

## The 'Tween Indicators: Navigation Tool

| Indicator                    | Indicator 11   | Indicator 12   | Indicator 13   |
|------------------------------|--|--|--|
| Measures                     | <b>The percent of students whose initial evaluations were completed within 60 days from receipt of parent consent. §300.301 (c)(1)(i)</b>  | <b>The 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. §300.301(d)</b>   | The percent of children age 16 and above (age 15 in Colorado) with an IEP that includes all eight required elements of the Indicator. §300.43, §300.321, ECEA 4.03   |
| Compliance target            | 100%   | 100%   | 100%   |
| Data source                  | Special Education End of Year (SPED EOY) Data Collection   | Special Education End of Year (SPED EOY) Data Collection   | Transition-age IEP file reviews  |
| Date range of data           | July 1, 2020-June 30, 2021   | July 1, 2020-June 30, 2021   | IEPs dated July 1, 2020 - June 2, 2021   |
| Closing date of submission   | Mid-October  | Mid-October  | June 2nd   |
| AU data verification tool    | EOY Director Verification Signature report   | EOY Director Verification Signature report   | DMS protocol and Transition Tracker completion   |
| Reason for noncompliance     | 1 or more students' evaluations were completed more than 60 days after parent consent with an invalid delay code. <i>See Page 2 for delay codes.</i>   | 1 or more students' eligibilities for Part B were not determined and/or the IEP did not start by the third birthday with an invalid delay code. <i>See Page 2 for delay codes.</i>   | 1 or more reviewed IEPs were noncompliant for any one of the 8 required transition elements  |
| Tips to ensure compliance    | SPED EOY timeline includes a “data review week” prior to the closing of the data collection. During this week, review detail of the SPED EOY Signature Report #3: <i>Indicator 11 Number of Students with Initial Part B Evaluation</i> . If the report shows that less than 100% met the timeline, verify that each student counted as not met is accurately coded <u>before signing and submitting</u> the EOY reports. For the exact list of students who were counted as "late" see SPED EOY Detail Report: <i>Indicator 11 Detail Listing of Students who did not Meet the Timeline</i> | SPED EOY timeline includes a “data review week” prior to the closing of the data collection. During this week, review detail of the SPED EOY Signature Report #4: <i>Indicator 12 Number of Children Referred from Part C to Part B</i> . If the report shows that less than 100% met the timeline, verify that each student counted as not met is accurately coded <u>before signing and submitting</u> the EOY reports. For the exact list of students who were counted as "late" see SPED EOY Detail Report: <i>Indicator 12 Detail Listing of Students who did not Meet the Timeline</i> | Provide training on the DMS record review process to staff conducting file reviews<br>Review files for compliance on a regular basis: monthly, bi-monthly, quarterly<br>Review files prior to a side-by-side collaborative review with CDE<br>Require the AU’s designated reviewer to submit the completed Transition Tracker to the Director well ahead of the June deadline<br>Establish a systemic accountability check procedure<br><br><a href="#">Use the Secondary Transition IEP File Review Checklist</a> |
| Consequence of noncompliance | When an AU fails to meet 100% compliance with this indicator, the state must ensure the noncompliance is corrected in accordance with OSEP memo 09-02, which specifies that the CDE must:  | When an AU fails to meet 100% compliance with this indicator, the state must ensure the noncompliance is corrected in accordance with OSEP memo 09-02, which specifies that the CDE must:  | When an AU fails to meet 100% compliance with this indicator, the state must ensure the noncompliance is corrected in accordance with OSEP memo 09-02, which specifies that the CDE must:  |
|                              | 1. Ensure that each child’s evaluation was completed, though late, and identify the root-cause of the delay (“Individual Correction”); and   | 1. Ensure that each eligible child’s IEP was implemented, though late, and identify the root-cause of the delay (“Individual Correction”); and   | 1. Ensure that each noncompliant element of each child’s IEP is corrected, and identify the root-cause of the noncompliance (“Individual Correction”); and   |
|                              | 2. Review updated data to determine if the AU is correctly implementing the specific regulatory requirements related to Indicator 11 (“Review of Updated Data”).   | 2. Review updated data to determine if the AU is correctly implementing the specific regulatory requirements related to Indicator 12 (“Review of Updated Data”).   | 2. Review updated data to determine if the AU is correctly implementing the specific regulatory requirements related to Indicator 13 (“Review of Updated Data”).   |

| Indicator 11                                       |  |                     |  | Indicator 12      |  |                     |  |
|--|--|---------------------|--|-------------------|--|---------------------|--|
| Valid Delay Codes                                  |  | Invalid Delay Codes |  | Valid Delay Codes |  | Invalid Delay Codes |  |
| 01   | Parent refused to provide consent or revoked consent during the process or child is never enrolled, process ended.   | 58                  | Additional evaluations or special evaluations needed | 01                | Parent refused to provide consent or revoked consent during the process or child is never enrolled, process ended  | 58                  | Additional evaluations or special evaluations needed |
| 03   | Deceased, process ended.   | 59                  | Other (provide explanation in exception request)     | 03                | Deceased, process ended  | 59                  | Other (provide explanation in exception request)     |
| 43   | Mutual written agreement was made between parents and a group of qualified professionals to extend time for SLD identification   | 60                  | Staff missed the timeline                            | 45                | Parent repeatedly failed or refused to: produce child; give consent, respond to meeting requests; attend scheduled meetings. Includes delays due to illness and any requested meeting delays from parent.                                      | 60                  | Staff missed the timeline                            |
| 45   | Parent repeatedly failed or refused to: produce child; give consent, respond to meeting requests; attend scheduled meetings. Includes delays due to illness and any requested delays from parent.  | 61                  | COVID19 School Closure                               | 46                | Student moved into district after process initiated in another district; current district is making sufficient progress to ensure a prompt completion of the initial referral process by the date which parent and the current district agree. | 61                  | COVID19 School Closure                               |
| 46   | Student moved into district after process initiated in another district; current district is making sufficient progress to ensure a prompt completion of the initial referral process by the date which parent and the current district agree. |                     |  | 47                | Student moved out of district after the initial referral process initiated, process ended.   |                     |  |
| 47   | Student moved out of district after the initial referral process initiated, process ended.   |                     |  | 49                | Child's 3rd birthday occurred over the summer, parents and district determined the date the IEP services will begin.   |                     |  |
|  |  |                     |  | 56                | No educational disability suspected. Prior Written Notice issued.  |                     |  |
| Valid = compliant, will NOT be counted as "late"   |  |                     |  |                   |  |                     |  |
| Invalid = non-compliant, will be counted as "late" |  |                     |  |                   |  |                     |  |