Alabama are now receiving academic and behavioral support through the MTSS framework, the ALSDE revised its SSIP and the Theory of Action to focus solely on improving transition services for students with disabilities (previous Goal 2). By focusing on transition services, the ALSDE staff will better support Alabama's students in achieving improved post-school outcomes.

Historical transition data have supported the revisions to the SSIP. Through its SSIP work, the state has continued to demonstrate impact on the State's SiMR. For example, comparing the same SSIP districts in FFY 2015, the baseline year for implementation, and FFY 2021, SSIP cohort districts showed the following changes in Indicator 14b:

FFY 2015, FFY 2021, Gain
SSIP Cohort Districts, 58.02%, 61.96%, +3.94%
All Alabama, 59.84%, 57.83%, -2.01%

The positive gains for Goal 2 districts have been consistent and reinforce the State's decision to focus state efforts on transition and post-school outcome efforts.

The SES section met with the SEAP, the Special Education Leadership Council (SELC), and internal ALSDE stakeholders regarding the proposed changes, and there were no objections. Changes to the theory of action and strategies were approved by OSEP for FFY 2023.

Section C: Stakeholder Engagement

Description of Stakeholder Input

Alabama has crafted a forward-thinking vision for the future of education in the State, encapsulated in the motto: "Every Child. Every Chance. Every Day." This vision emphasizes the commitment of educators to support all children in achieving success in school and their future lives. Alabama actively seeks input from a wide range of stakeholders to shape policies, regulations, and implementation strategies.

Internal Stakeholder Engagement: The ALSDE conducts reviews of historical trend data, policies, procedures, and practices, and collaborates with other ALSDE departments (e.g., Student Assessment, Instructional Services, Educator Certification, and ALSDE executive staff) and internal SES Teams (e.g., Integrated Monitoring, Instructional Supports, and the Data and Dispute Resolution Team) to set rigorous yet attainable annual targets.

External Stakeholder Engagement:

The ALSDE collaborates with various stakeholder groups, such as the Special Education Advisory Panel (SEAP), the ADRS, the APEC, the Alabama Association of School Boards (AASB), the State Interagency Transition Team (SITT), institutions of higher education (IHEs) and parent advocacy groups. This stakeholder engagement focuses on improving communication, obtaining input from, and building the capacity of, a diverse group of parents to support the implementation activities designed to improve outcomes, including target setting and any subsequent revisions to targets, analyzing data, developing improvement strategies, and evaluating progress.

Our State Special Education Advisory Panel (SEAP) is an essential group of stakeholders who provide input on target setting and improvement activities, with meetings being held quarterly. Each meeting provides a forum for the solicitation of feedback regarding SPP/APR targets and other ALSDE policies, procedures, and/or practices. During these meetings, the panel members and public participants are provided updates on the previously held stakeholder input sessions and SPP/APR indicators. To continue meaningful work in the advisement of the SPP/APR, the ALSDE held data training for the SEAP data subgroup and presented to the SEAP to request input and recommendations on SPP/APR targets and to provide input and improvement strategies on all indicators demonstrating slippage. The SEAP meetings consisted of teleconferences and face-to-face meetings. Participants were provided with current and trend data for the indicators and allowed to provide feedback in the meeting or via the feedback form survey. The ALSDE sets targets based on feedback from the SEAP, historical data, and the achievement of previous targets. In addition to seeking input, the ALSDE provided training for new and veteran SEAP members and LEA staff (e.g., LEA Special Education Coordinators/Directors, special education teachers) regarding SPP/APR content and relevant data sources. Ongoing training has been conducted and is being planned to ensure that SEAP members and LEA staff are kept abreast of SPP/APR reporting requirements and to ensure they are engaged in setting and/or revising indicator targets, reviewing indicator data, and providing recommendations for improvement strategies. The SEAP includes representatives from various groups such as parents, special education administrators, teachers, higher education institutions, transition providers, individuals with disabilities, homeless liaisons, related service providers, private schools, foster care representatives, and juvenile or adult correction representatives. The panel selection committee ensures diverse representation, with more than 50% being parents or individuals with a disability, and analyzes the diversity of the panel and state regions represented.

The ALSDE also partners with the Special Education Leadership Council (SELC) to build capacity and enhance communication with local Special Education Coordinators/Directors and administrators. The SELC is involved in state practices, such as indicator methodology analysis, data collection windows, and secondary transition. The ALSDE also resumed the IHE stakeholder group to provide diverse perspectives on teacher shortages and the ALSDE TSEC certification process.

Surveys are used to solicit improvement strategies and comments from internal and external stakeholders regarding state priorities and IDEA state funding priorities.

Describe the specific strategies implemented to engage stakeholders in key improvement efforts.

SEAP
In FFY 2023, the ALSDE solicited input and recommendations from SEAP members and participants on SPP/APR indicators, particularly those demonstrating slippage. The ALSDE 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 Alabama Parent Education Center (APEC) to identify parents and family members for family interviews. The interviews, conducted virtually and representing the three regions of the state, gathered input from family members of students in grades 6-12. Participating family members also completed survey items. The data allowed the ALSDE to review the concerns, suggestions, and needs of family members.

Presentations
The ALSDE has presented on transition and PSO at several meetings. The staff presented information about the SPP/APR and SSIP transition activities at the State's MEGA Conference in July 2024 and the ALSDE Back-to-School meeting with district leaders in August 2024.

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 interview analyses found the three top concerns among participants were:
•Schools should take the initiative with transition services rather than parents/families;
•Offer more and better communication with families; and
•Better inform families about post-secondary options and opportunities.

