



**Colorado Department of Education**  
Robert Hammond, Commissioner of Education

**Colorado**  
**Part B FFY 2011 Annual Performance Report (APR)**  
**For Special Education**  
**July 1, 2011 – June 30, 2012**

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### Overview of the Annual Performance Report Development

The Colorado Department of Education (CDE) State Performance Plan (SPP) under the Individuals with Disabilities Education Act (IDEA) has become the basis for decisions regarding the allocation of resources (*i.e.*, time, effort, dollars, and staff) for the Exceptional Student Services Unit (ESSU) of the CDE. The ESSU staff continues to align most projects with relevant SPP indicators. Such alignment facilitates a thoughtful and thorough analysis of the ESSU-provided technical assistance consistent with improvement activities identified in the SPP in order that strengths, weaknesses, and gaps can be identified.

The CDE maintains accountability systems for all public special education administrative units and state-operated programs. Administrative Units are Boards of Cooperative Educational Services (BOCES), the Colorado Charter School Institute (CSI) and school districts with 4,000 or more total students or 400 or more children with disabilities. BOCES are comprised of member school districts with pupil membership fewer than 4000 students or 400 children with disabilities. In some cases, an AU has obtained a variance from the CDE to operate with fewer students. Charter schools are the responsibility of the authorizer, which may be a school district or the CSI. That is, a charter school is a school within the authorizing school district or the CSI and is not an independent local education agency (LEA) for purposes of the IDEA.

In order to enhance readability, throughout this FFY 2011 APR, special education administrative units and state-operated programs are referred to, collectively, as administrative units (AUs) and represent the various entities identified, above, unless the context specifically requires use of the term “school district”, “state-operated program”, “school” or the CSI.

In January 2013 a stakeholder group consisting of local special education directors, a representative from the Colorado Special Education Advisory Committee (CSEAC), a representative from the PEAK Parent Center and the CDE ESSU staff established targets for Indicators 2, 3 and 6 due to changes in the measurement requirements.

At its February 2013 meeting, the CSEAC will review the FFY 2011 APR in its entirety. This discussion will include a focus on improvement activities and data collection activities for FFY 2011. The SPP subcommittee meets quarterly to discuss specific SPP indicators.

Following the submission of the FFY 2011 APR to OSEP, the ESSU will post an updated version of the SPP and the FFY 2011 APR on the CDE’s website and will alert constituent groups of the availability of those documents via existing listservs. Public notice about the availability of the SPP and the FFY 2011 APR will be managed through the CDE’s Communications Office and will be posted to the CDE’s website at: <http://www.cde.state.co.us/cdesped/SPP-APR.asp>. Finally, public reports showing local special education administrative unit and state-operated program performance across Indicators 1 through 14 may be accessed on the CDE’s website at: <http://www.cde.state.co.us/cdesped/AUperformanceprofiles.asp>.

#### Issues Addressed in the FFY 2010 Response Table

The response from OSEP included a table that summarized Colorado’s status on each indicator and identified additional steps to be completed. To address these issues, the CDE has provided the specific information requested by OSEP in the FFY 2011 APR, as follows:

**Indicator 4B:** The CDE reports on the status of correction of noncompliance on page 23; The CDE describes the efforts to verify that AUs with noncompliance (1) correctly implement the specific regulatory requirements and has (2) corrected each individual case of noncompliance on page 24;

**Indicator 6:** The CDE provided baseline data, targets and improvement activities on pages 30-32;

**Indicator 10:** The CDE reports on correction of noncompliance on page 55; the CDE describes longstanding noncompliance on page 58; the CDE describes the efforts to verify that the AUs with noncompliance (1) correctly implemented the child-specific regulatory requirements and (2) has corrected each individual case of noncompliance on pages 58 - 60;

**Indicator 13:** The CDE reports on efforts to verify noncompliance that each AU is (1) correctly implementing 34 CFR §§300.320(b) and 300.321(b) on pages 71 - 72;

**Indicator 15:** All required information is provided under Indicator 15 on pages 78 - 96; this includes the Indicator 15 worksheet on pages 80 - 86; the CDE describes longstanding noncompliance on page 94; discussion of the ESSU's activities to verify correction of noncompliance is provided on page 95; and specific information about Indicators 4B, 10, and 13 is provided on pages 91 - 92;

The CDE has chosen to report improvement activities in the APR in Appendix A rather than including improvement activities within each indicator. This Appendix will allow for the state to make deliberate connections between indicators and overall improvement efforts underway at the CDE for all students. The SPP will maintain a record of all improvement activities the state has engaged in at the end of each indicator.

Part B State Annual Performance Report (APR) for FFY 2011

**Overview of the Annual Performance Report Development**

Per direction from OSEP and the SPP/APR measurement table, data for Indicator 1 are lagged one year. Data reported are the graduation rates from **2010-11**. The data reported align with the 2010-11 graduation rates reported for the Elementary and Secondary Education Act (ESEA)/Title I.

**Monitoring Priority: FAPE in the LRE**

**Indicator 1:** Percent of youth with IEPs graduating from high school with a regular diploma.

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

**Measurement:** States must report using the graduation rate calculation and timeline established by the Department under the ESEA.

**Data Source:** Same data as used for reporting to the Department under Title I of the Elementary and Secondary Education Act (ESEA).

\*Colorado calculates graduation rates using the four-year on-time graduation rate.

FFY	Measurable and Rigorous Target	
2011	Four-year on-time graduation rate	80%
	Five-year graduation rate	80%

\* Target set for ESEA by Colorado Department of Education, Office of Consolidated Federal Programs.

**Actual Target Data for FFY 2011:**

Table 1.1

Four-year on-time graduation rate	53.5%
Five-year graduation rate	61.4%

**Raw Data Calculations**

Four-Year on-time Graduation Rate = 
$$\frac{\text{students with disabilities graduating within four years or prior with a high school diploma}}{\text{first-time entering ninth graders four years earlier (- transfers out, + transfers in)}} \times 100$$

$$\frac{2,985 \text{ (students with disabilities)}}{5,584 \text{ (students with disabilities)}} \times 100$$

Five-Year Cohort Graduation Rate = 
$$\frac{\text{students with disabilities graduating within five years or prior with a high school diploma}}{\text{first-time entering ninth graders five years earlier (- transfers out, + transfers in)}} \times 100$$

$$\frac{3,405 \text{ (students with disabilities)}}{5,546 \text{ (students with disabilities)}} \times 100$$

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 four-year on-time graduation rate of 53.5% shows progress of 1.5 percentage points from the FFY 2010 four-year on-time graduation rate of 52%. Colorado is encouraged by the five-year graduation rate of 61.4%, indicating that many students with disabilities, while not able to graduate in four-years, remain enrolled in high school until graduation allowing Administrative Units the opportunity to better meet their needs.

Colorado is a local control state and does not have state mandated graduation requirements. Pertinent state law provides that:

Each school district board of education shall retain the authority to develop its own unique high school graduation requirements, so long as those local high school graduation requirements meet or exceed any minimum standards or basic core competencies or skills identified in the comprehensive set of guidelines for high school graduation developed by the state board... (Colorado Revised Statute §22-2-106(1)(a.5).

The Colorado P-12 Academic Standards apply to all students graduating with a regular diploma, including students with disabilities. Colorado’s P-12 Academic Standards are available at <http://www.cde.state.co.us/cdeassess/UAS/CoAcademicStandards.html>.

The four-year on-time graduation rate for FFY 2011 is calculated based on students who were eligible for special education at any time during high school, not based on the student’s eligibility status on date of exit. The graduation rate for FFY 2011 reported here does not include Colorado students in special settings *i.e.*, State-Operated Programs (SOPs) and approved facility schools. The CDE-ESSU collects data regarding these students and reports their status with required 618 data submitted to OSEP.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 1 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

## Part B State Performance Plan (SPP) for 2005-2012

### Overview of the State Performance Plan Development

Per direction by OSEP and the SPP/APR measurement table, data for Indicator 2 is lagged one year. Data reported are the dropout rates from **2010-11**. The data reported will display the rates as reported in the Elementary and Secondary Education Act (ESEA) and the Individuals with Disabilities Act (IDEA).

#### **Monitoring Priority: FAPE in the LRE**

**Indicator 2:** Percent of youth with IEPs dropping out of high school.

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

**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 left high school (ages 14-21) in the denominator.

**Data Source:** Same data as used for reporting to the Department under IDEA section 618.

### Overview of Issue/Description of System or Process

Colorado's graduation rate for all students has hovered in the low to mid 70s over the last six years. Rates for traditionally under-served groups of students lag well behind the state average. Greatly troubled by the rates, the CDE has reorganized staff and resources to better support schools in decreasing their dropout rate and providing more options for students to graduate. As a result of a waiver received from the U.S. Department of Education, Office of Elementary and Secondary Education (OESE) the school and district performance frameworks use the 4-, 5-, 6- and 7-year graduation rates as measures of accountability stressing the importance of graduating students even if it takes some students additional time. As part of the state's accountability system, schools must address any challenges in graduating students in their Unified Improvement Plan (UIP). Staff members of the ESSU have been actively involved with efforts to obtain the waiver and in the review of UIPs to ensure attention is paid to youth with disabilities. For more about Colorado's waiver, please see Indicator 3.

To better focus and coordinate efforts, the CDE has established and expanded a comprehensive Unit of Dropout Prevention and Student Engagement. This unit is made up of six programs and initiatives including Colorado Graduation Pathways, Expelled and At-Risk Student Services, Foster Care Education, School Counselor Corp, 21<sup>st</sup> Century Community Learning Center, and McKinney-Vento Education for Homeless Youth. Additionally, this unit has responsibility for implementation of legislation that requires Individual Career and Academic Plans (ICAP) for all students beginning in the 9<sup>th</sup> grade. Staff members of the ESSU have been, and continue to be active participants in the efforts of the Dropout Prevention Unit through sharing information and resources, alignment of ICAP requirements with current IEP activities and practices, development and dissemination of materials, cross-training, and facilitating involvement of special education providers at the local level. Continuing efforts of the ESSU related to the dropout issue will be coordinated with the Dropout Prevention and Student Engagement Unit.



Increased emphasis on Postsecondary and Workforce Readiness and core content standards has provided additional opportunities for collaboration. ESSU staff members reviewed Workforce Readiness Standards with the State Youth Council and began a crosswalk of vocabulary and definitions between workforce and education, attended the Missouri Regional Dropout Prevention Summit to learn about secondary school pilot projects and results, participate in a Career Pathways work group hosted by the Colorado Workforce Development Council, and provided technical assistance to School-to-Work-Alliance Program (SWAP) sites on ways to use vocational rehabilitation and SWAP services as a dropout prevention strategy.

**Baseline Data for FFY 2011 (based on data from 2010-2011)**

<b>IDEA Definition</b>	<b>ESEA Definition</b>
<b>30.02%</b>	<b>2.2%</b>

**Discussion of Baseline Data**

Colorado is using the IDEA definition above to establish a new baseline for this indicator.

Data for this indicator come from two sources. IDEA data are reported from the Special Education End of Year Data Collection. ESEA data come from the All Student End of Year data collection. The ESEA dropout calculation for FFY 2011 is calculated based on students who were eligible for special education at any time during high school, not based on the student’s eligibility status on date of exit.

Table 2.1

IDEA Definition	ESEA Definition
<p><b>Measurement:</b> Measurement for students with IEPs is based on a single year calculation and comes directly from 618 data.</p> $\frac{(\text{Dropped Out} + \text{Expulsion} + \text{GED})}{\text{Reached Max age for Services} + \text{Death} + \text{Discontinued Schooling/Dropped Out} + \text{Expulsion} + \text{GED} + \text{Graduated}} \times 100$ <p><b>Data Source:</b> 618 Data</p>	<p><b>Measurement:</b> States must report using the dropout rate calculation and timeline established by the Department under the ESEA.</p> <p>Number of dropouts during <u>the 2010-11 school year</u></p> <p>Total number of students who were part of the same membership base at any time during the 2010-2011 school year</p> <p><b>Data Source:</b> Same data as used for reporting to the Department under Title I of the Elementary and Secondary Education Act (ESEA).</p>
<p><b>FFY 2011 Measurable Target: NA</b></p> <p>Established in 2012-2013 by a stakeholder group. Target will be submitted below.</p>	<p><b>FFY 2011 Measurable Target: 2.3%</b></p> <p>Established by a stakeholder group in FFY 2009 and approved by OSEP with the FFY 2009 SPP Submission</p>
<p><b>FFY 2011 Actual Baseline data: 30.02%</b></p> <p>Students who exit high school are considered “students with a disability” if they were eligible for special education on date of exit.</p> <p>Students earning a GED that required the student to dropout of school prior to entering the GED program are reported as dropouts.</p>	<p><b>FFY 2011 Actual Target data: 2.2%.</b></p> <p>Students who exit high school are considered “students with a disability” if they were eligible for special education at any time between grades 9 and 12.</p> <p>Students with a disability earning GEDs are not considered to be dropouts according to ESEA but are considered to be completers.</p>

IDEA Definition	ESEA Definition
<p><b>Raw Data Calculations:</b></p> $\frac{(\text{Dropped Out} + \text{Expulsion} + \text{GED})}{\text{Reached Max age for Services} + \text{Death} + \text{Discontinued Schooling/Dropped Out} + \text{Expulsion} + \text{GED} + \text{Graduated}} \times 100$ $\frac{1507}{5020} \times 100$	<p><b>Raw Data Calculations:</b></p> <p>Number of students with disabilities who dropped out during the 2010-11 school year</p> <hr/> <p>Total number of students with disabilities who were part of the same membership base at any time during the 2010-11 school year</p> $\frac{803}{37,229} \times 100$ <p>(students with disabilities)</p>

In addition to the changes highlighted in the table above, the ESEA calculation does not account for Colorado students in special settings – State Operated Programs (SOPs) and approved facility schools. The 618 data and OSEP definition include these students.

**Measurable and Rigorous Targets**

Targets were re-established and extended for this indicator through FFY 2014 following a stakeholder meeting of local special education directors, a representative from the CSEAC, a representative from the PEAK Parent Center and the CDE ESSU staff. This stakeholder group reviewed trend data and set the following targets:

FFY	Measurable and Rigorous Target based on IDEA Definition of Dropout
2012 (2012-2013)	27.2%
2013 (2013-2014)	26.2%
2014 (2014-2015)	25.2%

**Required Response to FFY 2010 APR**

None Required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 2 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

## Part B State Performance Plan (SPP) for 2005-2012

### Overview of the State Performance Plan Development

The discussion of AMOs specific to Indicator 3A.2 includes results that are reported by school district, not by Administrative Unit.

#### **Monitoring Priority: FAPE in the LRE**

**Indicator 3:** Participation and performance of children with IEPs on statewide assessments:

- A.2 Percent of the districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AMO targets for the disability subgroup.
- B. Participation rate for children with IEPs.
- C. Proficiency rate for children with IEPs against grade level, modified and alternate achievement academic achievement standards.

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

#### **Measurement:**

- a.2 AMO percent = [# of districts with a disability subgroup that meets the State's minimum "n" size that meet the State's AMO targets for the disability subgroup] divided by the (total # of districts that have a disability subgroup that meets the State's minimum "n" size)] times 100.
- b. Participation rate percent = [(# of children with IEPs participating in the assessment) divided by the (total # of children with IEPs enrolled during the testing window, calculated separately for reading and math)]. 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.
- c. Proficiency rate percent = ([# of children with IEPs scoring at or above proficient against grade level, modified and 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, and, calculated separately for reading and math)]. The proficiency rate includes both children with IEPs enrolled for a full academic year and those not enrolled for a full academic year.

### Overview of Issue/Description of System or Process

In the fall of 2011 the U.S. Department of Education offered States the opportunity to request flexibility from certain requirements of the Elementary and Secondary Education Act of 1965 (ESEA), as amended by the No Child Left Behind Act of 2001, in exchange for rigorous and comprehensive plans designed to improve educational outcomes for all students, close achievement gaps, increase equity, and improve the quality of instruction. On February 9, 2012 Colorado was granted a waiver (Waiver) that allows for flexibility from the accountability requirements of ESEA. The premise for the acceptance of Colorado's request was that in the application process, Colorado demonstrated four key principles: (1)

demonstrated that it has college- and career-ready expectations for all students; (2) developed, and has a high-quality plan to implement a system of differentiated recognition, accountability, and support for all Title I districts and schools in the State; (3) committed to developing, adopting, piloting, and implementing teacher and principal evaluation and support systems that support student achievement; and (4) provided an assurance that it will evaluate and, based on that evaluation, revise its administrative requirements to reduce duplication and unnecessary burden on districts and schools.

The Waiver allows Colorado to have a single accountability system and to fully implement Senate Bill 09-163. This legislation established a statewide system of accountability and support requiring aligned annual school and district performance framework reports and annual school and district improvement plans. There are six key components to Colorado's accountability system:

- All schools and districts receive performance results based on the state's School and District Performance Framework report, which includes data on academic achievement, academic growth, growth gaps and post-secondary readiness indicators.
- All schools and districts complete the Unified Improvement Plan (UIP) process to analyze their data more completely, and implement continuous improvement.
- Schools assigned Turnaround or Priority Improvement (the lowest performance levels) are required to make significant changes in practice. No school may remain in Turnaround or Priority Improvement for more than five years, per state law.
- Districts rated as Turnaround or Priority Improvement (the lowest performance levels) are required to make significant changes in practice. No district may remain in Turnaround or Priority Improvement status for more than five years, per state law.
- A multi-tiered system of support is targeted towards helping schools and districts improve in order to ensure all students graduate from high school college- and career-ready.
- A dynamic and interactive data reporting system, SchoolView.org, creates transparency through easy access to the state's comprehensive K-12 data, regardless of whether or not the data are included in the accountability system.

For more information regarding Colorado's Waiver, please go to:

<http://www.cde.state.co.us/Accountability/NCLBWaiver.asp>

In addition to Colorado's Waiver, state law requires that all state agencies develop a strategic plan that includes measurable goals. The CDE strategic plan (Plan) was developed with input from all staff and provides the strategic direction for the Department over the next three to five years. It is updated annually through a process of organization-wide review and refinement. The Plan includes four goals which guide the work of all units and offices within the CDE.

- 1) Prepare students to thrive in their education and in a globally competitive workforce.
- 2) Ensure effective educators for every student and effective leaders for every school and district.

- 3) Build the capacity of schools and districts to meet the needs of Colorado students and their families.
- 4) Build the best education system in the nation.

The Colorado statewide assessment program is called TCAP (Transitional Colorado Assessment Program) and the alternate assessment measuring progress against alternative achievement standards is referred to as CoAlt. These are the same assessments used to report achievement data under ESEA. The assessments are administered each year to students in grades three through ten. There are four categories on TCAP to classify student proficiency:

- Unsatisfactory
- Partially Proficient
- Proficient
- Advanced

CoAlt uses five categories to classify student proficiency:

- Inconclusive
- Exploring
- Emerging
- Developing
- Novice

Assessments are administered to all grades in Reading and Math. Assessments are administered to some grades in Written Language and Science. Colorado law requires that all students, except those in adult institutions of correction, participate in the TCAP/CoAlt assessment.

**Baseline Data for FFY 2011 (2011-2012)**

A.2 The percent of eligible districts meeting the State’s AMO targets for the disability subgroup

**Table 3A**

<b>AMO</b>	<b>Baseline Data 2011-12</b>
Total number of districts that have a disability subgroup that meets the state’s minimum “n” size	<b>178</b>
Number of districts that meet the state’s AMO targets for the disability subgroup	<b>0</b>
<b>FFY 2011 AMO rate:</b>	<b>0%</b>

B. The participation rate for children with IEPs for Colorado’s Reading and Math assessments:

**Table 3B**

	<b>Baseline Data for Reading 2011-12</b>	<b>Baseline Data for Math 2011-12</b>
# of children with IEPs in grades assessed	49,886	49,877
# of children with IEPs in grades assessed considered participants	49,327	49,526
<b>Participation Rate</b>	<b>97.36%</b>	<b>97.77%</b>



C: The proficiency rate for children with IEPs for Colorado's Reading and Math assessments:

**Table 3C: Total Proficiency Rate for Children with IEPs**

	Baseline Data for Reading 2011-12		Baseline Data for Math 2011-12	
a. # of children with IEPs in grades assessed	49,886		49,877	
Assessment Type	Reading Total #	Reading Percent	Math Total #	Math Percent
b. # of children with IEPs in assessed grades who are proficient or above as measured by the regular assessment with no accommodations	5,447	10.91%	4,242	8.50%
c. # of children with IEPs in assessed grades who are proficient or above as measured by the regular assessment with accommodations	4,368	8.75%	3,905	7.83%
d. # of children with IEPs in assessed grades who are proficient or above as measured by the alternate assessment against grade level achievement standards	0	Not assessed in Colorado	0	Not assessed in Colorado
e. # of children with IEPs in assessed grades who are proficient or above as measured against alternate achievement standards	1,587	3.18%	1,804	3.62%
<b>All Assessment Types</b>	<b>Reading 11,402</b>	<b>Reading 22.86%</b>	<b>Math 9,951</b>	<b>Math 19.95%</b>

**Discussion of Baseline data**

How the Waiver affects Indicator 3 for Colorado’s State Performance Plan and Annual Performance Report is summarized in the table below:

**Table 3.1**

<b><u>COLORADO</u></b>	<b>Before Waiver (FFY 2005 – 2010)</b>	<b>After Waiver (FFY 2011-beyond)</b>
<b>AYP</b>	AYP – Achievement targets disaggregated for instructional program type	No AYP – Achievement (AMO) targets are much higher than previous AYP targets.  State accountability measures include Academic Growth to Standard, overall and for disaggregated student groups
<b>Participation</b>	AYP Participation	Participation rate is reported for all disaggregated groups  Participation is used in the state accountability measures for the overall school/district.
<b>Proficiency</b>	Regular Assessment = Partially Proficient, Proficient, Advanced  Alternate Assessment = Emerging, Developing, Novice	Regular Assessment = Proficient, Advanced  Alternate Assessment = Developing, Novice

The waiver permits Colorado to establish new, ambitious but achievable AMOs, but does not establish AMOs for disaggregated instructional programs. The AMO rate set for all students presents districts with a standard that they will struggle to attain for students with disabilities. The CDE provides targeted technical assistance to districts through a Multi-Tiered System of Supports (MTSS). Turnaround and Priority Improvement districts receive high levels of support implemented by Coordinated Support Teams (CST) that are comprised of members from every Office within the agency. Even with this substantial effort, it will be difficult for a district to eliminate the Turnaround/Priority Improvement label as they have proficiency levels demonstrating that all students are struggling. In order, therefore, to focus on improved outcomes for students with disabilities, the ESSU will work extensively and systematically with districts to close the gap between students with disabilities and those without disabilities. To have the greatest impact, the ESSU will begin with those districts that have the smallest achievement gaps and progress to those with larger gaps overtime.

The change in the definition of “Proficient” had a dramatic impact on Colorado’s data for Indicator 3C as the majority of students with disabilities that were determined to have been proficient in reading and math in prior years received scores in the Partially Proficient range on the TCAP.

**Measurable and Rigorous Targets**

Targets were previously set for this indicator with the original submission of the SPP in 2005. As the definition in Colorado for all measures in Indicator 3 has changed, former targets will not be reported here. Targets were re-established and extended for this indicator through FFY 2014 following a stakeholder meeting of local special education directors, a representative from the CSEAC, a representative from the PEAK Parent Center and the CDE ESSU staff. This stakeholder group reviewed trend data and set the following targets:

FFY	Measurable and Rigorous Targets				
	AMO Rates	Reading Participation	Math Participation	Reading Proficiency	Math Proficiency
2012 (2012-2013)	0.5%	100%	100%	23.86%	20.95%
2013 (2013-2014)	1.1%	100%	100%	28.86%	25.95%
2014 (2014-2015)	1.7%	100%	100%	33.86%	30.95%

Colorado's Waiver relies heavily on Colorado's Growth Model, which is weighted heavier than student achievement in Colorado's student assessment system. The Colorado Growth Model shows us how individual students (and groups of students), that participate in the regular assessment, progress from year to year toward state standards.

The Colorado Growth Model uses a common measure to describe how much growth each student makes and how much growth is needed to reach state standards. In doing so, it provides a complete history of all students' individual-level test scores from the TCAP. The model depicts academic growth in a user-friendly and interactive display that relates normative information about student progress toward the criteria of reaching different state proficiency levels.

Colorado's measure of growth is normative rather than absolute. In Colorado, growth is not expressed in test score point gains or losses, but in *student growth percentiles* which define how much growth a student has made relative to students in the same grade throughout Colorado who had similar TCAP scores in prior years. An individual's test scores are used as the basis for a growth calculation, using a statistical model called quantile regression. The calculations use all available test scores to estimate an individual growth score, or student growth percentile. Other students' scores are used to norm the model and to understand every student's academic progress. This process can be understood as a comparison to members of a student's academic peer group. For example, a student growth percentile of 60 indicates that the student grew as well or better than 60% of her academic peers. The test score data underlying these student growth percentiles are not perfectly precise, because they contain measurement error, so the growth percentiles themselves are in turn also not perfectly precise. For this reason, student growth percentiles are categorized by "low", "typical", or "high" growth.

Adequate growth tells us whether the observed level of growth was sufficient for those students to be, on average, on track to reach or maintain proficiency in that content area. Catch Up growth reveals the amount of growth that would most likely result in a student scoring at the proficient level in the near future (within three years or by 10<sup>th</sup> grade). Keep Up growth informs us as to the amount of growth that would probably maintain a student scoring at the proficient level in the near future (within three years or by 10<sup>th</sup> grade). Combining all the Catch Up and Keep Up numbers for every student and taking the median gives us the amount of growth that these students on the whole need to be meeting state goals for student achievement (Adequate Growth).

Growth calculations do not currently include students who participate in CoAlt. Data is reported only for students who took TCAP with and without accommodations. FFY 2011-12 data indicate that growth in reading for students with disabilities is 33% below where it needs to be for students to score proficient in reading in the next three years. Math scores are 51% below where they must be for students to score proficient in math over the next three years. These numbers are of great concern and will remain the focus of the ESSU.

**Public Reporting Information:**

Performance results for TCAP for the spring 2012 administration can be found on the CDE's website at: <http://www.cde.state.co.us/assessment/CoAssess-DataAndResults.asp>

Tables show performance for students with and without disabilities, indicate scores by individual disability and provide more detailed information regarding the accommodations used for the assessment.

Performance results for Colorado's Alternate Assessment (CoAlt), based on modified achievement standards, for the spring 2012 administration can be found on the CDE's website at: <http://www.cde.state.co.us/assessment/CoAltAssess.asp>

Reporting of TCAP data in accordance with 34 CFR §300.160(f) can be found at: <http://www.cde.state.co.us/assessment/CoAssess-DataAndResults.asp> and additional information can be found at <http://www.schoolview.org> under the School Performance tab. From that point on you can click on a selected school district and then the District or School Performance Frameworks.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 3 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

Part B State Annual Performance Report (APR) for FFY 2011

**Overview of the Annual Performance Report Development**

Per direction by OSEP and the SPP/APR measurement table, data for Indicator 4 are lagged one year. Data reported are the suspension and/or expulsion rates from the **2010-11** school year.

**Monitoring Priority: FAPE in the LRE**

**Indicator 4:** Rates of suspension and expulsion:

- A. Percent of districts that have a significant discrepancy in the rate of suspensions and expulsions of greater than 10 days in a school year for children with IEPs; and
- B. Percent of districts that have: (a) a significant discrepancy, 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 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))

**Measurement:**

a. Percent = [(# of districts that have a significant discrepancy in the rates of suspensions and expulsions for greater than 10 days in a school year of children with IEPs) divided by the (# of districts in the State)] times 100.

$$\frac{\text{Number of districts identified by the State as having significant discrepancies in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year}}{\text{\# of districts in the State}} \times 100$$

Colorado defines "significant discrepancy" as: any AU with suspension and/or expulsion rates greater than 6 times the state median rate per 100 students. The median rate for FFY 2011 was 0.57 which resulted in a cut point of 3.42 per 100 students.

All AUs are included in the calculation for this indicator; none were excluded.

**Data Source: 618 Data**

Indicator 4A:

FFY	Measurable and Rigorous Target
2011	4%

Actual Target Data Indicator 4A for FFY 2011: 1.7% (N = 1)

AUs with Significant Discrepancy in Rates for Suspension and Expulsion (4a)

Year	Total Number of AUs	Number of AUs With Significant Discrepancies	Percent
FFY 2011 (based on data from 2010-2011)	58	1	1.7%

Table 4.1 Suspension and/or expulsion Rates for Students with Disabilities

State Median Rate	Cut-off For Significant Discrepancy	Number of AUs With Significantly Discrepant Rates	Range Across the State
0.57 per 100 students	$0.57 \times 6 = 3.42$ per 100 students	1	0 per 100 students to 4.90 per 100 students

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The data from FFY 2011 of 1.7% is the same as the FFY 2010 rate of 1.7%. The Administrative Unit identified as having significant discrepancies in its suspension/expulsion rate of students with disabilities has been identified in previous years, but was not the same AU identified as having significantly discrepant rates in FFY 2010. Colorado’s performance remains better than the target of 4%.

In FFY 2011, one AU had a significant discrepancy in the rates of suspension or expulsion for greater than 10 days in a school year for children with IEPs. When an AU is found to have significant discrepancies in the number of students with disabilities removed for more than 10 days, the CDE conducts a review of policies, procedures and practices. Based on the reviews of policies, procedures and practices in the aforementioned AU, no findings of noncompliance were issued.

**Review of Policies, Procedures, and Practices (FFY 2011):**

The CDE created a process to review the policies, procedures and practices of AUs identified as having significantly discrepant rates of suspensions and/or expulsions greater than 10 days. Development of the drill-down process involved an extended discussion of factors (*i.e.*, IEP development, implementation of IEPs, the use of positive behavioral supports and

interventions, procedural safeguards to ensure compliance with the IDEA) that contribute to the suspension and/or expulsion of students with disabilities for greater than 10 days. The Indicator 4 Team developed documents to direct the review of policies, procedures and practices. The documents provide guidance on both compliance and best practices. These documents can be found at [http://www.cde.state.co.us/cdesped/SPP\\_TrainingMaterials.asp](http://www.cde.state.co.us/cdesped/SPP_TrainingMaterials.asp).

**Indicator 4b**

**Measurement:**

- b. Percent = [(# of districts that have: (a) a significant discrepancy, by race or ethnicity, in the rates of suspensions and expulsions of greater than 10 days in a school year of children with IEPs; and (b) policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards) divided by the (# of districts in the State)] times 100.

Colorado’s definition of significant discrepancy by race or ethnicity in the rate of suspensions and/or expulsions greater than 10 days in a school year must have the following two elements:

1. the AU must have reported a minimum of 10 students with IEPs suspended/expelled for greater than 10 days in a school year, regardless of race or ethnicity, *and*
2. when disaggregated by race or ethnicity, the percentage of disciplinary removals must be equal to or greater than 10% of the percentage of students eligible for special education services by race or ethnicity.

All AUs are included in the calculation for this indicator; none were excluded.

**Data Source: 618 Data**

FFY	Measurable and Rigorous Target
2011	0%

**Actual Target Data Indicator 4B for FFY 2010: 0%**



**Table 4.2 AUs with Significant Discrepancies in Suspensions/Expulsions Greater than 10 days by Race or ethnicity–duplicated count**

Amer Ind/ Alaska Native	Asian	Black	Hispanic	White	Native Hawaiian	Two or More Races	<b>Based on Non-Compliant Policies, Procedures or Practices</b>
1	0	4	6	1	0	0	<b>0</b>

In FFY 2011, 11 of the 58 Colorado AUs had significant discrepancies in suspension and/or expulsions greater than 10 days by race or ethnicity of students on IEPs. The CDE required the review of policies, procedures and practices for each of these AUs. Based on the reviews of policies, procedures and practices in the aforementioned AUs, no findings of noncompliance were issued.

<b>Year</b>	<b>Total Number of LEAs*</b>	<b>Number of LEAs that have Significant Discrepancies, by Race or Ethnicity, and policies, procedures or practices that contribute to the significant discrepancy and do not comply with requirements relating to the development and implementation of IEPs, the use of positive behavioral interventions and supports, and procedural safeguards.</b>	<b>Percent**</b>
<b>FFY 2011 (based on data from 2010-2011)</b>	58	0	<b>0%</b>

**Review of Policies, Procedures, and Practices (FFY 2011):**

The CDE created a process to review the policies, procedures and practices of AUs identified as having significantly discrepant rates of suspensions and/or expulsions greater than 10 days. Development of the drill-down process involved an extended discussion of factors (*i.e.*, IEP development, implementation of IEPs, the use of positive behavioral supports and interventions, procedural safeguards to ensure compliance with the IDEA) that contribute to the suspension and/or expulsion of students with disabilities for greater than 10 days. The Indicator 4 Team developed documents to direct the review of policies, procedures and practices. The documents provide guidance on both compliance and best practices. These documents can be found at [http://www.cde.state.co.us/cdesped/SPP\\_TrainingMaterials.asp](http://www.cde.state.co.us/cdesped/SPP_TrainingMaterials.asp).