These concerns are long-term areas to address. The ALSDE has been addressing these issues by:
•Continuing to gather family feedback through focus groups, interviews, and surveys;
•Working with the ALSDE departments, including CTE and ADRS;
•Partnering with the NTACT-C to provide training;
•Providing TA to districts regarding transition services; 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

Indicator 18: General Supervision

Instructions and Measurement

Monitoring Priority: General Supervision

Compliance indicator: This SPP/APR indicator focuses on the State's exercise of its general supervision responsibility to monitor its local educational agencies (LEAs) for requirements under Part B of the Individuals with Disabilities Education Act (IDEA) through the State's reporting on timely correction of noncompliance (20 U.S.C. 1412(a)(11) and 1416(a); and 34 C.F.R. §§ 300.149, 300.600). In reporting on findings under this indicator, the State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State.

Data Source

The State must include findings from data collected through all components of the State's general supervision system that are used to identify noncompliance. This includes, but is not limited to, information collected through State monitoring, State database/data system, dispute resolution, and fiscal management systems as well as other mechanisms through which noncompliance is identified by the State. Provide the actual numbers used in the calculation. Include all findings of noncompliance regardless of the specific type and extent of noncompliance.

Measurement

This SPP/APR indicator requires the reporting on the percent of findings of noncompliance corrected within one year of identification:

- # of findings of noncompliance issued the prior Federal fiscal year (FFY) (e.g., for the FFY 2023 submission, use FFY 2022, July 1, 2022 – June 30, 2023)
- # of findings of noncompliance the State verified were corrected no later than one year after the State's written notification of findings of noncompliance.

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

States are required to complete the General Supervision Data Table within the online reporting tool.

Instructions

Baseline Data: The State must provide baseline data expressed as a percentage. OSEP assumes that the State's FFY 2023 data for this indicator is the State's baseline data unless the State provides an explanation for using other baseline data.

Targets must be 100%.

Report in Column A the total number of findings of noncompliance made in FFY 2022 (July 1, 2022 – June 30, 2023) and report in Column B the number of those findings which were timely corrected, as soon as possible and in no case later than one year after the State's written notification of noncompliance.

Starting with the FFY 2023 SPP/APR, States will be required to report on the correction of noncompliance related to compliance indicators 4B, 9, 10, 11, 12, and 13 based on findings issued in FFY 2022. Under each compliance indicator, States report on the correction of noncompliance for that specific indicator. However, in this general supervision Indicator 18, States report on both those findings as well as any additional findings that the State issued related to that compliance indicator.

In the last row of this General Supervision Data Table, States may also provide additional information related to other findings of noncompliance that are not specific to the compliance indicators. This row would include reporting on all other findings of noncompliance that were not reported by the State under the compliance indicators listed below (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.). In future years (e.g., with the FFY 2026 SPP/APR), States may be required to further disaggregate findings by results indicators (1, 2, 3, 4A, 5, 6, 7, 8, 14, 15, 16, and 17), fiscal and other areas.

If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

18 - Indicator Data

Historical Data

Baseline Year	Baseline Data
2023	60.44%

Targets

FFY	2023	2024	2025
Target	100%	100%	100%

Indicator 4B. Percent of LEAs that have: (a) a significant discrepancy, as defined by the State, by race or ethnicity, in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy, as defined by the State, and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.. (20 U.S.C. 1416(a)(3)(A); 1412(a)(22))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
0		0		0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 4B due to various factors (e.g., additional findings related to other IDEA requirements).

There were no other written findings of noncompliance to report for Indicator 4.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

Indicator 9. Percent of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	10	4	0	10

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 9 due to various factors (e.g., additional findings related to other IDEA requirements).

The differences in the number of findings reported in this data table and those reported for this indicator can be attributed to additional findings identified through student file reviews during the cyclical monitoring process. These findings align with Indicator 9 as they address instances of noncompliance with evaluation requirements under IDEA, including the implementation of nondiscriminatory assessment and evaluation procedures as mandated by 20 U.S.C. 1414(b)(2) and 34 C.F.R. 300.304. By addressing these areas of noncompliance, the findings highlight the importance of equitable and unbiased evaluation practices, which are integral to the objectives and compliance measures outlined in Indicator 9.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

For the 10 additional findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has not verified through a review of updated data that each LEA identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved 100% compliance).

The State fully recognizes its obligation to verify all sources of noncompliance as outlined in OSEP QA 23-01. Accordingly, after confirming that each individual instance of noncompliance identified for this indicator in FFY 2022 has been corrected—unless the child is no longer under the jurisdiction of the LEA—the State will access its database to review a subsequent sample of data, based on the LEA's Child Count (e.g., <2,501 = 2; 2,501 – 3,500 = 3; 3,501 – 4,500 = 5; 4,501 – 5,500 = 8; Over 5,500 = 10), to ensure systemic correction.

To confirm that the LEA is correctly implementing the specific regulatory requirements, the LEA must demonstrate 100% correction of noncompliance within the sample. If the review reveals less than 100% compliance, the LEA will be required to correct all findings, including both the original and subsequent findings of noncompliance, within 10 calendar days.

Should noncompliance persist after this period, a third review of data will be conducted. If the same findings of noncompliance are identified during this third review, the ALSDE will initiate enforcement actions in accordance with IDEA regulations to ensure corrective measures are implemented effectively.

For the 4 findings listed in Column A, the state verified that each LEA identified as having noncompliance was correctly implementing the regulatory requirements (i.e., achieved 100% compliance). The State's database was accessed to view updated data (i.e., new student evaluation records) to determine that the LEA correctly included the minimum requirements for eligibility determination for all students who went through the eligibility determination process for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all LEAs in Column A with noncompliance reflected in the data reported for this indicator are correctly implementing the specific regulatory requirement. All reviews of updated data for FFY 2022 findings of noncompliance were conducted within one year from the written notification of noncompliance, consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For the 10 additional findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has verified that each individual case of noncompliance was corrected. For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database and determined that the noncompliance, the minimum requirements for eligibility determination, was corrected. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 findings of noncompliance within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

For the 4 findings listed in Column A, the ALSDE reviewed each individual case of noncompliance by accessing each student's record in the State's database and determined that the noncompliance, the minimum requirements for eligibility determination, had been corrected. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 findings of noncompliance within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Indicator 10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification. (20 U.S.C. 1416(a)(3)(C))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
5		5		0

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 10 due to various factors (e.g., additional findings related to other IDEA requirements).