**Correction of FFY 2011 Findings of Noncompliance**

1. Number of findings of noncompliance the State made during FFY 2011 (the period from July 1, 2011 through June 30, 2012) using 2010-2011 data	<b>0</b>
2. Number of FFY 2011 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>0</b>
3. Number of FFY 2011 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>

**Correction of FFY 2010 Findings of Noncompliance**

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011) using 2009-2010 data	<b>2</b>
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>1</b>
3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

**Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	<b>1</b>
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>1</b>
6. Number of FFY 2010 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Correction of FFY 2009 Findings of Noncompliance**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009 through June 30, 2010) using 2008-2009 data	<b>2</b>
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>1</b>
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

**Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	<b>1</b>
5. Number of FFY 2009 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>1</b>
6. Number of FFY 2009 findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Actions Taken if Noncompliance Not Corrected:**

The AU with the finding of noncompliance was required to develop and implement a corrective action plan. The AU revised their policies and procedures. The CDE continues to support the AU in refining its written procedures to provide specific direction to staff considering disciplinary exclusion of students with disabilities. The AU has participated in trainings provided by the CDE’s Office of Positive Behavior Interventions and Supports that were specific to disproportionate representation of students with disabilities who are suspended or expelled for more than 10 days. The CDE reviews student records of students with disabilities in targeted subgroups to assure appropriate implementation of the AU’s policies and procedures.

**Verification of Correction (either timely or subsequent):**

The CDE issued findings of noncompliance and required corrective action. AUs provided timely evidence of correction of noncompliance specific to revised policies and procedures. Focused student record reviews of a new sample of students were conducted to verify that policies and procedures were being reflected in current practices.

**Additional Information Required by the OSEP APR Response Table for this Indicator (if applicable):**

Statement from the Response Table	State’s Response
<p>Because the state reported less than 100% compliance for FFY 2010 (greater than 0% actual target data for this indicator), the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator. The State must demonstrate in the FFY 2011 APR, that the districts identified with noncompliance based on FFY 2009 and FFY 2010 have corrected the noncompliance, including that the State verified that each district with noncompliance:</p>	
<p>(1) Is correctly implementing the specific regulatory requirement(s) (<i>i.e.</i>, 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</p>	<p>To verify correction of noncompliance, the CDE reviewed each AU’s new and revised policies and procedures and conducted a desk audit of discipline records from a new sample of data. Focused student record reviews of a new sample of students were conducted to verify that policies and procedures were being reflected in current practices.</p>
<p>(2) Has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP memorandum 09-02, dated October 17, 2008.</p>	<p>The AU has trained staff on new and revised policies and procedures resulting in discipline decisions that are appropriate.</p> <p>When warranted, an AU would be required to address individual noncompliance which could result in reconvening a manifestation determination meeting.</p>
<p>In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction. If the State is unable to demonstrate compliance with those requirements in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.</p>	<p>To verify correction of noncompliance, the CDE reviewed the AUs’ new and revised policies and procedures and conducted a desk audit of discipline records from a new sample of data.</p> <p>When warranted, an AU would be required to address individual noncompliance which could result in reconvening a manifestation determination meeting.</p> <p>Focused student record reviews of a new sample of students were conducted to verify that policies and procedures were being reflected in current practices.</p>

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 4 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

**Part B State Annual Performance Report (APR) for FFY 2011**

**Monitoring Priority: FAPE in the LRE**

**Indicator 5:** Percent of children with IEPs 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))

**Measurement:**

- a. Percent = [(# of children with IEPs served inside the regular class 80% or more of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.
- b. Percent = [(# of children with IEPs served inside the regular class less than 40% of the day) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.
- c. Percent = [(# of children with IEPs served in separate schools, residential facilities, or homebound/hospital placements) divided by the (total # of students aged 6 through 21 with IEPs)] times 100.

FFY	Measurable and Rigorous Target
2011	<p><b>A. 71.3%</b></p> <p><b>B. 7.3%</b></p> <p><b>C. 3.6%</b></p>

**Actual Target Data for FFY 2011**

- A. 72.1%**
- B. 7.4%**
- C. 3.0%**

**Raw Data Calculations**

- A.  $\frac{53,969}{74,885} \times 100$
- B.  $\frac{5,536}{74,885} \times 100$
- C.  $\frac{2,282}{74,885} \times 100$

**Table 5.1 Setting in which School Aged (6-21) Students are Served (FFY 2011)**

Number of students in regular class at least 80% of the time	Number of students in regular class less than 40% of the time	Number of students in separate schools, residential facilities, or homebound/hospital placements	Total student count students aged 6-21
53,969 (72.1%)	5,536 (7.4%)	2,282 (3.0%)	<b>74,885 (100%)</b>

**Explanation of Progress or Slippage that Occurred for FFY 2010**

Percent of children with IEPs aged 6 through 21:

- A. Inside the regular class 80% or more of the day: the rate of 72.1% in FFY 2011 is very similar to the FFY 2010 rate of 72.04%.

Throughout the state, Colorado’s AUs continue to report that students with disabilities are finding success in less restrictive environments. AUs continue to report an increased alignment of resources and provide a multi-tiered system of support, thereby enabling students with disabilities to be successful in less restrictive environments.

The CDE is concerned about the proficiency rates for students with disabilities and as we move to a response driven accountability system, we will be examining the services provided to students with disabilities in these settings.

- B. Inside the regular class less than 40% of the day: the rate of 7.4% in FFY 2011 demonstrates progress from the FFY 2010 rate of 8.06%.

Colorado continues to review AU level data disaggregated by disability categories to determine technical assistance needs. By providing such technical assistance, Colorado has facilitated AUs’ progress in supporting students with disabilities in less restrictive settings.

- C. In separate schools, residential facilities, or homebound/hospital placements: the rate of 3.0% in FFY 2011 demonstrates slippage from the FFY 2010 rate of 2.95%.

Many of the placements in residential and day treatment facilities are made by the courts, county departments of social services and mental health agencies and are not under the control of school districts. Training is

provided to facility school programs and school districts to ensure that IEP teams are making individualized decisions regarding where a student attends school while in a facility placement. If a student's needs can be met in a public school setting while the student is in residential placement, transportation is provided for the student.

It is also important to note that as we see shifts in where students are receiving their special education services, we are beginning to see an increase in the number of students who are in the general education classroom 40-79% of the day.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 5 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

## Part B State Performance Plan (SPP) for 2005-2010

## Monitoring Priority: FAPE in the LRE

**Indicator 6:** Percent of children aged 3 through 5 with IEPs 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.

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

**Measurement:**

- A. Percent = [(# of children aged 3 through 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) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.
- B. Percent = [(# of children aged 3 through 5 with IEPs attending a separate special education class, separate school or residential facility) divided by the (total # of children aged 3 through 5 with IEPs)] times 100.

**Overview of Issue/Description of System or Process**

Colorado is a national leader in inclusive practices for preschool children with disabilities. Since the inception of the preschool special education mandate, the primary model for providing FAPE, including access to the general curriculum, in the LRE for young children with disabilities in Colorado has been a blended preschool classroom approach. These blended classrooms include children from special education, the Colorado Preschool Program (CPP), Title I, Head Start and private pay tuition and may be established and supervised on public school property or as partnerships with private or Head Start Programs. Some sites place or maintain placement of preschoolers with disabilities in community settings on a child by child basis. The Colorado Quality Standards for Early Care and Education Programs provide guidance that general education preschool classrooms or groups should include no more than three children with disabilities in a maximum class size of 15. Historically, this ratio of 3 to 15 has been difficult to maintain. While acknowledging that this represents preferred practice, a goal of five children with disabilities to ten typically developing children in a classroom has been the target “rule of thumb” for classroom ratios.

There is evidence that preschool program proportions may be moving toward a 50/50 ratio of children with disabilities to those who are typically developing. This is attributed to rapid population growth, increased public awareness efforts resulting in an increased number of referrals for special education, fewer families enrolling children in tuition paying slots, and limited classroom space availability. Another issue that has been identified primarily through on-site monitoring visits is that the majority of services provided through pull-out are speech-language interventions and related services. As a result, the CDE will be gathering more specific information from the field on the challenges districts are facing and strategies to address them.



Because of the high value Colorado places on inclusion, the research on the efficacy of inclusive preschool programming, and the benefits of providing services within the child's daily routines, the CDE plans to target LRE and routines based on service delivery practices. In addition to the discussion during the IEP meeting regarding student needs and how to meet those needs, emphasis will continue to be placed on the quality of special education and related services in the context of general classroom activities and routines.

**Baseline Data for FFY 2011 (2011-2012)**

<p><b>A.</b> Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</p>	<p><b>84.18%</b></p>
<p><b>B.</b> Separate special education class, separate school or residential facility.</p>	<p><b>6.19%</b></p>

**Raw Data Calculations**

**A.**  $\frac{10,394}{12,348} \times 100$

**B.**  $\frac{764}{12,348} \times 100$

**Table 6.1 Setting in which School Aged (3-5) Students are Served (FFY 2011)**

<p>Regular early childhood program and receiving the majority of special education and related services in the regular early childhood program</p>	<p>Separate special education class, separate school or residential facility.</p>	<p>Total student count students aged 3-5</p>
<p>10,394 (84.18%)</p>	<p>764 (6.19%)</p>	<p><b>12,348 (100%)</b></p>

**Discussion of Baseline Data**

As this indicator is new, Colorado is establishing new baseline data.

The OSEP definitions for preschool educational environments were approved by the Office of Management and Budget (OMB) on May 3, 2010. These data definitions and elements were incorporated in Colorado's 2010 December Child Count data collection.

**Measurable and Rigorous Targets**

Targets were established for this indicator through FFY 2014 following a stakeholder meeting consisting of local special education directors, a representative from the CSEAC, a representative from the PEAK Parent Center, and the CDE ESSU staff. This stakeholder group reviewed trend data and set the following targets:

FFY	Measurable and Rigorous Target	
	Measurement A Regular Early Childhood Program	Measurement B Separate class, school or residential facility
2012 (2012-2013)	84.75%	6.18%
2013 (2013-2014)	84.75%	6.00%
2014 (2014-2015)	85.50%	5.70%

**Improvement Activities/Timelines/Resources**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 6 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

## Part B State Annual Performance Report (APR) for FFY 2011

## Monitoring Priority: FAPE in the LRE

**Indicator 7:** 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))

**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.

**Measurable and Rigorous Targets for Preschool Children Exiting in FFY 2012 and Actual Data for Preschool Children Exiting in FFY 2012**

Summary Statements	Targets FFY 2012 (% of children)	Actual Data FFY 2012 (% of children)
<b>Outcome A: Positive social-emotional skills (including social relationships)</b>		
1. 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 exited the program	84.1%	<b>82.4%</b>
2. The percent of children who were functioning within age expectations in Outcome A by the time they exited the program	85.3%	<b>74.3%</b>
<b>Outcome B: Acquisition and use of knowledge and skills (including early language/communication and early literacy)</b>		
1. 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 exited the program	76.7%	<b>84.8%</b>
2. The percent of children who were functioning within age expectations in Outcome B by the time they exited the program	74.5%	<b>74.1%</b>

Summary Statements	Targets FFY 2012 (% of children)	Actual Data FFY 2012 (% of children)
<b>Outcome C: Use of appropriate behaviors to meet their needs</b>		
1. 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 exited the program	80.8%	<b>80.9%</b>
2. The percent of children who were functioning within age expectations in Outcome C by the time they exited the program	85.2%	<b>77.1%</b>

**Table 7.1 Outcome A Positive social-emotional skills (including social relationships)**

<b>A. Positive social-emotional skills (including social relationships):</b>	<b>Number of Children</b>	<b>% of Children</b>
a. Percent of preschool children who did not improve functioning	122	<b>3.2%</b>
b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	321	<b>8.5%</b>
c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	529	<b>14.0%</b>
d. Percent of preschool children who improved functioning to reach a level comparable to same-aged peers	1,550	<b>41.0%</b>
e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers	1,254	<b>32.2%</b>
<b>Total</b>	<b>3,776</b>	<b>100%</b>

**Table 7.2 Outcome B Acquisition and use of knowledge and skills (including early language/communication and early literacy)**

<b>B. Acquisition and use of knowledge and skills (including early language/communication and early literacy):</b>	<b>Number of Children</b>	<b>% of Children</b>
a. Percent of preschool children who did not improve functioning	106	2.8%
b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	297	7.9%
c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	575	15.2%
d. Percent of preschool children who improved functioning to reach a level comparable to same aged peers	1,668	44.2%
e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers	1,130	29.9%
<b>Total</b>	3,776	100%

**Table 7.3 Outcome C Use of appropriate behaviors to meet their needs**

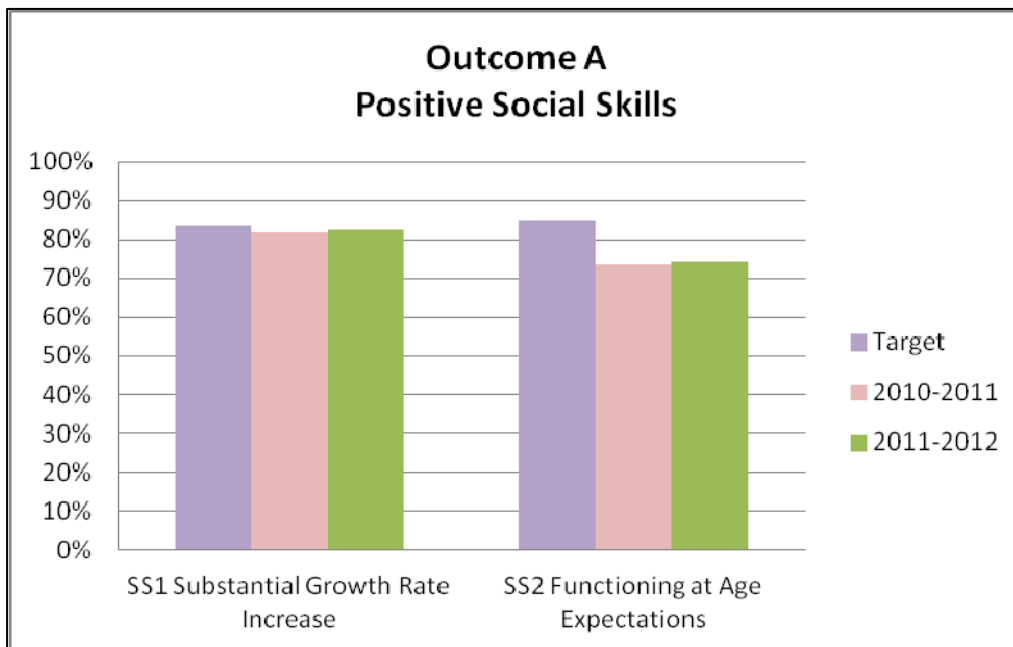
<b>C. Use of appropriate behaviors to meet their needs:</b>	<b>Number of Children</b>	<b>% of Children</b>
a. Percent of preschool children who did not improve functioning	165	4.4%
b. Percent of preschool children who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers	279	7.4%
c. Percent of preschool children who improved functioning to a level nearer to same-aged peers but did not reach it	422	11.2%
d. Percent of preschool children who improved functioning to reach a level comparable to same aged peers	1,463	38.7%
e. Percent of preschool children who maintained functioning at a level comparable to same-aged peers	1,447	38.3%
<b>Total</b>	3,776	100%

**Explanation of Progress or Slippage that Occurred for FFY 2011**

In all summary statements, Colorado demonstrated progress in FFY 2011 as compared to FFY 2010. There was growth compared to last year in both Summary Statements across all three Outcomes.

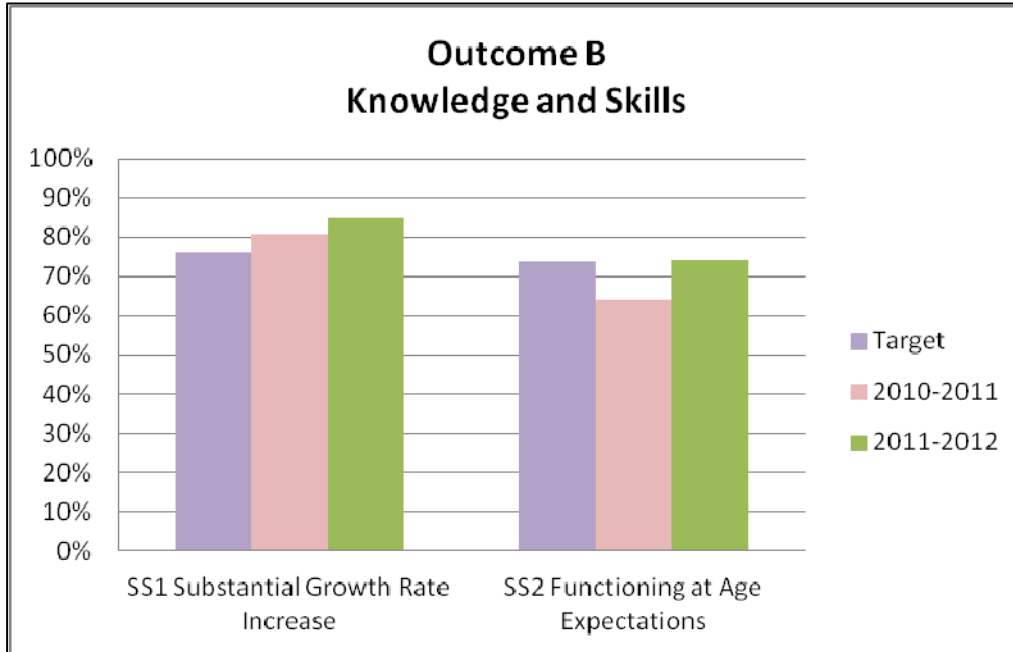
Outcome A (Positive Social Skills): As shown in the table below, Summary Statement 1 was less than two percentage points away from target and higher than last year. Summary Statement 2 showed growth compared to last year but was not as close to target as SS1.

**Table 7.4**



Outcome B (Acquisition and use of Knowledge and Skills): Table 7.5 shows Summary Statement 1 was higher than last year and surpassed our target. Summary Statement 2 was almost at target and was higher than last year.

Table 7.5

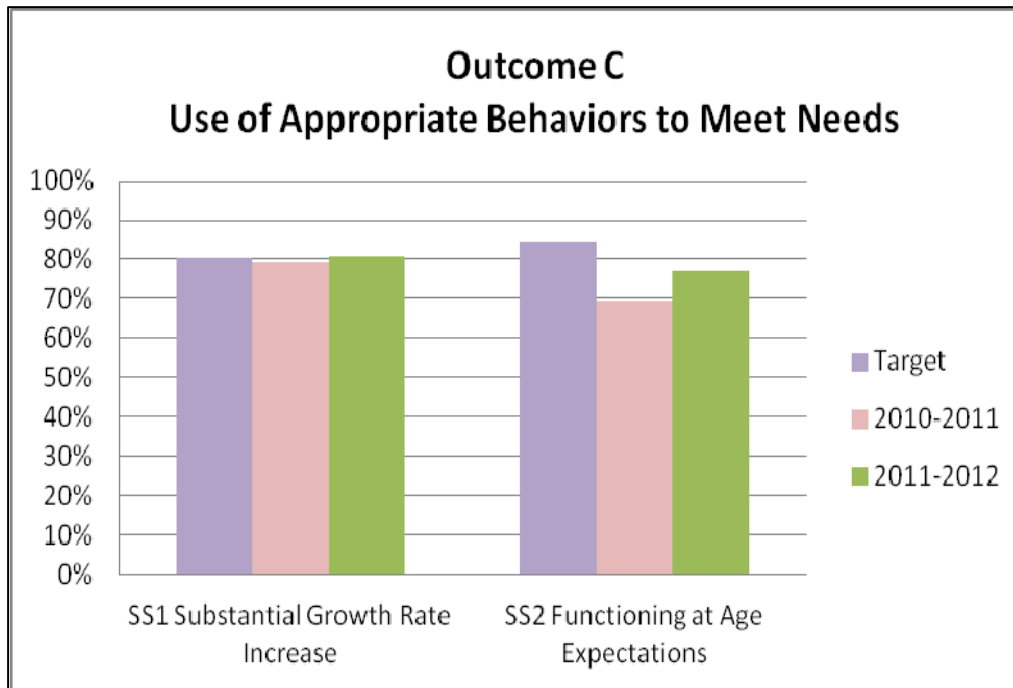


Results from the specific indicators within Outcome B reveal that mathematics continues to be more of a challenge for young children in Colorado than other areas embedded in Outcome B.



Outcome C (Use of Appropriate Behaviors to Meet Needs): Summary Statement 1 met our target and was higher than last year, while Summary Statement 2 was higher than last year and approaching target as shown in the table below.

Table 7.6



In addition to the improvement activities, this growth can be partially attributed to substantive changes to Colorado’s system for gathering data for Preschool Outcomes. First, the Work Sampling System was removed as an assessment option for programs beginning in FFY 2011. Additionally programs using the Creative Curriculum Developmental Continuum converted their assessment system to TS GOLD in FFY 2011. In previous years Colorado has allowed data to be gathered for Indicator 7 through three (four prior to the conversion of programs to TS GOLD) separate assessment systems which presented unique challenges in calculating data and determining data validity. The Work Sampling System presented significant data quality concerns. Colorado now allows only TS GOLD and the High Scope COR assessment leading to a reduction in statistical noise in the data conversion process.

Data from TS GOLD have also been calibrated and the automatic conversion process has been finalized. Previous APRs had noted that there was ongoing work around automatically converting the raw assessment ratings into the three OSEP Outcomes. The cut-points have since been calibrated and validated. Colorado’s automatic conversion process has become much more refined, and the results are more in line with national trends.

The following tables show how outcomes for students in special education are compared to students in the Colorado Preschool Program (CPP) and Head Start.

Table 7.7

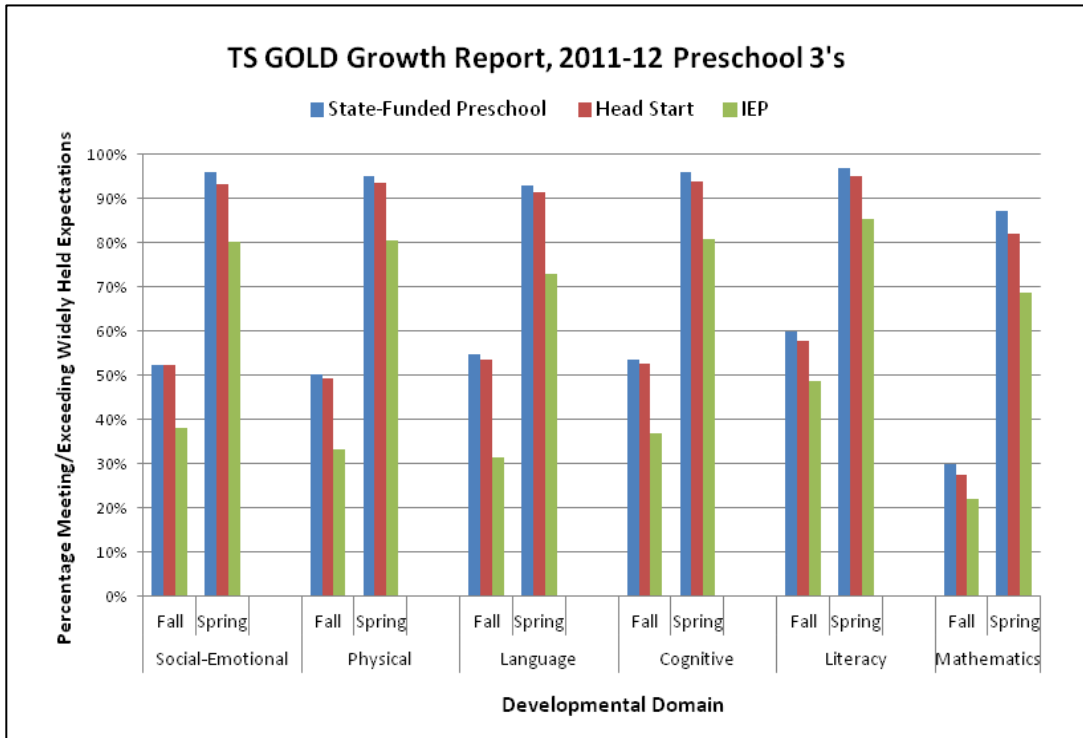
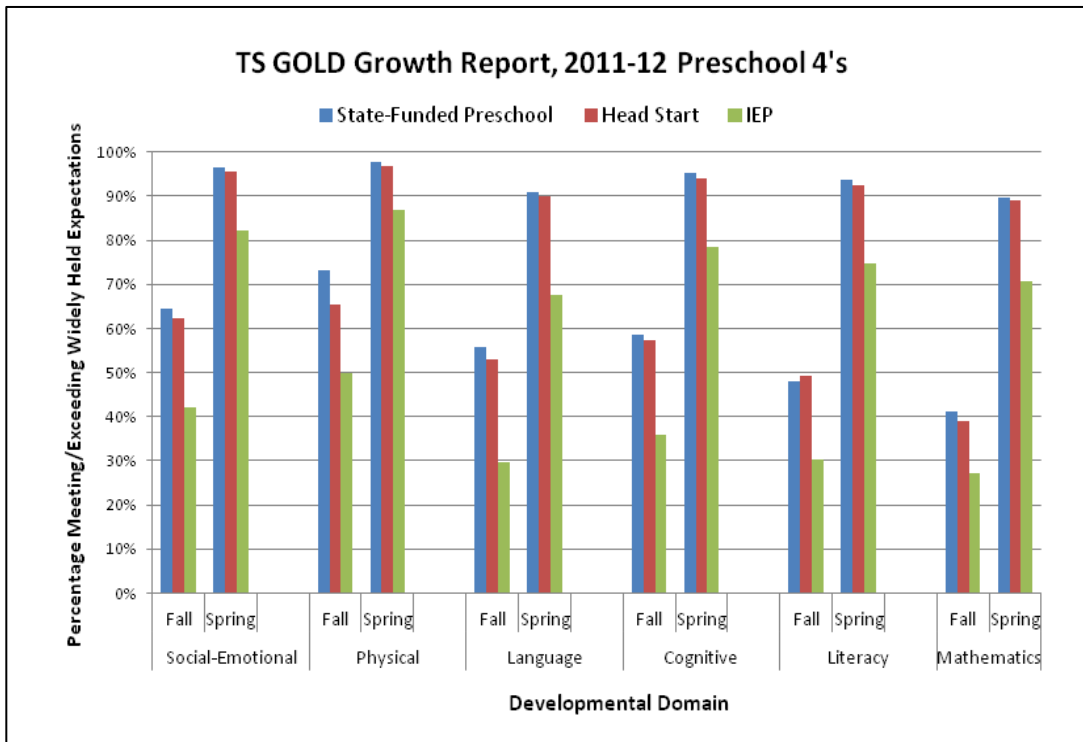


Table 7.8



**Required response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 7 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

**Part B State Performance Plan (SPP) for 2005-2012**

**Overview of the State Performance Plan Development**

In addressing Indicator 8, the CDE includes a representative from the Parent Training and Information Center (PEAK Parent Center) on the Indicator 8 Team. The Colorado Special Education Advisory Committee (CSEAC) has been invited to serve on the Indicator 8 Team.

**Monitoring Priority: FAPE in the LRE**

**Indicator 8:** 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))

**Measurement:** The calculation is as follows:

$$\frac{\text{\# of respondent parents who report schools facilitated parent involvement as a means of improving services and results for children with disabilities}}{\text{Total \# of respondent parents of children with disabilities}} \times 100$$

**Data Source:** Indicator 8 data collection (parent survey) based on approved Sampling Plan

**Overview of Issue/Description of System or Process**

In May 2010 the CDE brought together a stakeholder group tasked with defining parent involvement in the context of Indicator 8. The stakeholder group included school and district based educational practitioners, representatives from the Parent Training and Information Centers, parents of students with disabilities, and state department of education personnel. The meeting was facilitated by the Mountain Plains Regional Resource Center. The stakeholder group defined parent involvement as:

*In Colorado using the term family emphasizes all primary caretakers, not only parents, who perform essential parental functions in a student's life and also includes the students (Lines, Miller, & Arthur-Stanley, 2011).*

*Family involvement for improving services and results for children with disabilities means that:*

- *Students are the center of all problem-solving.*
- *Family input is actively sought and valued.*
- *Representation of families from diverse backgrounds is evident at all levels of decision-making at the school and district level.*
- *All families and stakeholders (e.g., educators, other school staff, administrators, community members, etc.) have access to relevant and useful information in a variety of formats, e.g., meetings, phone calls, emails, interpreted language.*
- *Effective, ongoing relationships between families and schools are based on mutual trust, respect and acceptance.*

- *Families and professionals seek to understand and use the different perspectives and experiences they bring to the table.*

As a result of this definition, a new survey was developed to better measure Indicator 8. The survey was first used for the FFY 2011 data collection. The new survey contains 16 questions, with additional weights in scores applied to those questions that reflect desired family engagement.

- Were you asked to provide input for the assessment (testing) plans for your child? (Scoring 3 points for yes, 0 points for no and missing)
- Are your child's evaluation reports written in terms that you understand? (Scoring 2 points for yes, 0 points for no and missing)
- Were you given timely notice of the IEP meeting? (Scoring 2 points for yes, 0 points for no and missing)
- At your child's last IEP meeting, did you provide input about your child's participation in statewide testing (state assessment or alternate state assessment)? (Scoring 2 points for yes, 0 points for no and missing)
- Are you an equal partner with teachers and other professionals in planning your child's educational program? (Scoring 4 points for yes, 0 points for no and missing)
- Has your school provided you with information about opportunities for training on your child's needs and/or IEP goals? (Scoring 3 points for yes, 0 points for no and missing)
- Are your recommendations documented on the Prior Written Notice (Prior Written Notice is the written explanation of the actions that the school is proposing or refusing to take)? (Scoring 2 points for yes, 0 points for no and missing)
- Did teachers or administrators help you to understand the Procedural Safeguards (the federal requirements that protect the rights of parents and students)? (Scoring 2 points for yes, 0 points for no and missing)
- Do you receive regular reports on your child's progress toward the annual goals listed on the IEP? (Scoring 1 point for yes, 0 points for no and missing)
- When you request information from the school about your child, is it provided promptly and in ways that you understand? (Scoring 3 points for yes, 0 points for no and missing)
- Do you initiate communication with the school about your child? (Scoring 1 point for yes, 0 points for no and missing)
- Does your school initiate communication with you about your child? (Scoring 1 point for yes, 0 points for no and missing)
- Does the school offer you a variety of ways to communicate with teachers? (Scoring 1 point for yes, 0 points for no and missing)
- Do teachers and administrators respect your cultural heritage? (Scoring 2 points for yes, 0 points for no and missing)

- Do you or members of your family actively participate in school committees, events, and programs? (Scoring 2 points for yes, 0 points for no and missing)
- Has the school given you information about organizations that offer support for parents of students with disabilities? (Scoring 3 points for yes, 0 points for no and missing)

In accordance with an approved Sampling Plan, parents are invited to participate in the survey by receiving a personalized cover letter that explains the purpose of the survey. Parents also receive a hard copy of the survey. All information pertaining to the survey was presented in English and Spanish to all parents. In addition to the standard mail-in option, parents have the option of submitting the survey by email, telephone or online. In FFY 2011 the majority of parents chose the mail-in option.

During FFY 2011 there were efforts to increase awareness of the survey. Information about the survey was sent to participating AUs in a format that could be adapted for the AUs' websites. The PEAK Parent Center included information about the survey on its website and sent an email blast from its database from the sampled zip codes.

**Baseline Data for FFY 2011 (2011-2012)**

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.	<b>43%</b>
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**Raw Data Calculations**

$$\frac{( \underline{\quad 686 \quad} )}{1595 \text{ total respondents}} \times 100$$

**Discussion of Baseline Data**

Colorado determined it was necessary to re-set baseline for Indicator 8 during FFY 2011 as the survey instrument used to gather the data was new. Baseline may be re-established in future years as there continues to be further analysis of the survey instrument, the item weights and item analysis.

**Table 8.1**

	<b>FFY 2011</b>
<b>Total number of surveys delivered to families</b>	<b>13,458</b>
<b>Total number of parent respondents</b>	<b>1,595</b>
<b>Number of respondents who reported that the school facilitated parent involvement</b>	<b>686</b>
<b>Number of respondents who reported that the school did not facilitate parent involvement</b>	<b>909</b>
<b>Percent of respondents who reported that the school facilitated parent involvement</b>	<b>43%</b>

The survey response rate was 11.8%. This is a 2.2% increase from the 9.6% response rate for FFY 2010. Continual efforts will be made to increase awareness of the survey with sampling populations. The parents participating in the survey were representative of the state.

**Measurable and Rigorous Targets**

Targets were re-established and extended for this indicator through FFY 2012 following a stakeholder meeting of local special education directors, special education service providers, parents of students with disabilities in Colorado, and the state PTI (PEAK Parent Center). This stakeholder group reviewed trend data and set the following targets:

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2010 (2010-2011)</b>	<b>51%</b>
<b>2011 (2011-2012)</b>	<b>51%</b>
<b>2012 (2012-2013)</b>	<b>52%</b>

Targets were re-set for the FFY 2010 from what was established by the stakeholder group in 2005. Targets were not re-established for this indicator due to the new survey as the previous targets were felt to be appropriate.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 8 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

**Reference**

Lines, C., Miller, G.L., & Arthur-Stanley, A. (2011). *The power of family-school partnering (FSP): A practical guide for school mental health professionals and educators*. New York: Routledge.