There were no other written findings of noncompliance to report for Indicator 10.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on *updated data*:

For the 5 findings listed in Column A, the ALSDE verified that all LEAs identified as having noncompliance were correctly implementing the regulatory requirements (i.e., achieved 100% compliance). The ALSDE database was accessed to view updated data (i.e., new student evaluation records) to determine that the LEA correctly included the minimum requirements for eligibility determination for all students who went through the eligibility determination process 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 2022 findings of noncompliance were conducted within one year from the written notification of noncompliance, consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each *individual case* of noncompliance was corrected:

For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database to determine if the minimum requirements for eligibility determination were corrected. The ALSDE verified that each individual instance of noncompliance was corrected for FFY 2022 findings of noncompliance within one year, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Indicator 11. Percent of children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the State establishes a timeframe within which the evaluation must be conducted, within that timeframe. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
33	10	33	0	10

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 11 due to various factors (e.g., additional findings related to other IDEA requirements).

The differences in the number of findings reported in this data table and those reported for this indicator can be attributed to additional findings found through student file reviews during the cyclical monitoring process. These findings are particularly relevant to Indicator 11, as they highlight instances of noncompliance with key provisions of IDEA, including Child Find requirements (20 U.S.C. 1412(a)(3) and 34 C.F.R. 300.111) and initial evaluation

requirements (20 U.S.C. 1414(a)(1)(A) through (C) and 34 C.F.R. 300.301(a) through (c)). These findings align closely with the objectives of Indicator 11, emphasizing the importance of timely and appropriate identification and evaluation of children suspected of having disabilities.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For the 10 additional findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has not verified through a review of updated data that each LEA identified as having noncompliance was correctly implementing the regulatory requirements (i.e., achieved 100% compliance).

The State fully recognizes its obligation to verify all sources of noncompliance as outlined in OSEP QA 23-01. Accordingly, after confirming that each individual instance of noncompliance identified for this indicator in FFY 2022 has been corrected—unless the child is no longer under the jurisdiction of the LEA—the State will access its database to review a subsequent sample of data, based on the LEA's child count (e.g., <2,501 = 2; 2,501 – 3,500 = 3; 3,501 – 4,500 = 5; 4,501 – 5,500 = 8; Over 5,500 = 10), to ensure systemic correction.

To confirm that the LEA is correctly implementing the specific regulatory requirements, the LEA must demonstrate 100% correction of noncompliance within the sample. If the review reveals less than 100% compliance, the public agency will be required to correct all findings, including both the original and subsequent findings of noncompliance, within 10 calendar days.

Should noncompliance persist after this period, a third review of data will be conducted. If the same findings of noncompliance are identified during this third review, the ALSDE will initiate enforcement actions in accordance with IDEA regulations to ensure corrective measures are implemented effectively.

For the 33 findings listed in Column A, the ALSDE verified that all LEAs (i.e., 33) identified as having noncompliance in FFY 2022 were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 11 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 the 33 LEAs with noncompliance reflected in the data reported for the FFY 2022 reporting period 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 of the written notification of noncompliance, consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For the 10 additional findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has verified that each individual case of noncompliance was corrected. For each individual case of noncompliance, the ALSDE accessed each student's record in the State's database and determined that the noncompliance was corrected within one year from the written notification of noncompliance, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

For the 33 findings listed in Column A, the ALSDE accessed the State's database to determine whether the evaluations for each individual student whose evaluation was not completed within 60 days, 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, consistent with OSEP QA 23-01, and all individual noncompliance was corrected for FFY 2022 within one year. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Indicator 12. Percent of children referred by Part C prior to age 3, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
4	1	4	0	1

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 12 due to various factors (e.g., additional findings related to other IDEA requirements).

The difference in the number of findings reported in this data table and those reported for this indicator is due to an additional finding identified through the student file review during the cyclical monitoring process. This finding is related to Indicator 12, as it addresses an instance of noncompliance related to ensuring a smooth and effective transition from Part C to preschool programs (20 U.S.C. 1412(a)(9); 34 C.F.R. 300.124), providing a free appropriate public education (FAPE) for children starting at age 3 (34 C.F.R. 300.101(b)(1) and 300.323(b)), and the proper development, review, and revision of individualized education programs (IEPs) (20 U.S.C. 1414(d)(3) and 34 C.F.R. 300.324). This finding underscores the critical importance of Indicator 12

in facilitating seamless transitions and ensuring timely access to FAPE for young children, thereby reinforcing compliance with IDEA's foundational principles.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For the additional finding identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has not verified through a review of updated data that each LEA identified as having noncompliance was correctly implementing the regulatory requirements (i.e., achieved 100% compliance).

The State fully recognizes its obligation to verify all sources of noncompliance as outlined in OSEP QA 23-01. Accordingly, after confirming that the individual instance of noncompliance identified for this indicator in FFY 2022 has been corrected—unless the child is no longer under the jurisdiction of the LEA—the State will access its database to review a subsequent sample of data, based on the LEA's child count (e.g., <2,501 = 2; 2,501 – 3,500 = 3; 3,501 – 4,500 = 5; 4,501 – 5,500 = 8; Over 5,500 = 10), to ensure systemic correction.

To confirm that the LEA is correctly implementing the specific regulatory requirements, the LEA must demonstrate 100% correction of noncompliance within the sample. If the review reveals less than 100% compliance, the public agency will be required to correct all findings, including both the original and subsequent findings of noncompliance, within 10 calendar days.

Should noncompliance persist after this period, a third review of data will be conducted. If the same findings of noncompliance are identified during this third review, the ALSDE will initiate enforcement actions in accordance with IDEA regulations to ensure corrective measures are implemented effectively.

For the 4 findings listed in Column A, the ALSDE verified that all LEAs (i.e., 4) identified as having noncompliance were correctly implementing the regulatory requirements. The State's database was accessed to view each LEA's Indicator 12 report to determine whether all students who had 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 has verified that all LEAs with noncompliance reflected in the data reported for this indicator in FFY 2022 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 written notification of noncompliance, consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For the additional finding identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has verified that the individual case of noncompliance was corrected. For the individual case of noncompliance, the ALSDE accessed the student's record in the State's database and determined that the noncompliance was corrected within one year from the written notification of noncompliance, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for the individual student.

For the 4 findings listed in Column A, the ALSDE accessed the state's database to determine whether the evaluations for each individual case of noncompliance 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, although late, consistent with OSEP QA 23-01, and all individual noncompliance was corrected for FFY 2022 within one year. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Indicator 13. Percent of youth with IEPs aged 16 and above with an IEP that includes appropriate measurable postsecondary goals that are annually updated and based upon an age-appropriate transition assessment, transition services, including courses of study, that will reasonably enable the student to meet those postsecondary goals, and annual IEP goals related to the student's transition services and needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority. (20 U.S.C. 1416(a)(3)(B))

Findings of Noncompliance Identified in FFY 2022

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected)
10	14	9	0	15

Please explain any differences in the number of findings reported in this data table and the number of findings reported in Indicator 13 due to various factors (e.g., additional findings related to other IDEA requirements).

The differences in the number of findings reported in this data table and those reported for this indicator are due to additional findings identified through the student file reviews during the cyclical monitoring process. These findings are related to Indicator 13, as they reveal instances of noncompliance with key requirements for providing transition services for children, beginning no later than the first IEP in effect when the child turns 16 (34 C.F.R. 300.320(b) and (c)). They also highlight noncompliance in the development, review, and revision of individualized education programs (IEPs) (20 U.S.C. 1414(d)(3) and 34 C.F.R. 300.324). These findings emphasize the role of Indicator 13 in ensuring appropriate and effective secondary transition services, which are

essential for preparing students for postsecondary education, employment, and independent living. Furthermore, they reinforce the obligation to provide FAPE and uphold the foundational principles of IDEA.

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

For the 14 additional findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has not verified through a review of updated data that each LEA identified as having noncompliance was correctly implementing the regulatory requirements (i.e., achieved 100% compliance).

The State fully recognizes its obligation to verify all sources of noncompliance as outlined in OSEP QA 23-01. Accordingly, after confirming that each individual instance of noncompliance identified for this indicator in FFY 2022 has been corrected—unless the child is no longer under the jurisdiction of the LEA—the State will access its database to review a subsequent sample of data, based on the LEA's child count (e.g., <2,501 = 2; 2,501 – 3,500 = 3; 3,501 – 4,500 = 5; 4,501 – 5,500 = 8; Over 5,500 =10), to ensure systemic correction.

To confirm that the LEA is correctly implementing the specific regulatory requirements, the LEA must demonstrate 100% correction of noncompliance within the sample. If the review reveals less than 100% compliance, the public agency will be required to correct all findings, including both the original and subsequent findings of noncompliance, within 10 calendar days.

Should noncompliance persist after this period, a third review of data will be conducted. If the same findings of noncompliance are identified during this third review, the ALSDE will initiate enforcement actions in accordance with IDEA regulations to ensure corrective measures are implemented effectively.

For the 10 findings listed in Column A, the ALSDE verified that all but one LEA identified as having noncompliance were correctly implementing the regulatory requirements. The ALSDE database was accessed to view each LEA's Indicator 13 report to determine whether all students age 16 and above with IEPs contained each of the required components for secondary transition, with 100% accuracy for a period of time following the findings of noncompliance. As such, the ALSDE has verified that all but one LEA with noncompliance reflected in the data reported for the FFY 2022 reporting period 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 of the written notification of noncompliance. The findings in all but one LEA identified as having noncompliance with Indicator 13 for FFY 2022 were corrected within one year of written notification, consistent with OSEP QA 23-01.

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

For the 14 additional findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the ALSDE has verified that each individual case of noncompliance was corrected. For the individual case of noncompliance, the ALSDE accessed the student's record in the State's database and determined that the noncompliance was corrected within one year from the written notification of noncompliance, consistent with OSEP QA 23-01, unless the child was no longer within the jurisdiction of the LEA. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for the individual student.

For the 10 LEAs findings in Column A, the ALSDE accessed the State database for each individual case of noncompliance identified in FFY 2022 to determine whether the students' IEPs contained each of the required components for secondary transition, unless the child was no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. Based on a review of updated data within the State database, the ALSDE verified that each individual case of noncompliance (i.e., each student's IEP) contained the required components for secondary transition. Additionally, the ALSDE verified that no outstanding corrective action exists under a State complaint or due process hearing for each individual student.

Optional for FFY 2023, 2024, and 2025:

Other Areas - All other findings: States may report here on all other findings of noncompliance that were not reported under the compliance indicators listed above (e.g., Results indicators (including related requirements), Fiscal, Dispute Resolution, etc.).