## Part B State Annual Performance Report (APR) for FFY 2011

### Overview of the Annual Performance Report Development

When disproportionate representation is reported, the CDE collaborates with AUs to conduct a review of policies, procedures and practices according to the drill-down procedures posted at [http://www.cde.state.co.us/cdesped/SPP\\_TrainingMaterials.asp](http://www.cde.state.co.us/cdesped/SPP_TrainingMaterials.asp).

### Monitoring Priority: Disproportionality

**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))

#### Measurement:

Percent = # of districts with disproportionate representation of racial and ethnic groups in special education and related services that is the result of inappropriate identification divided by # of districts in the State times 100.

Include State's definition of "disproportionate representation."

Describe how the State determined that disproportionate representation of racial and ethnic groups in special education and related services was the result of inappropriate identification, *e.g.*, monitoring data, review of policies, practices and procedures under 618(d), etc.

#### State's definition of "disproportionate representation."

Colorado defines disproportionate representation using two methods. The first, Method 1, is more sensitive to larger sample (N) sizes whereas Method 2 is most sensitive to smaller samples. Both methods examine each of the seven federally reported race/ethnicity categories:

- 1) American Indian or Alaskan Native
- 2) Asian
- 3) Black or African American
- 4) Hispanic or Latino
- 5) White
- 6) Native Hawaiian or other Pacific Islander
- 7) Two or more races

Special education percentages for each Administrative Unit (AU) are derived from the annual special education child count, currently conducted on December 1 of each year. The total education percentage encompasses all students (general and special education) reported by the AU on the annual count date of October 1.

Method 1

Each Administrative Unit’s (AU) percent of special education students in the seven race/ethnicity categories is compared to the percentage of the total population in that AU for the same race/ethnicity categories. A cell size of at least 30 special education students within any given race/ethnicity category is the minimum sample size required to perform a comparison. Disproportionate over-representation is defined as a discrepancy of +10 or more percentage points between the special education student population and the total student population within any of the seven race/ethnicity categories. Disproportionate under-representation is defined as a discrepancy of -15 or more percentage points between the special education student population and the total student population within any of the seven race/ethnicity categories.

Method 2

Method 2 is used to set upper and lower bounds. The upper bound for each of the seven race/ethnicity categories is computed by taking the percentage of that category within the total student population and multiplying by 0.4. The result is then added to the original percentage. The lower bound is set by taking the percentage of each of the seven race/ethnicity categories within the total student population and multiplying by 0.5. This result is then subtracted from the original percentage. The following table provides an example.

**An Example of Setting Upper and Lower Bounds for Three of Seven race/ethnicity categories for an AU**

	<b>American Indian/Alaskan Native</b>	<b>Hispanic or Latino</b>	<b>White</b>
<b>Percent In Total Student Population</b>	6%	28%	32%
<b>Calculation for Upper Bound</b>	$(6 \times .4) + 6$	$(28 \times .4) + 28$	$(32 \times .4) + 32$
<b>Upper Bound Result</b>	8.4%	39.2%	44.8%
<b>Calculation for Lower Bound</b>	$6 - (6 \times .5)$	$28 - (28 \times .5)$	$32 - (32 \times .5)$
<b>Lower Bound Result</b>	3%	14%	16%

If an AU's percentage of special education students within any race/ethnicity category exceeds the upper bound, the AU meets the definition of disproportionate over-representation. If an AU's percentage of special education students within any race/ethnicity category is below the lower bound, the AU meets the definition for disproportionate under-representation. If the sample (N) size is fewer than 30 students, a comparison is not required for that race/ethnicity category.

Disproportionate representation in an AU for Indicator 9 is defined as having a discrepancy between the special education student and total student population in any of the seven race/ethnicity categories under the thresholds set in either Method 1 or Method 2. If disproportionate representation is found, the AU is required to conduct, in conjunction with the CDE, a review of policies, procedures, and practices. This review will determine if disproportionate representation is based on inappropriate identification and if the AU is, therefore, out of compliance.

All AUs were included in the calculation for this indicator; none were excluded.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2011</b>	<b>0%</b>

**Actual Target Data for FFY 2011: 3.4%**

**Raw Data Calculations**

AUs with disproportionate representation based on inappropriate identification

$$\left( \frac{2}{58} \right) \times 100$$

**Table 9.1 AUs with Disproportionate Representation (FFY 2011) –unduplicated count**

Amer Ind/ Alaska Native	Asian	Native Hawaiian or other Pac Islander	Black	Hispanic	White	Two or more races	Based on inappropriate identification?
1	0	0	2	2	1	0	2

**FFY 2011**

Total # of AUs with noncompliance findings	# of AUs corrected & verified within one year	# of AUs subsequently corrected
2	Will be reported in FFY 2012 APR	Will be reported in FFY 2012 APR

FFY 2010

Total # of AUs with noncompliance findings	# of AUs corrected & verified within one year	# of AUs subsequently corrected
0	Not applicable	Not applicable

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 rate of 3.4% demonstrates slippage with the FFY 10 rate of 0%. In both citations of noncompliance, the sole concern identified was lack of a sufficient body of evidence for eligibility criteria related to Specific Learning Disability.

The CDE collaborated with AUs reporting disproportionate representation to review policies, procedures and practices. The review team was led by a CDE consultant who has expertise in the area of cultural and linguistic diversity (CLD). As a result of the reviews, two AUs were found to have inappropriate identification of students with disabilities.

The Indicators 9 and 10 Team provides technical assistance across the State addressing special education eligibility determination of students who are culturally and/or linguistically diverse. Trainings include information regarding the culture of poverty. AUs are adopting more comprehensive policies and procedures that the Team has observed during the required reviews of policies, procedures and practices.

Each AU is working to correctly implement 34 CFR §§300.111, 300.201 and 300.301 through 300.311. The CDE reviewed policies, procedures and practices to verify that AUs correctly implement the regulatory requirements through desk audits, on-site monitoring, and review of data submitted to the December Child Count. Individual student level corrections were required and corrected within 60 calendar days.

**Verification of Correction (either timely or subsequent):**

The CDE identified two AUs with noncompliance among Administrative Units that reported disproportionate representation of students identified in special education.

When noncompliance is identified, the CDE issues findings and requires corrective action. The CDE reviews policies, procedures and practices to verify that AUs correctly implement the regulatory requirements through desk audits, on-site monitoring, and review of data submitted to the December Child Count. Technical assistance and training are provided to AUs to assist them to improve practices and correct findings of noncompliance.

**Required Response to FFY 2010 APR**

None required

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 9 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

## Part B State Annual Performance Report (APR) for FFY 2011

### Overview of the Annual Performance Report Development

The CDE continues to review annual data from all AUs in order to identify disproportionate representation. When disproportionate representation is reported, the CDE collaborates with AUs to conduct a review of policies, procedures and practices according to the drill-down procedures posted at [http://www.cde.state.co.us/cdesped/SPP\\_TrainingMaterials.asp](http://www.cde.state.co.us/cdesped/SPP_TrainingMaterials.asp).

### Monitoring Priority: Disproportionality

**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))

#### Measurement:

Percent = # of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification divided by # of districts in the State times 100.

Include State's definition of "disproportionate representation."

Describe how the State determined that disproportionate representation of racial and ethnic groups in specific disability categories was the result of inappropriate identification, *e.g.*, monitoring data, review of policies, practices and procedures under 618(d), etc.

#### State's definition of "disproportionate representation."

Colorado has developed two methods for defining disproportionate representation. The first, Method 1, is sensitive to larger sample (N) sizes whereas Method 2 is more sensitive to smaller samples. Both methods examine each of the seven federally reported race/ethnicities by each of the five required disability categories defined below:

- 1) American Indian or Alaskan Native
- 2) Asian
- 3) Black or African American
- 4) Hispanic or Latino
- 5) White
- 6) Native Hawaiian or other Pacific Islander
- 7) Two or more races

As Colorado does not use the category "other health impairments," the five areas examined are:

- 1) Significant Limited Intellectual Capacity (SLIC)
- 2) Significantly Identifiable Emotional Disabilities (SIED)
- 3) Specific Learning Disabilities (SLD)

- 4) Speech or Language Impairment (SLI)
- 5) Autism

Method 1

This method examines every Administrative Unit's percent of special education students in each of the five disability categories within each race/ethnicity category. Those percentages are compared to the percent of the AU's overall special education student population in each of the five disability categories. Disproportionate over-representation is defined as a discrepancy of +10 or more percentage points between a disability category within the seven race/ethnicity categories and a disability category independent of race/ethnicity. Under-representation is defined as a discrepancy of -15 or more percentage points between a disability category within the seven race/ethnicity categories and a disability category independent of race/ethnicity.

Method 2

This method examines the percent of an AU's total special education student population in each of the five disability categories and sets upper and lower bounds. The upper bound for each disability category within each AU is computed by taking the total special education student percentages and multiplying each by 0.4. This result is then added to the original percentages. The lower bounds for the five disability categories in each AU are computed by taking the total special education student percentages and multiplying by 0.5. This result is then subtracted from the original percentages. See the following table for an example.

**An Example of Setting Upper and Lower Bounds for an Administrative Unit's Total Special Education Population**

	<b>SLIC</b>	<b>SIED</b>	<b>SLD</b>	<b>SLI</b>	<b>Autism</b>
<b>Percent In Total SPED Population</b>	5%	10%	36%	25%	3%
<b>Calculation for Upper Bound</b>	$(5 \times .4) + 5$	$(10 \times .4) + 10$	$(36 \times .4) + 36$	$(25 \times .4) + 25$	$(3 \times .4) + 3$
<b>Upper Bound Result</b>	7%	14%	50.4%	35%	4.2%
<b>Calculation for Lower Bound</b>	$5 - (5 \times .5)$	$10 - (10 \times .5)$	$36 - (36 \times .5)$	$25 - (25 \times .5)$	$3 - (3 \times .5)$
<b>Lower Bound Result</b>	2.5%	5%	18%	12.5%	1.5%

If an AU's percent in a disability category within any of the seven race/ethnicity categories exceeds the upper bound, the AU meets the definition of disproportionate *over*-representation. If an AU's percent in a disability category within any of the seven race/ethnicity categories is below the lower bound, the AU meets the definition for disproportionate *under*-representation. If the sample (N) size is fewer than 30 students within a specific disability and race category (for example: 28 Asian students in the Autism category), a comparison is not required for that disability category.

Disproportionate representation in an AU for Indicator 10 is defined as having a discrepancy in disability prevalence in any of the seven race/ethnicity categories as compared to that AU's overall disability prevalence regardless of race under the thresholds set in either Method 1 or Method 2. If disproportionate representation is found, the AU is required to conduct, in conjunction with the CDE, a review of policies, procedures and practices. This review will determine if disproportionate representation is based on inappropriate identification and if the AU is, therefore, out of compliance.

All AUs were included in the calculation for this indicator; none were excluded.

<b>FFY</b>	<b>Measurable and Rigorous Target</b>
<b>2011</b>	<b>0%</b>

**Actual Target Data for FFY 2011: 6.9% (N = 4 AUs)**

**AUs with Disproportionate Representation of Racial and Ethnic Groups in Specific Disability Categories that was the Result of Inappropriate Identification**

Year	Total Number of AUs	Number of AUs with Disproportionate Representation	Number of AUs with Disproportionate Representation of Racial and Ethnic Groups in specific disability categories that was the Result of Inappropriate Identification	Percent of AUs with inappropriate identification
FFY 2011 (2011-2012)	58	9	4	6.90%

Table 10.1 AUs with Disproportionate Representation FFY 2011 – duplicated count

	Intellectual Disability (SLIC)	Emotional Disturbance (SIED)	Specific Learning Disability	Speech Language Impairment	Autism	Based on Inappropriate Identification
Amer Ind/Alaskan Native	0	0	0	0	0	
Asian	0	0	2	2	0	1
Native Hawaiian or other Pacific Islander	0	0	0	0	0	
Black	0	0	0	0	0	
Hispanic	0	0	3	0	1	3
White	0	3	0	0	2	
Two or More Races	0	0	0	0	0	

**Explanation of Progress or Slippage that occurred for FFY 2011:**

The FFY 2011 rate of 6.90% (n=4) represents slippage from the FFY 2010 rate of 5.17% (n=3). Colorado has a two prong identification requirement for specific learning disability. Prong 1 requires teams to prove that the student has an academic deficit. Prong 2 requires teams to prove that the student is not making academic progress when provided with scientifically based individualized interventions.

In all AUs receiving a finding of noncompliance, the single biggest trend identified was the lack of a body of evidence to substantiate the existence of a specific learning disability. Critical elements that were missing from the body of evidence included:

1. Observation of students in their learning environment;
2. Documentation of research-based, targeted, individual interventions designed to close the achievement gap; and
3. The progress monitoring data specific to interventions that would indicate that the gap was not closing even with intensive support.

Evaluation reports did not include sufficient documentation regarding the impact of English language proficiency or fully explore whether students’ difficulties were a result of language differences or true disabilities.



The CDE collaborated with the AUs reporting disproportionate representation to review policies, procedures and practices. The review teams were led by a CDE consultant who has expertise in the area of cultural and linguistic diversity and included CDE consultants with expertise in the specific disability category in which disproportionate representation was reported. A focused student record review was conducted as part of the review.

The CDE provides technical assistance to support implementation of the corrective action plan. Guidance and training are being provided by the ESSU independently, as well as in collaboration with Title III and the Office of Language, Culture and Equity. This cross-unit assistance will ensure appropriate identification of students who demonstrate limited English proficiency or cultural diversity and the impact of these factors on a possible disability.

**Correction of FFY 2010 Findings of Noncompliance (if State reported more than 0% compliance):**

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 5.17%

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011)	<b>3</b>
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>2</b>
3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>1</b>

**Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	<b>1</b>
5. Number of FFY 2010 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>0</b>
6. Number of FFY 2010 findings <u>not</u> yet verified as corrected [(5) minus (4)]	<b>1</b>

**Correction of FFY 2009 Findings of Noncompliance (if State reported more than 0% compliance):**

Level of compliance (actual target data) State reported for FFY 2009 for this indicator: 1.7%

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009 through June 30, 2010)	<b>1</b>
2. Number of FFY 2009 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>1</b>
3. Number of FFY 2009 findings <u>not</u> verified as corrected within one year [(8) minus (7)]	<b>0</b>

**Correction of FFY 2008 Findings of Noncompliance (if State reported more than 0% compliance):**

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008 through June 30, 2009)	<b>2</b>
2. Number of FFY 2008 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>1</b>
3. Number of FFY 2008 findings <u>not</u> verified as corrected within one year [(11) minus (10)]	<b>1</b>

**Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance):**

4. Number of FFY 2008 findings not timely corrected (same as the number from (12) above)	<b>1</b>
5. Number of FFY 2008 findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>1</b>
6. Number of FFY 2008 findings <u>not</u> yet verified as corrected [(14) minus (13)]	<b>0</b>

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:**

The CDE issued findings of noncompliance and required immediate correction of any child-specific noncompliance. The AUs provided timely evidence of the correction of child-specific noncompliance. The AU submitted and implemented a corrective action plan.

To verify correction of noncompliance, the CDE reviewed the AUs’ new and revised policies and procedures and conducted a focused student record review from a new sample of files. The CDE required immediate correction of any child-specific noncompliance. The AU provided timely evidence of the correction of child-specific noncompliance by submitting records to the CDE for verification. The CDE also reviewed FFY 2011 December Count data to evaluate the AUs’ progress.

**Actions Taken if Noncompliance Not Corrected:**

The CDE continues to provide technical assistance to support implementation of the corrective action plan of the AU that remains out of compliance from FFY 2010. The CDE will begin reviewing CLD evaluations from the AU on a regular basis and provide appropriate feedback to the AU.

**Required Response to FFY 2010 APR**

Statement from the Response Table	State’s Response
Because the state reported less than 100% compliance for FFY 2010, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.	
OSEP is concerned about the State’s failure to correct longstanding noncompliance from FFY 2008. The State must take the steps necessary to ensure that it can report, in the FFY 2011 APR that it has corrected the remaining finding identified in FFY 2008. If the State cannot report in the FFY 2011 APR that this noncompliance has been corrected, the State must report in the FFY 2011 APR:	
(1) The specific nature of the noncompliance;	Evaluation reports lacked sufficient evidence of the impact of English language proficiency on students’ performance. Documentation did not directly address whether students’ learning difficulties were a result of language differences or true disabilities (§300.306(b)(1)(iii)).
(2) The State’s explanation as to why the noncompliance has persisted;	The CDE conducted a verification visit on January 16, 2013 and determined that the AU had systemically changed practice to align with appropriate policies and procedures. All noncompliance was verified as corrected.