Column B: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Column B for which correction was not completed or timely corrected

Explain the source (e.g., State monitoring, State database/data system, dispute resolution, fiscal, related requirements, etc.) of any findings reported in this section:

Please describe, consistent with OSEP QA 23-01, how the State verified that the source of noncompliance is correctly implementing the regulatory requirements based on updated data:

Please describe, consistent with OSEP QA 23-01, how the State verified that each individual case of noncompliance was corrected:

Total for All Noncompliance Identified (Indicators 4B, 9, 10, 11, 12, 13, and Optional Areas):

Column A: # of written findings of noncompliance identified in FFY 2022 (7/1/22 – 6/30/23)	Column B: # of any other written findings of noncompliance identified in FFY 2022 not reported in Column A (e.g., those issued based on other IDEA requirements), if applicable	Column C1: # of written findings of noncompliance from Column A that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column C2: # of written findings of noncompliance from Column B that were timely corrected (i.e., verified as corrected no later than one year from identification)	Column D: # of written findings of noncompliance from Columns A and B for which correction was not completed or timely corrected
56	35	55	0	36

FFY 2023 SPP/APR Data

Number of findings of Noncompliance that were timely corrected	Number of findings of Noncompliance that were identified FFY 2022	FFY 2022 Data	FFY 2023 Target	FFY 2023 Data	Status	Slippage
55	91		100%	60.44%	N/A	N/A

Percent of findings of noncompliance not corrected or not verified as corrected within one year of identification	39.56%
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Provide additional information about this indicator (optional)

Summary of Findings of Noncompliance identified in FFY 2022 Corrected in FFY 2023 (corrected within one year from identification of the noncompliance):

1. Number of findings of noncompliance the State identified during FFY 2022 (the period from July 1, 2022 through June 30, 2023)	91
2. Number of findings the State verified as timely corrected (corrected within one year from the date of written notification to the LEA of the finding)	55
3. Number of findings <u>not</u> verified as corrected within one year	36

Subsequent Correction: Summary of All Outstanding Findings of Noncompliance Identified in FFY 2022 Not Timely Corrected in FFY 2023 (corrected more than one year from identification of the noncompliance):

4. Number of findings of noncompliance not timely corrected	36
5. Number of findings in Col. A the State has verified as corrected beyond the one-year timeline for Indicator 4B, 9, 10, 11, 12, 13 ("subsequent correction")	0
6a. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 4B	
6b. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 9	
6c. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 10	
6d. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 11	
6e. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 12	
6f. Number of additional written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - Indicator 13	
6g. (optional) Number of written findings of noncompliance (Col. B) the state has verified as corrected beyond the one-year timeline ("subsequent correction") - All other findings	
7. Number of findings <u>not</u> yet verified as corrected	36

Subsequent correction: If the State did not ensure timely correction of previous findings of noncompliance, provide information on the nature of any continuing noncompliance and the actions that have been taken, or will be taken, to ensure the subsequent correction of the outstanding noncompliance, to address areas in need of improvement, and any sanctions or enforcement actions used, as necessary and consistent with IDEA's enforcement

provisions, the OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance), and State rules.

For the one LEA identified in FFY 2021 as having noncompliance with Indicator 13 that, during subsequent reviews, the State could not verify as correctly implementing the regulatory requirements, the State Program Director contacted the LEA Special Education Coordinator/Director to emphasize the importance and necessity of achieving 100% compliance with this indicator.

To address the issue, the State required the LEA Special Education Coordinator/Director to participate in state-provided mandatory training on writing compliant transition plans. Following the training, the LEA Special Education Coordinator/Director was tasked with training all secondary special education teachers in the LEA on compliant transition plan development. The district was required to submit a copy of the training agenda, presentation, and sign-in sheet to the State.

Additionally, the district was required to enter into a compliance agreement with the State regarding Indicator 13: Secondary Transition. This agreement, signed by both the LEA Superintendent and the LEA Special Education Coordinator/Director, outlined the district's commitment to achieving compliance.

For the 35 findings identified through the cyclical monitoring process during the FFY 2022 reporting period, the State fully recognizes its obligation to verify that the source of noncompliance is correctly implementing the regulatory requirements based on updated data, as outlined in OSEP QA 23-01. Accordingly, the State will access its database to review a subsequent sample of data, based on the LEA's child count (e.g., <2,501 = 2; 2,501 – 3,500 = 3; 3,501 – 4,500 = 5; 4,501 – 5,500 = 8; Over 5,500 = 10), to ensure systemic correction.

18 - OSEP Response

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

18 - Required Actions

The State must demonstrate, in the FFY 2024 SPP/APR, that the remaining 13 uncorrected findings of noncompliance identified in FFY 2022 were corrected. When reporting on the correction of noncompliance, the State must report, in the FFY 2024 SPP/APR, that it has verified that each LEA with findings of noncompliance identified in FFY 2023 and each LEA with remaining noncompliance identified in FFY 2022: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP QA 23-01. In the FFY 2024 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

Certification

Instructions

Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.

Certify

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

Select the certifier's role:

Designated by the Chief State School Officer to certify

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

Name:

DaLee Chambers

Title:

Part B State Director

Email:

daleec@alsde.edu

Phone:

3346944782

Submitted on:

04/23/25 3:25:17 PM

Determination Enclosures

RDA Matrix

Alabama 2025 Part B Results-Driven Accountability Matrix

Results-Driven Accountability Percentage and Determination (1)

Percentage (%)	Determination
75.91%	Needs Assistance

Results and Compliance Overall Scoring

Section	Total Points Available	Points Earned	Score (%)
Results	20	14	70.00%
Compliance	22	18	81.82%

(1) For a detailed explanation of how the Compliance Score, Results Score, and the Results-Driven Accountability Percentage and Determination were calculated, review "How the Department Made Determinations under Section 616(d) of the Individuals with Disabilities Education Act in 2025: Part B."