Statement from the Response Table	State's Response
<p>(3) The steps the State has taken to ensure the correction of each finding of the remaining findings of noncompliance, and any new or different actions the State has taken, since the submission of its FFY 2010 APR, to ensure such correction; and</p>	<p>Each month, the AU submitted initial and triennial evaluations and eligibility determination documentation to the CDE for review. The CDE provided specific and instructive feedback regarding the evaluations submitted.</p> <p>CDE staff met with the AU's special education leadership team to provide specific information regarding the outstanding noncompliance.</p> <p>CDE leadership met with leadership from the AU to develop a Compliance Agreement to address outstanding noncompliance.</p> <p>The AU directed IDEA Part B funds to training staff regarding eligibility determination requirements.</p> <p>The CDE conducted a verification visit on January 16, 2013 and determined that the AU had systemically changed practice to align with appropriate policies and procedures. All noncompliance was verified as corrected.</p>
<p>(4) Any new or different actions the State will take to ensure such correction.</p>	<p>The CDE conducted a verification visit on January 16, 2013 and determined that the AU had systemically changed practice to align with appropriate policies and procedures. All noncompliance was verified as corrected.</p>
<p>The State must demonstrate, in the FFY 2011 APR, that the one district identified in FFY 2008 with noncompliance that was not corrected and the districts identified in FFY 2010 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 CFR §§300.111, 300.201, and 300.301 through 300.311, including that the State verified that each district with noncompliance:</p>	
<p>(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</p>	<p>The CDE reviewed new and revised policies and procedures and reviewed a new sample of student files to verify that AUs are correctly implementing the regulatory requirements. The CDE also reviewed data submitted to the FFY 2011 December Child count.</p> <ul style="list-style-type: none"> <li>Two findings of noncompliance were verified as corrected during FFY 2011 that were issued in FFY 2010.</li> </ul>

Statement from the Response Table	State's Response
	<ul style="list-style-type: none"> <li>The AU with outstanding noncompliance is required to submit all evaluations conducted for learners who are CLD and suspected of having disabilities to the CDE monthly for review by the CDE ESSU Monitoring Team.</li> </ul>
<p>(2) Has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the district, consistent with OSEP Memo 09-02.</p>	<p>AUs corrected each individual case of noncompliance, unless the child was no longer within the jurisdiction of the AU. When child-specific noncompliance was found, the AU was required to make immediate correction. The CDE reviewed student records to verify correction.</p> <p>Additionally, the AU with outstanding noncompliance is required to submit all evaluations conducted for learners who are CLD and suspected of having disabilities to the CDE monthly for review by the CDE ESSU General Supervision Team.</p>
<p>In the FFY 2011 APR, the State must describe the specific actions that were taken to verify the correction.</p>	<p>To promote correction of noncompliance:</p> <ul style="list-style-type: none"> <li>The AU was required to submit and implement a corrective action plan.</li> <li>The CDE engaged in on-site monitoring and provided technical assistance in the referral and special education eligibility determination of learners who are CLD.</li> <li>The CDE collaborated with AUs to engage in corrective actions to address the areas of noncompliance.</li> </ul> <p>To verify correction of noncompliance, the CDE:</p> <ul style="list-style-type: none"> <li>Engaged in focused student record reviews of a new sample of records</li> <li>Reviewed new or revised policies and procedures.</li> </ul> <p>One finding of noncompliance issued in FFY 2010 remains. The AU met monthly with the CDE in preparation for a verification visit in January 2013. The AU remains out of compliance and enforcement actions have been issued to include the submission of evaluations of students who are culturally and linguistically diverse on a monthly basis to be reviewed by the ESSU.</p>

<b>Statement from the Response Table</b>	<b>State’s Response</b>
<p>If the State is unable to demonstrate compliance with those requirements in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.</p>	<p>The CDE has added new improvement activities that can be found in the SPP. All improvement activities for Indicator 10 can be found in Appendix A. These improvement activities are targeted specifically to those AUs with noncompliance with disproportionate representation by specific disability category due to inappropriate identification.</p>

**Discussion of Improvement Activities Completed**

Colorado has established, the State Performance Plan, improvement activities for Indicator 10 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

**Part B State Annual Performance Report (APR) for FFY 2011**

**Monitoring Priority: Effective General Supervision Part B / Child Find**

**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))

**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.

FFY	Measurable and Rigorous Target
FFY 2011	100%

**Actual Target Data for FFY 2011: 99%**

**Children Evaluated Within 60 Days:**

a. Number of children for whom parental consent to evaluate was received	<b>16,596</b>
b. Number of children whose evaluations were completed within 60 days (or State-established timeline)	<b>16,466</b>
Percent of children with parental consent to evaluate, who were evaluated within 60 days (or State established-timeline) (Percent = [(b) divided by (a)] times 100)	<b>99%</b>

**Data Collection Procedures**

Data for Indicator 11 are reported by every AU through the online Special Education End-of-Year (EOY) student data collection. The data elements for Indicator 11 are defined as:

- Date of Parental Consent to Evaluate
- Date Evaluation Completed
- Reason for Delay in Completing the Evaluation

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 rate of 99% demonstrates maintenance of FFY 2010 rate of 99%.

AUs are required to report all students for whom an initial evaluation occurred, whether or not the evaluation was completed within 60 days. One student whose evaluation was started did not have the evaluation completed. The reason given is that the student has been reported as a runaway. The Department was unable to find this student currently enrolled in any Colorado AU. All other students referred for evaluation were reported in the End-of-Year data collection as having evaluations completed unless the child was no longer in the jurisdiction of the AU. For evaluations that were not completed within the timeline, the range of days beyond the 60 day timeline was 1 day to 161 days with a median of 15 days. The reasons for the delay included:

- Students moved into or out of an AU after the initial evaluation had been initiated
- Parent repeatedly failed or refused to produce the child for evaluation
- Parent revoked consent for evaluation
- Child on the run
- No valid reason

The CDE attributes the State's ability to substantially maintain the rate of compliance to continuous targeted technical assistance that includes on-site technical support, training webinars on how to review the data, and technical assistance with the data submission process and analysis. The CDE has created resources in order to more closely monitor and analyze Indicator 11 data on an ongoing basis at both the State and local levels. The training materials can be found at

[http://www.cde.state.co.us/cdesped/download/pdf/Indicator\\_11\\_Presentation.pdf](http://www.cde.state.co.us/cdesped/download/pdf/Indicator_11_Presentation.pdf)

The CDE continues to evaluate the performance of each AU and is working with AUs to identify root causes when significant delays are reported. Colorado's sustained performance at 99% is due to the technical assistance provided. For FFY 2011 all individual cases of noncompliance have been corrected and no systemic issues of noncompliance have been identified.

**Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance):**

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 99%.



The CDE engaged in an extensive review of data submitted through the Special Education End-of-Year data collection prior to issuing findings of noncompliance. A desk audit of each AU's data includes a review of:

- the “n” size reported for Indicator 11;
- the reasons for delay in completing initial evaluations;
- the frequency with which each reason was used;
- the number of days beyond 60 that an AU took to complete initial evaluations;
- related requirements for Indicator 11; and
- longitudinal data for Indicator 11.

In addition to the desk audit, the CDE reviewed the policies and procedures of AUs that initially did not meet compliance. A focused student record review was conducted when the CDE found concerns with an AU's policies and procedures.

It is important to note that all child-specific noncompliance was corrected unless the child was no longer within the jurisdiction of the AU, the parents made the student(s) unavailable for evaluation or the parents revoked consent for evaluation. All initial evaluations were reported in the End-of-Year data collection as completed, even when they were completed beyond 60 days.

Root cause analyses revealed that AUs that did not meet compliance requirements have appropriate policies, procedures and practices to meet the requirements for this Indicator. The CDE has worked with AUs to determine the root causes of related requirement noncompliance. AUs developed and implemented corrective action plans to address the noncompliance. Data regarding related requirements are included under Indicator 15 on page 84.

The CDE reviewed FFY 2011 data for Indicator 11 and no findings of noncompliance were found.

**Actions Taken if Noncompliance Not Corrected:**

There were no findings of noncompliance for FFY 2010.

**Describe the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:**

There were no findings of noncompliance for FFY 2010. The CDE verifies correction of noncompliance through a review of data submitted in the Special Education End-of-Year student data collection and of data collected in focused student record reviews. All students for whom consent for evaluation was given were reported in the collection, whether or not the 60 day timeline was met.

AUs are required to report all students for whom an initial evaluation occurred, whether or not the evaluation was completed within 60 days. All students referred for evaluation were reported as having evaluations completed unless the child moved away from the AU after the evaluation was initiated, or if the parent refused to make the child available for evaluation or revoked consent for evaluation. When initial evaluations were not completed within the required 60 days, AUs provided a reason for delay in completing the initial evaluation. Relying on these data, the CDE is able to verify that initial evaluations were

completed for all children within the jurisdiction of the AU even when not completed within the required 60 day timeline.

Root cause analyses revealed that high performing AUs that did not meet 100% compliance, each individual case of noncompliance was corrected and a subsequent review of policies, procedures and practices indicated regulations are being implemented. To verify that AUs are correctly implementing 34 CFR §300.301(c)(1) CDE reviewed updated data that was subsequently collected through the State data system using the same strategies employed to identify noncompliance.

**Required Response to FFY 2010 APR**

<b>Statement from the Response Table</b>	<b>State’s Response</b>
If the State does not report 100% compliance in the FFY 2011 APR, the State must review its improvement activities and revise them, if necessary to ensure compliance.	Colorado did review the improvement activities for Indicator 11 and determined that they were appropriate.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 11 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

**Part B State Annual Performance Report (APR) for FFY 2011**

**Monitoring Priority: Effective General Supervision Part B / Effective Transition**

**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))

**Measurement:**

- a. # of children who have been served in Part C and referred for Part B eligibility determination.
- b. # of those referred determined to be NOT eligible and whose eligibilities were 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.

Account for children included in a but not included in b, c, d, or e. 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)] times 100.

FFY	Measurable and Rigorous Target
FFY 2011	100%

**Actual Target Data for FFY 2011: 99%**

**Actual State Data (Numbers)**

a. # of children who have been served in Part C and referred to Part B for Part B eligibility determination.	2,288
b. # of those referred determined to be NOT eligible and whose eligibility was determined prior to third birthday	295
c. # of those found eligible who have an IEP developed and implemented by their third birthdays	1,674
d. # 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.	264
e. # of children determined to be eligible for early intervention services under Part C less than 90 days before their third birthdays.	43
# in a but not in b, c, d, or e.	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  Percent = [(c) / (a-b-d-e)] * 100	<b>99%</b>

**Data Collection Procedures**

Currently data for Indicator 12 are reported by every AU through the online Special Education End-of-Year data collection. The data elements and definitions with the relevant information for Indicator 12 are defined as:

- Child’s Date of Birth
- Date of Parental Consent to Evaluate
- Date of Initial Eligibility Meeting
- Date IEP was implemented
- Reason for delay in implementing IEP

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 rate of 99% demonstrates slight slippage from the FFY 2010 rate of 100%.

AUs report data for all children who were served in a Part C program and evaluated for Part B services. When the IEP was not implemented by the child’s third birthday, the range of days beyond the third birthday was 1 days to 197 days with a median of 17 days. The reasons cited for delays included:

- Parent failed to respond to meeting requests

- Illness of the student or a family member
- Parent requested delay in meeting or did not attend meeting
- Student's third birthday did not fall on a school day
- Parent requested delay in the start of services
- No valid reason

Root cause analyses revealed that high performing AUs that did not meet 100% compliance, each individual case of noncompliance was corrected and a subsequent review of policies, procedures and practices indicated regulations are being implemented.

**Correction of FFY 2010 Findings of Noncompliance (if State reported less than 100% compliance in its FFY 2010 APR):**

Level of compliance (actual target data) State reported for FFY 2010 for this indicator: 100%

**Actions Taken if Noncompliance Not Corrected:**

There were no findings of noncompliance for FFY 2010.

**Description of the specific actions that the State took to verify the correction of findings of noncompliance identified in FFY 2010:**

There were no findings of noncompliance for FFY 2010.

The CDE verifies correction of noncompliance using the same methodologies that were employed to identify the noncompliance. Methodologies include:

- a desk audit of data submitted by the AU through the Special Education End-of-Year data collection
- review of additional data throughout the year in addition to the annual data collection;
- review of policies and procedures;
- focused student record review; and
- on-site monitoring of programs.

AUs are required to report all students who were transitioning from Part C services to Part B services. All students who were eligible for Part B services were reported as having IEPs implemented unless the child was no longer in the jurisdiction of the AU. When IEPs were not implemented by the child's third birthday, AUs provided a reason for delay. Relying on these data, the CDE is able to verify that special education services were initiated for all children within the jurisdiction of the AU, even when this did not occur by the child's third birthday.

High performing AUs that did not meet 100% compliance reported isolated instances in which the requirement for implementation of IEPs by the child's third birthday was not met. In those cases, it was clear that there was no systemic noncompliance. AUs did implement IEPs for all eligible children.

The CDE utilizes the same strategies to verify correction of noncompliance that were used to identify the noncompliance. Employing these methods, the CDE is able to verify that AUs

are correctly implementing the specific regulatory requirements and that IEPs are implemented for all students within the jurisdiction of the AU who are transitioning from Part C services to Part B services, whether or not they are timely.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established in the State Performance Plan, improvement activities for Indicator 12 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

Part B State Annual Performance Report (APR) for FFY 2011

**Monitoring Priority: Effective General Supervision Part B / Effective Transition**

**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 needs. There also must be evidence that the student was invited to the IEP Team meeting where transition services are to be discussed and evidence that, if appropriate, a representative of any participating agency was invited to the IEP Team meeting with the prior consent of the parent or student who has reached the age of majority.

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

**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 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.

FFY	Measurable and Rigorous Target
FFY 2011	100%

**Actual Target Data for FFY 2011:** 86.6%

**Raw Data Calculations:**  $\frac{(678)}{786} * 100$

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 rate of 86.6% represents slippage from the FFY 2010 rate of 89%.

Overall compliance is at 86.6%. Disaggregating the data by question shows that for all but one individual Indicator 13 question, AUs met compliance at 96% or higher, including five

questions at 99%. The overall compliance rate for course of study was 93%, six points lower than FFY 2010 due to the required multi-year component not evident in many IEPs.

Noncompliance related to postsecondary goals was not systemic, but rather was caused by isolated instances of using non-measurable words such as “plans to,” “will pursue,” or “will apply to,” instead of actual, measurable outcomes.

Noncompliance related to annual goals linking directly to the postsecondary goals and/or transition services needs was not systemic, but rather was caused by isolated instances where the linkage, although stated as specific and direct, was not genuine.

Noncompliance related to transition assessment was not systemic, but rather was caused by isolated instances where the transition assessment was either more than a calendar year old, not specifically named, or not evident.

Noncompliance related to transition services linking directly to the postsecondary goals was not systemic, but rather was caused by isolated instances where the services were not specific enough to meet compliance requirements; e.g., “The case manager will provide support in all academic areas.”

Noncompliance related to a course of study that was clearly multiyear, specific and individualized to the student, and linked to the postsecondary goals, was the most common cause of noncompliance, where the linkage to the postsecondary goals was not obvious and/or not multiyear.

**Compliance Data Disaggregated by Question**

Total Rev'd	Total Compl.	Stud't Inv.	Agency Inv. w/ Parent Consent	PSG Ed-Trng.	PSG Career-Emply.	PSG Ind. Lvng.	Ann'l Update PSGs	Ann'l Goals Link	Trans Assmnt	Trans Srvs	Crs. Study
791	704	783	786	776	775	781	756	772	780	782	756
State Avg.	86.6%	99%	99%	98%	98%	99%	96%	97%	99%	99%	93%

**Correction of FFY 2010 Findings of Noncompliance:**

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011)	<b>7</b>
2. Number of FFY 2010 findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding)	<b>7</b>
3. Number of FFY 2010 findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>0</b>



**Verification of Correction (either timely or subsequent):**

All individual IEPs found to be noncompliant during the I-13 initial and verification reviews were verified as corrected (or unable to be corrected if the student was no longer enrolled in the AU) within 15 calendar days of the audit, consistent with OSEP Memorandum 09-02.

Each AU that was found noncompliant during the I-13 audit was required to submit a Corrective Action Plan to address each specific area of noncompliance within 30 calendar days from the date the AU Director received the I-13 final report packet.

Correction of all findings of noncompliance issued in FFY 2010 was verified within six months.

The strategies employed by the CDE to verify correction of noncompliance mirrored strategies used to initially identify the noncompliance. Verification activities included a review of individual student records to monitor the AU’s systemic progress toward correcting noncompliance and to verify compliance.