2025 Part B Results Matrix

Reading Assessment Elements

Reading Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment (2)	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	19%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	87%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	21%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	88%	1

Math Assessment Elements

Math Assessment Elements	Grade	Performance (%)	Score
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 4	99%	1
Percentage of Children with Disabilities Participating in Statewide Assessment	Grade 8	98%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 4	46%	2
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 4	90%	1
Percentage of Children with Disabilities Scoring at Basic or Above on the National Assessment of Educational Progress	Grade 8	12%	0
Percentage of Children with Disabilities Included in Testing on the National Assessment of Educational Progress	Grade 8	87%	1

(2) Statewide assessments include the regular assessment and the alternate assessment.

Exiting Data Elements

Exiting Data Elements	Performance (%)	Score
Percentage of Children with Disabilities who Dropped Out	3	2
Percentage of Children with Disabilities who Graduated with a Regular High School Diploma*	80	2

*When providing exiting data under section 618 of the IDEA, States are required to report on the number of students with disabilities who exited an educational program through receipt of a regular high school diploma. These students meet the same standards for graduation as those for students without disabilities. As explained in 34 C.F.R. § 300.102(a)(3)(iv), in effect June 30, 2017, "the term regular high school diploma means the standard high school diploma awarded to the preponderance of students in the State that is fully aligned with State standards, or a higher diploma, except that a regular high school diploma shall not be aligned to the alternate academic achievement standards described in section 1111(b)(1)(E) of the ESEA. A regular high school diploma does not include a recognized equivalent of a diploma, such as a general equivalency diploma, certificate of completion, certificate of attendance, or similar lesser credential."

2025 Part B Compliance Matrix

Part B Compliance Indicator (3)	Performance (%)	Full Correction of Findings of Noncompliance Identified in FFY 2022 (4)	Score
Indicator 4B: Significant discrepancy, by race and ethnicity, in the rate of suspension and expulsion, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with specified requirements.	0.00%	N/A	2
Indicator 9: Disproportionate representation of racial and ethnic groups in special education and related services due to inappropriate identification.	4.00%	YES	2
Indicator 10: Disproportionate representation of racial and ethnic groups in specific disability categories due to inappropriate identification.	15.75%	YES	1
Indicator 11: Timely initial evaluation	99.65%	YES	2
Indicator 12: IEP developed and implemented by third birthday	99.06%	YES	2
Indicator 13: Secondary transition	99.92%	NO	2
Indicator 18: General Supervision	60.44%	NO	0
Timely and Accurate State-Reported Data	97.62%		2
Timely State Complaint Decisions	100.00%		2
Timely Due Process Hearing Decisions	100.00%		2
Longstanding Noncompliance			1
Programmatic Specific Conditions	None		
Uncorrected identified noncompliance	Yes, 2 to 4 years		

(3) The complete language for each indicator is located in the Part B SPP/APR Indicator Measurement Table at:

[Part B Performance Plan \(SPP\) and Annual Performance Report \(APR\) Indicator Measurement Table](#)

(4) This column reflects full correction, which is factored into the scoring only when the compliance data are $\geq 5\%$ and $< 10\%$ for Indicators 4B, 9, and 10, and $\geq 90\%$ and $< 95\%$ for Indicators 11, 12, 13 and 18.

Data Rubric

Alabama

FFY 2023 APR (1)

Part B Timely and Accurate Data -- SPP/APR Data

APR Indicator	Valid and Reliable	Total
1	1	1
2	1	1
3A	1	1
3B	1	1
3C	1	1
3D	1	1
4A	1	1
4B	1	1
5	1	1
6	1	1
7	1	1
8	1	1
9	1	1
10	1	1
11	1	1
12	1	1
13	1	1
14	1	1
15	1	1
16	1	1
17	1	1
18	1	1

APR Score Calculation

Subtotal	22
Timely Submission Points - If the FFY 2023 APR was submitted on-time, place the number 5 in the cell on the right.	5
Grand Total - (Sum of Subtotal and Timely Submission Points) =	27

(1) In the SPP/APR Data table, where there is an N/A in the Valid and Reliable column, the Total column will display a 0. This is a change from prior years in display only; all calculation methods are unchanged. An N/A does not negatively affect a State's score; this is because 1 point is subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the SPP/APR Data table.

618 Data (2)

Table	Timely	Complete Data	Passed Edit Check	Total
Child Count/ Ed Envs Due Date: 7/31/24	1	1	1	3
Personnel Due Date: 3/5/25	1	1	1	3
Exiting Due Date: 3/5/25	1	1	1	3
Discipline Due Date: 3/5/25	1	1	1	3
State Assessment Due Date: 1/8/25	1	1	0	2
Dispute Resolution Due Date: 11/13/24	1	1	1	3
MOE/CEIS Due Date: 9/4/24	1	1	1	3

618 Score Calculation

Subtotal	20
Grand Total (Subtotal X 1.28571429) =	25.71

(2) In the 618 Data table, when calculating the value in the Total column, any N/As in the Timely, Complete Data, or Passed Edit Checks columns are treated as a '0'. An N/A does not negatively affect a State's score; this is because 1.28571429 points are subtracted from the Denominator in the Indicator Calculation table for each cell marked as N/A in the 618 Data table.

Indicator Calculation

A. APR Grand Total	27
B. 618 Grand Total	25.71
C. APR Grand Total (A) + 618 Grand Total (B) =	52.71
Total N/A Points in APR Data Table Subtracted from Denominator	0
Total N/A Points in 618 Data Table Subtracted from Denominator	0.00
Denominator	54.00
D. Subtotal (C divided by Denominator) (3) =	0.9762
E. Indicator Score (Subtotal D x 100) =	97.62

(3) Note that any cell marked as N/A in the APR Data Table will decrease the denominator by 1, and any cell marked as N/A in the 618 Data Table will decrease the denominator by 1.28571429.

APR and 618 -Timely and Accurate State Reported Data

DATE: February 2025 Submission

SPP/APR Data

1) Valid and Reliable Data - Data provided are from the correct time period, are consistent with 618 (when appropriate) and the measurement, and are consistent with previous indicator data (unless explained).

Part B 618 Data

1) Timely – A State will receive one point if it submits all *EDFacts* files or the entire *EMAPS* survey associated with the IDEA Section 618 data collection to ED by the initial due date for that collection (as described in the table below).

618 Data Collection	EDFacts Files/ EMAPS Survey	Due Date
Part B Child Count and Educational Environments	FS002 & FS089	7/31/2024
Part B Personnel	FS070, FS099, FS112	3/5/2025
Part B Exiting	FS009	3/5/2025
Part B Discipline	FS005, FS006, FS007, FS088, FS143, FS144	3/5/2025
Part B Assessment	FS175, FS178, FS185, FS188	1/8/2025
Part B Dispute Resolution	Part B Dispute Resolution Survey in EMAPS	11/13/2024
Part B LEA Maintenance of Effort Reduction and Coordinated Early Intervening Services	Part B MOE Reduction and CEIS Survey in EMAPS	9/4/2024

2) Complete Data – A State will receive one point if it submits data for all files, permitted values, category sets, subtotals, and totals associated with a specific data collection by the initial due date. No data is reported as missing. No placeholder data is submitted. The data and metadata responses submitted to *EDFacts* align. State-level data include data from all districts or agencies.

3) Passed Edit Check – A State will receive one point if it submits data that meets all the edit checks related to the specific data collection by the initial due date. The counts included in 618 data submissions are internally consistent within a data collection.

Dispute Resolution

IDEA Part B

Alabama

School Year: 2023-24

Section A: Written, Signed Complaints

(1) Total number of written signed complaints filed.	30
(1.1) Complaints with reports issued.	10
(1.1) (a) Reports with findings of noncompliance	5
(1.1) (b) Reports within timelines	8
(1.1) (c) Reports within extended timelines	2
(1.2) Complaints pending.	5
(1.2) (a) Complaints pending a due process hearing.	0
(1.3) Complaints withdrawn or dismissed.	15

Section B: Mediation Requests

(2) Total number of mediation requests received through all dispute resolution processes.	85
(2.1) Mediations held.	61
(2.1) (a) Mediations held related to due process complaints.	35
(2.1) (a) (i) Mediation agreements related to due process complaints.	31
(2.1) (b) Mediations held not related to due process complaints.	26
(2.1) (b) (i) Mediation agreements not related to due process complaints.	22
(2.2) Mediations pending.	10
(2.3) Mediations withdrawn or not held.	14

Section C: Due Process Complaints

(3) Total number of due process complaints filed.	205
(3.1) Resolution meetings.	155
(3.1) (a) Written settlement agreements reached through resolution meetings.	9
(3.2) Hearings fully adjudicated.	1
(3.2) (a) Decisions within timeline (include expedited).	0
(3.2) (b) Decisions within extended timeline.	1
(3.3) Due process complaints pending.	55
(3.4) Due process complaints withdrawn or dismissed (including resolved without a hearing).	149

Section D: Expedited Due Process Complaints (Related to Disciplinary Decision)

(4) Total number of expedited due process complaints filed.	0
(4.1) Expedited resolution meetings.	0
(4.1) (a) Expedited written settlement agreements.	0
(4.2) Expedited hearings fully adjudicated.	0
(4.2) (a) Change of placement ordered	0
(4.3) Expedited due process complaints pending.	0
(4.4) Expedited due process complaints withdrawn or dismissed.	0

This report shows the most recent data that was entered by:
Alabama

These data were extracted on the close date:
11/13/2024

How the Department Made Determinations

Below is the location of How the Department Made Determinations (HTDMD) on OSEP's IDEA Website. How the Department Made Determinations in 2025 will be posted in June 2025. Copy and paste the link below into a browser to view.

[How the Department Made Determinations](#)



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES

Final Determination Letter

June 20, 2025

Honorable Eric G. Mackey
Superintendent of Education
Alabama State Department of Education
5114 Gordon Persons Building, P.O. Box 302101
Montgomery, AL 36130

Dear Superintendent Mackey:

I am writing to advise you of the U.S. Department of Education's (Department) 2025 determination under Section 616 of the Individuals with Disabilities Education Act (IDEA). The Department has determined that Alabama needs assistance in implementing the requirements of Part B of the IDEA. This determination is based on the totality of Alabama's data and information, including the Federal fiscal year (FFY) 2023 State Performance Plan/Annual Performance Report (SPP/APR), other State-reported data, and other publicly available information.

Alabama's 2025 determination is based on the data reflected in its "2025 Part B Results-Driven Accountability Matrix" (RDA Matrix). The RDA Matrix is individualized for each State and Entity and consists of:

- (1) a Compliance Matrix that includes scoring on Compliance Indicators and other compliance factors;
- (2) a Results Matrix that includes scoring on Results Elements;
- (3) a Compliance Score and a Results Score;
- (4) an RDA Percentage based on both the Compliance Score and the Results Score; and
- (5) the State's or Entity's Determination

The RDA Matrix is further explained in a document, entitled "[How the Department Made Determinations under Section 616\(d\) of the Individuals with Disabilities Education Act in 2025: Part B](#)" (HTDMD).

The Office of Special Education Programs (OSEP) is continuing to use both results data and compliance data in making determinations in 2025, as it did for Part B determinations in 2015-2024. (The specifics of the determination procedures and criteria are set forth in the HTDMD document and reflected in the RDA Matrix for Alabama).