**Required Response to FFY 2010 APR**

Statement from the Response Table	State’s Response
<p>The State must demonstrate in the FFY 2011 APR, due February 1, 2013, that the State is in compliance with the secondary transition requirements in 34 CFR §§300.320(b) and 300.321(b). Because the State reported less than 100% compliance for FFY 2010, the State must report on the status of correction of noncompliance reflected in the data the State reported for this indicator.</p>	<p>AU staff participated in focused Student Record Reviews (SRRs) of a new sample of student records conducted by the CDE to verify correction of noncompliance, thus availing themselves of technical assistance provided during the SRR.</p> <p>All AUs verified correction with 100% compliance for Indicator 13.</p>
<p>When reporting the correction of noncompliance, the State must report that it has verified that each LEA with noncompliance reflected in the data the State reported for this Indicator:</p>	
<p>(1) Is correctly implementing 34 CFR §300.320(b) (<i>i.e.</i>, 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</p>	<p>Each AU is correctly implementing the specific regulatory requirements in 34 CFR §300.320(b). The CDE reviewed policies, procedures and practices to verify that AUs correctly implement the regulatory requirements through a focused student record review of a new sample of student IEPs.</p> <p>All noncompliance identified in FFY 2010 was verified as corrected as shown in the Table above.</p>
<p>(2) Has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA.</p>	<p>When child-specific noncompliance was found, the AU was required to make immediate correction, unless the child was no longer within the jurisdiction of the AU. The CDE reviewed student records to verify correction.</p>

<p>The State must describe specific actions that were taken to verify the correction.</p>	<p>The strategies employed by the CDE to verify correction of noncompliance mirrored strategies used to identify the noncompliance. Verification activities included a review of individual student records, conducted at approximately six month intervals, to monitor an AUs' progress toward correcting noncompliance and to verify compliance.</p>
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**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 13 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

## Part B Annual Performance Report (APR) for FFY 2011

<b>Monitoring Priority: Effective General Supervision Part B / Effective Transition</b>
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**Indicator 14:** The 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))

<b>Measurement:</b>
---------------------

- |  |
|--|
| <ul style="list-style-type: none"> <li>A. Percent enrolled in higher education = [(# 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) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.</li> <li>B. Percent enrolled in higher education or competitively employed within one year of leaving high school = [(# 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) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.</li> <li>C. Percent enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment = [(# 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) divided by the (# of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school)] times 100.</li> </ul> |
|--|

<p><b>Data Source:</b> Indicator 14 data collection (post school outcomes survey) based on approved Sampling Plan</p>
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FFY	Measurable and Rigorous Target		
	Measurement A Enrolled in Higher Education	Measurement B Enrolled in Higher Education & Competitively Employed	Measurement C Enrolled in Higher Education, or some postsecondary education or training or competitively employed
FFY 2011	32.0%	59.5%	66.0%

**Actual Target Data for FFY 2011**

- A. 28%
- B. 71%
- C. 81%

**Raw Data Calculations**

- A.  $\frac{75}{268} \times 100$
- B.  $\frac{190}{268} \times 100$
- C.  $\frac{217}{268} \times 100$

**Table 14.1 Post School Outcome options**

A. Number of students enrolled in higher education within one year of leaving high school	B. Number of students enrolled in higher education or competitively employed within one year of leaving high school	C. Number of students enrolled in higher education, other postsecondary education/training program or competitively employed within one year of leaving high school	Total number of students participating in the survey
75	190	217	<b>268</b>

**Explanation of Progress or Slippage that Occurred for FFY 2011**

**The 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: the FFY 2011 rate of 28% demonstrates a 12 percentage point decrease from the FFY 2010 rate of 40%.
- B. Enrolled in higher education or competitively employed within one year of leaving high school: the FFY 2011 rate of 71% demonstrates a 7 percentage point increase from the FFY 2010 rate of 64%.
- C. Enrolled in higher education, or in some other postsecondary education or training program; or competitively employed or in some other employment: the FFY 2011 rate of 81% demonstrates a 14 percentage point increase from the FFY 2010 rate of 67%.

The overall decrease in number of students participating in higher education is concerning although there is no apparent reason for the decline. The CDE-ESSU team will probe further into the raw data to determine any patterns in geographic parameters or disability categories. One reason we are hearing for non-participation in higher education is the cost and the limited financial resources available through adult agencies.

A significant factor impacting the rate of competitive employment for youth with disabilities is the support available through the Division of Vocational Rehabilitation (DVR). Colorado DVR was operating under an Order of Selection throughout the 2009 fiscal year with all categories closed. As categories were opened, those individuals with the most significant needs were served first. All categories have now been opened allowing youth with a range of disabilities to receive employment services. In addition to improvement in the overall economic conditions in Colorado, the increase in employment can be attributed to work done with the DVR and the State Rehabilitation Council (SRC) to improve referral and access to DVR services for students preparing to exit the AU.

**Overview of Issue/Description of System or Process**

Each year, per the approved sampling plan, AUs are required to provide the CDE with contact information for all students who are exiting high school through the End-of-Year data collection. Students who exited school due to graduation, dropout, age out or those who finished with some type of certificate other than a diploma from AUs being sampled are included.

The approved sampling plan calls for contacting a sample of students reported as exiting from the AUs that have over 50,000 students. A census is conducted for the smaller AUs that comprise the rest of the sample. The CDE provided contact information for 2,751 students from 20 AUs to a third party vendor for data collection.

**Data Collection**

The third party vendor attempted to contact 1,001 students who exited school in the 2010-11 school year. For the first time, contact information was provided for all students. Phone contact was attempted at least three times; the first two phone attempts were completed during regular business hours and the final attempt was completed during evening or weekend hours. An attempt was defined as a caller's best effort to use all available information to contact the student or a relative by phone. Contact data were unusable for 275 (27%) of the students (see Table 14.1). This is a decrease of 1% in unusable data compared to FFY 2010. Data were unusable under three conditions: 1) all telephone numbers were disconnected, 2) all telephone numbers were wrong numbers, 3) secondary

contacts were reached but either did not know the student or did not have any information about the student.

**Table 14.2 Data Descriptives**

# of AUs	Contact Information Provided	Students Without Contact Data		Contacts Attempted		Unusable Contact Data		Contacts Completed	
	N	N	%	N	%	N	%	N	%
<b>20</b>	<b>2751</b>	<b>0</b>	<b>0</b>	<b>1001</b>	<b>36</b>	<b>275</b>	<b>27</b>	<b>268</b>	<b>27</b>

Seven students contacted indicated they had re-enrolled in high school and were excluded from the final data totals. Data from a total of 268 respondents are reported above.

Students participating in the survey had a variety of disabilities and represented all race or ethnicities. Seven surveys were administered in Spanish. The total sample is representative of the state.

There were some limitations of the 2011 exit data that hindered the ability to collect outcome data. First, contact data were often no longer valid preventing reaching a significant portion of the sample. Second, in several instances, individuals who were reached by phone did not know who the student was, even though they were listed as the adult primary contact. Frequently this was the case for students who had been in foster care or facilities. While there was marked improvement in contact information compared to previous years, the ESSU will continue to work with local districts to improve contact data. Finally, in order to meet the increased number of students in census districts, the sampling framework identified only six to seven percent of students in the sample districts, which is lower than in prior years. This will be addressed by the ESSU team reviewing the current plan and considering ways to increase the total number of attempted students to more than 1,000 to allow for broader representation.

The ESSU is working in partnership with the National Post School Outcomes Center (NPSO) to identify strategies used by other states for Indicator 14 data collection and consider ways to enhance the response rate resulting in more comprehensive and usable data.

**Enrolled in Higher Education Definition<sup>1</sup>**

A student was considered to have been enrolled in higher education within one year of leaving high school if the student was 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.

Less than a third of students surveyed (28%) were categorized as participating in higher education. Of those in higher education, enrollment in 2-year degree programs at a community college was most common (n=47, 39%). Of the 75 students participating in higher education, 51 (67%) were enrolled full-time.

<sup>1</sup> Part B-SPP/APR Measurement Table (OMB NO: 1820-0624 expiration date: 2/29/2012)

**Competitive Employment Definition**

A student was considered to have been competitively employed within one year of leaving high school if the student worked for pay at or above the minimum wage in a setting with others who are non-disabled for a period of 20 hours a week for at least 90 days at any time in the year since leaving high school. Military service was included as competitive employment. A total of 115 students were competitively employed. About 12% of students who were competitively employed indicated their employer provided health benefits. About 11% said their employer provided other benefits (vacation time, paid sick leave, general leave, tuition support or other similar benefits). There is a large amount of missing data because many of the surveys were completed by a family member who was not aware of all the details of the student's employment.

A student was considered to have had other employment when he or she did not meet competitive employment criteria but worked for at least 90 days in any setting, for any number of hours, at any wage. Twelve students were reported to have other employment.

For those who were never employed in the past year, the majority of students reported that either they could not find work or they were disabled and receiving benefits.

**Enrolled in other postsecondary education or training Definition**

A student was considered to have been enrolled in other postsecondary education or training within one year of leaving high school if the student was enrolled on a full- or part-time basis in an education or training program for at least one complete term at any time in the year since leaving high school. 19 students reported other postsecondary education. Examples of training programs included adult education, a short-term workforce development program or a vocational technical school that is less than a two year program.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 14 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

Part B State Annual Performance Report (APR) for FFY 2011

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 15:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

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

**Measurement:**

Percent of noncompliance corrected within one year of identification:

- a. # of findings of noncompliance.
- b. # of corrections completed as soon as possible but in no case later than one year from identification.

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

**States are required to use the "Indicator 15 Worksheet" to report data for this indicator (see Attachment A).**

FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2011: 88%**

**Raw Data Calculations**

81 findings timely corrected ÷ 92 findings = 88%

**Explanation of Progress or Slippage that occurred for FFY 2011**

The FFY 2011 rate of 88% shows slippage from the FFY 2010 rate of 94%. There were 11 findings that were not corrected within one year of identification. These 11 findings are attributed to two AUs.

- In one AU, representatives from CDE met with the AU Superintendent and the Director of Special Education to discuss corrective actions and technical assistance to address outstanding noncompliance. The CDE required the AU to enter into a compliance agreement with the ESSU. The compliance agreement required the AU to submit monthly documentation related to the remaining findings of noncompliance. All findings of noncompliance were verified as corrected on January 16, 2013.



- In regards to the other AU, two trainers from the CDE partnered with AU staff to provide extensive training regarding outstanding noncompliance in August. CDE leadership met with the AU’s special education leadership team to review student records and identify positive trends and areas for improvement. The AU has reviewed aggregated and disaggregated data to identify trends and areas for improvement. The CDE maintained monthly contact with the AU to discuss improvement strategies. All findings of noncompliance were verified as corrected on February 5, 2013.

**Correction of FFY 2010 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance)**

1. Number of findings of noncompliance the State made during FFY 2010 (the period from July 1, 2010 through June 30, 2011) (Sum of Column a on the Indicator B15 Worksheet)	<b>92</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding) (Sum of Column b on the Indicator B15 Worksheet)	<b>81</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>11</b>

**Correction of FFY 2010 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance)**

4. Number of FFY 2010 findings not timely corrected (same as the number from (3) above)	<b>11</b>
5. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>11</b>
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
1. Percent of youth with IEPs graduating from high school with a regular diploma. 2. Percent of youth with IEPs dropping out of high school. 14. Percent of youth who had IEPs, are no longer in secondary school and who have been competitively employed, enrolled in some type of postsecondary school or training program, or both, within one year of leaving high school.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	None required
	Dispute Resolution: Complaints, Hearings	0	0	
3. Participation and performance of children with disabilities on statewide assessments. 7. Percent of preschool children with IEPs who demonstrated improved outcomes.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	3	3
	Dispute Resolution: Complaints, Hearings	0	0	

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
4A. Percent of districts identified as having a significant discrepancy in the rates of suspensions and expulsions of children with disabilities for greater than 10 days in a school year.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	1
4B. Percent of districts that have:  (a) a significant discrepancy, 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 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.	Dispute Resolution: Complaints, Hearings	0	0	None required

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
5. Percent of children with IEPs aged 6 through 21 - educational placements.  6. Percent of preschool children aged 3 through 5 – early childhood placement.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	2	2	1
	Dispute Resolution: Complaints, Hearings	0	0	
8. 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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	6	20	17
	Dispute Resolution: Complaints, Hearings	4	6	6

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<p>9. Percent of districts with disproportionate representation of racial and ethnic groups in special education that is the result of inappropriate identification.</p> <p>10. Percent of districts with disproportionate representation of racial and ethnic groups in specific disability categories that is the result of inappropriate identification.</p>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	4	4	3
	Dispute Resolution: Complaints, Hearings	0	0	None required
<p>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.</p>	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	10	9
	Dispute Resolution: Complaints, Hearings	1	2	2

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
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.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	None required
	Dispute Resolution: Complaints, Hearings	0	0	
13. Percent of youth aged 16 and above with 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 service needs.	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	7	7	7
	Dispute Resolution: Complaints, Hearings	0	0	None required

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
Other areas of noncompliance: FAPE	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	5	15	13
	Dispute Resolution: Complaints, Hearings	4	15	15
Other areas of noncompliance: Parentally-placed Children in Private Schools	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	1	1	1
	Dispute Resolution: Complaints, Hearings	0	0	None required
Other areas of noncompliance: FERPA	Monitoring Activities: Self-Assessment/ Local APR, Data Review, Desk Audit, On-Site Visits, or Other	0	0	None required
	Dispute Resolution: Complaints, Hearings	2	3	3

Indicator/Indicator Clusters	General Supervision System Components	# of LEAs Issued Findings in FFY 2010 (7/1/10 to 6/30/11)	(a) # of Findings of noncompliance identified in FFY 2010 (7/1/10 to 6/30/11)	(b) # of Findings of noncompliance from (a) for which correction was verified no later than one year from identification
<b>Sum the numbers down Column a and Column b</b>			<b>92</b>	<b>81</b>
<b>Percent of noncompliance corrected within one year of identification = (column (b) sum divided by column (a) sum) times 100.</b>			(b) / (a) X 100=	<b>88%</b>
<b>Sum of noncompliance corrected <u>but beyond one year</u></b>			<b>94</b>	<b>94</b>
<b>Percent of noncompliance corrected, both timely and beyond one year of identification = (column (b) sum divided by column (a) sum) times 100.</b>			(b) / (a) X 100=	<b>100%</b>



**Process for selecting LEAs for On-Site Monitoring**

The CDE moved to a more focused CIMP in FFY 2010. The revised CIMP process begins with a thorough analysis of all data submitted by all AUs each year. Data from numerous sources are collected, verified and analyzed for each AU on an annual basis as they become available to the CDE. Data include, but are not limited to, student, staff, fiscal, and dispute resolution.

Student data are those related to:

- Prevalence rate by disability, race, and ethnic categories
- Percentage of time with nondisabled students
- Educational placement of students with disabilities
- Evaluation timelines
- IEP implementation timelines
- Performance on state assessments
- Preschool outcomes
- Graduation and dropout rates
- Time with nondisabled peers and educational settings for preschool students with disabilities
- Students exiting special education
- Data regarding disciplinary exclusions, including disaggregation by disability, race, and ethnic categories.

The CDE uses data and information from any available source to verify and augment information described above. Any data obtained are used to evaluate the performance of AUs on the SPP indicators and their related requirements. These data are examined and triangulated to determine:

- Related themes or relationships among performance on indicators (*e.g.*, Part B graduation rates with test performance and transition planning)
- Existence of patterns or trends over time (*i.e.*, is the AU's performance improving or slipping)
- Consistency with other known factors
- Areas of noncompliance
- Potential areas of noncompliance
- Poor performance
- Need for additional monitoring activities.

Staff data are those related to:

- Licensure
- Credentials (*e.g.*, Braille competency)
- Highly qualified status of special education staff
- Staff caseload information, including staff to student ratios.

The ESSU staff works closely with other units within the CDE to monitor and track licensure and highly qualified status of special education providers. Feedback is provided to AUs on the status of their staff.

Fiscal data are those collected from:

- IDEA Part B and 619 Narratives and Budgets
- Fiscal End of Year reporting.

The ESSU staff works closely with other units within the CDE to assure that each AU meets requirements specific to excess cost calculation, maintenance of effort, and allowable use of funds. Information provided as a result of a single audit is also reviewed.

Data from dispute resolution include:

- Dispute resolution findings, including complaints and due process.
- Areas of concern identified outside the scope of dispute resolution findings.

The CDE monitors data on the results and trends of complaints, mediations, resolution sessions and due process hearings on an ongoing basis, and includes an annual summary to OSEP in the SPP and APR. Data are analyzed to ensure completion of procedures in a timely manner, effectiveness or success of the procedures in resolving disputes, trends in issues identified through the processes, and trends for specific AUs that may imply noncompliance with state and federal regulations. This information is reviewed as part of any on-site monitoring visit. Trends in local AU data may also be investigated through an additional desk audit or site visit. An analysis of the nature of concerns expressed, findings, and timeliness of correction is conducted.

Based on the analysis described above, further monitoring may occur, including requiring the submission of additional data by the AU, AU self-assessment, and focused or comprehensive on-site monitoring by the CDE. Some AUs are randomly selected for monitoring each year.