In making Part B determinations in 2025, OSEP continued to use results data related to:

- (1) the participation of children with disabilities (CWD) on Statewide assessments (which include the regular assessment and the alternate assessment);
- (2) the participation and performance of CWD on the most recently administered (school year 2023-2024) National Assessment of Educational Progress (NAEP), as applicable (For the 2025 determinations, OSEP is using results data on the participation and performance of children with disabilities on the NAEP for the 50 States, the District of Columbia, the Bureau of Indian Education, and Puerto Rico. OSEP used the available NAEP data for Puerto Rico in making Puerto Rico's 2025 determination as it did for Puerto Rico's 2024 determination. OSEP used the publicly available NAEP data for the Bureau of Indian Education that was comparable to the NAEP data available for the 50 States, the District of Columbia and Puerto Rico; specifically OSEP did not use NAEP participation data in making the BIE's 2025 determination because the most recently administered NAEP participation data for the BIE that is publicly available is 2020, whereas the most recently administered NAEP participation data for the 50 States, the District of Columbia, and Puerto Rico that is publicly available is 2024);
- (3) the percentage of CWD who graduated with a regular high school diploma; and
- (4) the percentage of CWD who dropped out.

For the 2025 IDEA Part B determinations, OSEP also considered performance on timely correction of noncompliance requirements in Indicator 18. While the State's performance on timely correction of noncompliance was a factor in each State or Entity's 2025 Part B Compliance Matrix, no State or Entity received a Needs Intervention determination in 2025 due solely to this criterion. However, this criterion will be fully incorporated beginning with the 2026 determinations.

You may access the results of OSEP's review of Alabama's SPP/APR and other relevant data by accessing the EMAPS SPP/APR reporting tool using your Alabama-specific log-on information at <https://emaps.ed.gov/suite/>. When you access Alabama's SPP/APR on the site, you will find, in applicable Indicators 1 through 18, the OSEP Response to the indicator and any actions that Alabama is required to take. The actions that Alabama is required to take are in the "Required Actions" section of the indicator.

It is important for you to review the Introduction to the SPP/APR, which may also include language in the "OSEP Response" and/or "Required Actions" sections.

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You will also find the following important documents in the Determinations Enclosures section:

- (1) Alabama's RDA Matrix;
- (2) the HTDMD [link](#);
- (3) "2025 Data Rubric Part B," which shows how OSEP calculated Alabama's "Timely and Accurate State-Reported Data" score in the Compliance Matrix; and
- (4) "Dispute Resolution 2023-2024," which includes the IDEA Section 618 data that OSEP used to calculate the Alabama's "Timely State Complaint Decisions" and "Timely Due Process Hearing Decisions" scores in the Compliance Matrix.

As noted above, Alabama's 2025 determination is Needs Assistance. A State's or Entity's 2025 RDA Determination is Needs Assistance if the RDA Percentage is at least 60% but less than 80%. A State's or Entity's determination would also be Needs Assistance if its RDA Determination percentage is 80% or above but the Department has imposed Specific Conditions on the State's or Entity's last three IDEA Part B grant awards (for FFYs 2022, 2023, and 2024), and those Specific Conditions are in effect at the time of the 2025 determination.

The Secretary is considering modifying the factors the Department will use in making its determinations in June 2026 and beyond, as part of the Administration's priority to empower States in taking the lead in developing and implementing policies that best serve children with disabilities, and empowering parents with school choice options. As we consider changes to data collection and how we use the data reported to the Department in making annual IDEA determinations, OSEP will provide parents, States, entities, and other stakeholders with an opportunity to comment and provide input through a variety of mechanisms.

For the FFY 2024 SPP/APR submission due on February 1, 2026, OSEP is providing the following information about the IDEA Section 618 data. The 2024-25 IDEA Section 618 Part B data submitted as of the due date will be used for the FFY 2024 SPP/APR and the 2026 IDEA Part B Results Matrix and data submitted during correction opportunities will not be used for these purposes. The 2024-25 IDEA Section 618 Part B data will automatically be prepopulated in the SPP/APR reporting platform for Part B SPP/APR Indicators 3, 5, and 6 (as they have in the past). Under EDFacts Modernization, States and Entities are expected to submit high-quality IDEA Section 618 Part B data that can be published and used by the Department as of the due date. States and Entities are expected to conduct data quality reviews prior to the applicable due date. OSEP expects States and Entities to take one of the following actions for all business rules that are triggered in the appropriate EDFacts system prior to the applicable due date: 1) revise the uploaded data to address the edit; or 2) provide a data note addressing why the data submission triggered the business rule. States and Entities will be unable to submit the IDEA Section 618 Part B data without taking one of these two actions. There will not be a resubmission period for the IDEA Section 618 Part B data.

As a reminder, Alabama must report annually to the public, by posting on the State educational agency's (SEA's) website, the performance of each local educational agency (LEA) located in Alabama on the targets in the SPP/APR as soon as practicable, but no later than 120 days after Alabama's submission of its FFY 2023 SPP/APR. In addition, Alabama must:

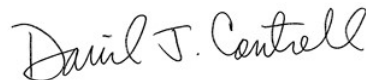
- (1) review LEA performance against targets in the State's SPP/APR;
- (2) determine if each LEA "meets the requirements" of Part B, or "needs assistance," "needs intervention," or "needs substantial intervention" in implementing Part B of the IDEA;
- (3) take appropriate enforcement action; and
- (4) inform each LEA of its determination.

Further, Alabama must make its SPP/APR available to the public by posting it on the SEA's website. Within the upcoming weeks, OSEP will be finalizing a State Profile that:

- (1) includes Alabama's determination letter and SPP/APR, OSEP attachments, and all State or Entity attachments that are accessible in accordance with Section 508 of the Rehabilitation Act of 1973; and
- (2) will be accessible to the public via the ed.gov website.

OSEP appreciates Alabama's efforts to improve results for children and youth with disabilities and looks forward to working with Alabama over the next year as we continue our important work of improving the lives of children with disabilities and their families. Please contact your OSEP State Lead if you have any questions, would like to discuss this further, or want to request technical assistance.

Sincerely,



David J. Cantrell
Deputy Director
Office of Special Education Programs

cc: Alabama Director of Special Education