### **Selection of AUs**

Some AUs participate in drill down activities when data indicate potential concern. For Indicators 4, 9 and 10, when disproportionate representation is reported, the AU must engage in a drill down to ascertain whether the disproportionate representation is a result of inappropriate policies, procedures and practices.

An AU may be identified for on-site monitoring on the basis of one or more of the following considerations:

- Sampling plan requirements, as for Indicator 13 and required IEP content for high school students
- Results of desk audits and drill down procedure, as may be triggered by disproportionate representation
- AU determination indicates lack of progress (*e.g.*, AU is at Needs Assistance for 2 or more consecutive years)
- AU determination demonstrates a decline in progress (*e.g.*, AU drops from Meets Requirements to Needs Assistance to Needs Intervention)
- Single year indicator level data shows areas of concern related to multiple SPP/APR indicators
- Patterns of concerns raised by data submitted through CDE data collections, including findings from single audits
- Patterns of concerns identified through dispute resolution processes, including findings outside of the scope of a complaint

- Recency of last on-site monitoring, either focused or comprehensive

All AUs will be included in on-site monitoring activities at least once within a six year period.

### **Verification of Correction and Enforcement Activities**

The CDE consultants worked with AU Directors of Special Education programs to identify root causes of findings of noncompliance, then identified and/or provided technical assistance to support AUs in correcting noncompliance.

If noncompliance concerning child-specific requirements was identified, the CDE required immediate correction of the noncompliance. Verification of correction was completed by a CDE review of all IEPs found to be noncompliant to assure individual correction. In all instances of child-specific noncompliance, immediate correction occurred within the required timelines.

In all instances of systemic noncompliance, strategies to verify correction mirrored those employed to identify noncompliance. CDE consultants worked with AU Directors of Special Education to identify an interim verification date, approximately six months after identification of any findings of noncompliance. CDE consultants conducted relevant verification activities and provided feedback to the AU, including written verification of correction and/or further guidance and technical assistance related to uncorrected noncompliance. CDE consultants engaged in verification activities again at times closer to the date by which the correction was required.

When an AU was unable to demonstrate correction of systemic noncompliance within one year, the CDE engaged in one or more of the following activities:

- Collaborated with the AU to identify causes of continuing noncompliance using tools and strategies developed based on IDEA, OSEP's Related Requirements table and Colorado's Exceptional Children's Educational Act;
- Directed the AU to revise a Corrective Action Plan to include more rigorous intervention and correction strategies;
- Directed the AU to technical assistance available through the CDE or other agencies;
- Collaborated with other units at the CDE to address areas of concern and support corrective action;
- Required immediate correction of child-specific noncompliance identified during verification activities and verified immediate correction;
- Developed a Compliance Plan with AU leadership focused on correction of noncompliance;
- Required the AU to submit additional data related to the finding(s).

When correction of noncompliance was not completed within one year, the CDE applied Enforcement Actions and continued to monitor each affected AU's progress toward correction.

The CDE continues to refine systems to improve compliance with Indicator 15. AUs are notified in writing of the specific noncompliance as per a specific regulatory citation and that correction of the identified noncompliance is required as soon as possible but no later than one year from the date of the letter issued by the CDE. Technical assistance is provided to AUs by a consultant with expertise in the area of need. CDE consultants establish strategies

to verify correction of noncompliance and develop timelines for verification activities. The CIMP Coordinator monitors timelines and collaborates with consultants to assure timely verification and reporting. All AUs are provided written feedback regarding the status of correction for all areas of noncompliance within one year of the notification of the noncompliance.

### **Enforcement Actions**

Under the priority area of General Supervision, the U. S. Department of Education, Office of Special Education Programs (OSEP) Part B State Performance Plan Indicator 15 states: General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification. As part of this requirement, the Colorado Department of Education's (CDE) Exceptional Student Services Unit (ESSU) must identify the actions, including technical assistance and/or enforcement actions, which will be taken to assure compliance with the Individuals with Disabilities Education Act (IDEA). In response to this requirement, the ESSU has identified the following enforcement actions which may be imposed on Administrative Units (AU) or State Operated Programs (SOP) for failure to make adequate progress toward correction of noncompliance. Noncompliance may be cited at any time [Exceptional Children's Educational Act (ECEA) 7.00]. Enforcement Actions will be determined by the ESSU. Appeals are provided for as described in ECEA Rule 7.00.

Areas of noncompliance identified through General Supervision activities must be corrected as soon as possible but not more than one year from the ESSU's issuance of a finding of noncompliance. Noncompliance cited through dispute resolution processes must be remedied within the timeline ordered by the decision. Depending on the circumstances of each case, one or more of the following enforcement actions will be initiated by the CDE:

- ***Letter of Concern***

*When noncompliance is not corrected within the required timeline, a letter will be sent to the AU or SOP Superintendent or Executive Director and the Director of Special Education. Copies will be sent to the Deputy Commissioner of the Accountability, Performance & Support Division, the Assistant Commissioner of the Exceptional Student Services Unit and the ESSU Supervisor for the region in which the AU is situated.*

- ***Meeting with Administration***

*A meeting will be convened by the CDE. Representatives from the CDE will meet with the AU or SOP Superintendent or Executive Director and the Director of Special Education to discuss corrective actions and technical assistance to address outstanding noncompliance.*

- ***Compliance Agreement***

*The ESSU may require the AU or SOP to enter into a compliance agreement with the ESSU.*

- ***Direct the use of funds***

*The CDE may direct the use of special education funds received by the AU or SOP to the area or areas in which the AU or SOP remains out of compliance. This may include directing the AU or SOP to:*

- *obtain targeted technical assistance in the area or areas of concern;*

- *fund a team led and approved by the ESSU to oversee the continued data collection, analysis and implementation of the improvement plan.*

- ***Withhold Funding***

*The CDE may delay or withhold funding as described in ECEA Rule 7.00.*

The range of enforcement actions provides the CDE latitude to compel AUs to correct findings of noncompliance. Because the enforcement actions are not hierarchical, the CDE can evaluate the noncompliance and intervene with one or more enforcement actions.

The CDE-ESSU has continued to work closely with other CDE Units to identify systemic concerns. Cross-Unit teams work in concert to support improvement in policies, procedures and practices that impact students with disabilities.

### **Specific Noncompliance**

#### **Compliance Indicators:**

**Indicator 4b:** For FFY 2010, four findings were issued to four AUs for (a) a significant discrepancy, 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 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.

- Three findings of noncompliance were issued to three AUs for lack of appropriate policies, procedures and practices regarding provision of positive behavior interventions to students with disabilities, and for lack of a clear process of manifestation determination. One finding was timely corrected by the AU. Two findings were corrected but beyond one year.
- One finding of noncompliance for a related requirement was issued to one AU as a result of comprehensive on-site monitoring. The finding was corrected but beyond one year.
- In all instances of child-specific noncompliance, immediate correction was required. The CDE verified correction of all child-specific noncompliance through a review of IEPs. The AUs provided timely evidence of the correction of child-specific noncompliance by submitting records to the CDE for verification.

**Indicators 9 and 10:** For FFY 2010, four findings were issued to four AUs because the AU demonstrated disproportionate representation due to inappropriate evaluation and eligibility determination.

- Two findings of noncompliance (Indicator 10) were issued to two AUs for failure to adequately document consideration of the impact of a second language when making a determination of eligibility for special education. Both findings were timely corrected by the AUs.
- In all instances of child-specific noncompliance, immediate correction was required. The CDE verified correction of all child-specific noncompliance through a review of IEPs. The AUs provided timely evidence of the correction of child-specific noncompliance by submitting records to the CDE for verification.

**Indicator 11:** No findings were issued to AUs for failing to meet required initial evaluation timelines. Ten findings for related requirements were issued to five AUs as a result of comprehensive monitoring. Two findings for related requirements were issued to one AU as the result of dispute resolution. Nine findings were timely corrected, one was corrected but beyond one year.

- In all instances of child-specific noncompliance, immediate correction was required. The CDE verified correction of all child-specific noncompliance through a review of IEPs. The AUs provided timely evidence of the correction of child-specific noncompliance by submitting records to the CDE for verification.

**Indicator 12:** There were no findings issued to any AUs in FFY 2010.

**Indicator 13:** Six findings of noncompliance were issued because IEPs reviewed did not meet requirements for all eight questions. One finding was issued to one AU as a related requirement as a result of comprehensive monitoring. All findings were timely corrected.

- In all instances of child-specific noncompliance, immediate correction was required. The CDE verified correction of all child-specific noncompliance through a review of IEPs. The AUs provided timely evidence of the correction of child-specific noncompliance by submitting records to the CDE for verification.

#### **Outstanding Noncompliance**

**88%** of findings of noncompliance issued in FFY 2010 and due for correction in FFY 2011 have been timely corrected. The remaining 12% of findings have been corrected beyond one year.

**Correction of FFY 2009 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance)**

1. Number of findings of noncompliance the State made during FFY 2009 (the period from July 1, 2009 through June 30, 2010) (Sum of Column a on the Indicator B15 Worksheet)	<b>47</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding) (Sum of Column b on the Indicator B15 Worksheet)	<b>44</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>3</b>

**Correction of FFY 2009 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance)**

4. Number of FFY 2009 findings not timely corrected (same as the number from (3) above)	<b>3</b>
5. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>3</b>
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Correction of FFY 2008 Findings of Noncompliance Timely Corrected (corrected within one year from identification of the noncompliance)**

1. Number of findings of noncompliance the State made during FFY 2008 (the period from July 1, 2008 through June 30, 2009) (Sum of Column a on the Indicator B15 Worksheet)	<b>51</b>
2. Number of findings the State verified as timely corrected (corrected within one year from the date of notification to the LEA of the finding) (Sum of Column b on the Indicator B15 Worksheet)	<b>47</b>
3. Number of findings <u>not</u> verified as corrected within one year [(1) minus (2)]	<b>4</b>

**Correction of FFY 2008 Findings of Noncompliance Not Timely Corrected (corrected more than one year from identification of the noncompliance)**

4. Number of FFY 2008 findings not timely corrected (same as the number from (3) above)	<b>4</b>
5. Number of findings the State has verified as corrected beyond the one-year timeline (“subsequent correction”)	<b>4</b>
6. Number of findings <u>not</u> yet verified as corrected [(4) minus (5)]	<b>0</b>

**Required Response to FFY 2010 APR**

Statement from the Response Table	State’s Response
<p>OSEP is concerned about the State’s failure to correct longstanding noncompliance from FFY 2008. The State must take the steps necessary to ensure that it can report, in the FFY 2011 APR that it has corrected the remaining finding identified in FFY 2008. If the State cannot report in the FFY 2011 APR that this noncompliance has been corrected, the State must report in the FFY 2011 APR:</p>	
<p>(1) The specific nature of the noncompliance;</p>	<p>Evaluation reports lacked sufficient evidence of the impact of English language proficiency on students’ performance. Documentation did not directly address whether students’ learning difficulties are a result of language differences or true disabilities (§300.306(b)(1)(iii)).</p>
<p>(2) The State’s explanation as to why the noncompliance has persisted;</p>	<p>The CDE conducted a verification visit on January 16, 2013 and determined that the AU had systemically changed practice to align with appropriate policies and procedures. All noncompliance was verified as corrected.</p>
<p>(3) The steps the State has taken to ensure the correction of each finding of the remaining findings of noncompliance, and any new or different actions the State has taken, since the submission of its FFY 2010 APR, to ensure such correction; and</p>	<p>Each month, the AU submitted initial and triennial evaluations and eligibility determination documentation to the CDE for review. The CDE provided specific and instructive feedback regarding the evaluations submitted.</p> <p>CDE staff met with the AU’s special education leadership team to provide specific information regarding the outstanding noncompliance.</p> <p>CDE leadership met with leadership from the AU to develop a Compliance Agreement to address outstanding noncompliance.</p> <p>The AU directed IDEA Part B funds to training staff regarding eligibility determination requirements.</p> <p>The CDE conducted a verification visit on January 16, 2013 and determined that the AU had systemically changed practice to align with appropriate policies and procedures. All noncompliance was verified as corrected.</p>



Statement from the Response Table	State’s Response
<p>(4) Any new or different actions the State will take to ensure such correction.</p>	<p>The CDE conducted a verification visit on January 16, 2013 and determined that the AU had systemically changed practice to align with appropriate policies and procedures. All noncompliance was verified as corrected.</p>
<p>In reporting on correction of the noncompliance in the FFY 2011 APR, the State must report that it verified that each LEA with noncompliance identified in FFY 2010:</p>	
<p>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</p>	<p>The CDE has verified that all AUs are correctly implementing the specific regulatory requirements based on a review of updated data (i.e., AU policies, AU procedures, focused student record reviews).</p> <p>The CDE collaborated with AUs to review policies, procedures and practices in order to identify the root cause(s) of noncompliance. When noncompliance was cited, the AUs developed and implemented corrective action plans. The CDE also provided technical assistance to AUs to support them in improving practices. The CDE verified correction of noncompliance through a review of data and on-site monitoring.</p> <p>The CDE intensified technical assistance and applied enforcement actions to compel AUs to correct noncompliance.</p>
<p>2. Has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the LEA, consistent with OSEP Memo 09-02. In the FFY 2011 APR, the State must describe the specific actions that were taken to verify correction.</p>	<p>The CDE has verified that all child-specific noncompliance has been corrected. Child-specific findings of noncompliance required immediate correction unless the child was no longer within the jurisdiction of the AU. The CDE conducted focused student record reviews to verify correction.</p>
<p>Further, in responding to Indicators 4B,10 and 13 in the FFY 2011 APR, the State must report on correction of the noncompliance described in this table under those indicators.</p>	<p>Indicator 4B, see p. 91. Indicator 10, see p. 91. Indicator 13, see p. 92.</p>

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 15 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.

Part B State Annual Performance Report (APR) for FFY 2011

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 16:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint, or because the parent (or individual or organization) and the public agency agree to extend the time to engage in mediation or other alternative means of dispute resolution, if available in the State.

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

States are not required to report on Indicator 16 for FFY 2011.

Part B State Annual Performance Report (APR) for FFY 2011

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 17:** Percent of adjudicated due process hearing requests that were adjudicated within the 45-day timeline or a timeline that is properly extended by the hearing officer at the request of either party or in the case of an expedited hearing, within the required timelines.

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

States are not required to report on Indicator 17 for FFY 2011.

Part B State Annual Performance Report (APR) for FFY 2011

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 18:** 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))

**Measurement:** Percent = (3.1(a) divided by 3.1) times 100.

Data Source: Data collected on Table 7 of Information Collection 1820-0677 (*Report of Dispute Resolution Under Part B of the Individuals with Disabilities Education Act*).

FFY	Measurable and Rigorous Target
2011	46%

**Actual Target Data for FFY 2011: 55.6%**

**Raw Data Calculations**       $(5 / 9) \times 100 = 55.6\%$

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 rate of 55.6% demonstrates slippage from the FFY 2010 rate of 80%. The CDE surpassed the target.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 13 through FFY 2012. The Improvement Activities as reported in the APR have been moved to the back into Appendix A.

Part B State Annual Performance Report (APR) for FFY 2011

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 19:** Percent of mediations held that resulted in mediation agreements.

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

**Measurement:**

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

Data Source: Data collected on Table 7 of Information Collection 1820-0677 (*Report of Dispute Resolution Under Part B of the Individuals with Disabilities Education Act*).

FFY	Measurable and Rigorous Target
2011	55%

**Actual Target Data for FFY 2011: 81.8%**

**Raw Data Calculations**       $[(5 + 13) / 22] \times 100 = 81.8\%$

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 rate of 81.8% demonstrates progress from the FFY 2010 rate of 70.6% and exceeds the target.

With the implementation of the new mediation process as of July 1, 2010, with the Office of Administrative Courts, the CDE has invested time, energy, and resources into the success of this program. Over the last two fiscal years, our target data shows an improvement in outcomes for the parties that are both expedient and cost effective.

**Required Response to FFY 2010 APR**

None required.

**Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 13 through FFY 2012. The Improvement Activities as reported in the APR have been moved to the back into Appendix A.

**Part B State Annual Performance Report (APR) for FFY 2011**

**Monitoring Priority: Effective General Supervision Part B / General Supervision**

**Indicator 20:** State reported data (618 and State Performance Plan and Annual Performance Report) are timely and accurate.

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

**Measurement:**

State reported data, including 618 data, State Performance Plan, and Annual Performance Reports, are:

- a. Submitted on or before due dates (first Wednesday in February for child count, including race and ethnicity; and educational environments; first Wednesday in November for exiting; discipline; personnel and dispute resolution; December 15 for assessment; May 1 for Maintenance of Effort & Coordinated Early Intervening Services; and February 1 for Annual Performance Reports).
- b. Accurate, including covering the correct year and following the correct measurement.

**Data source:** Indicator 20 Scoring Rubric (not included)

FFY	Measurable and Rigorous Target
2011	100%

**Actual Target Data for FFY 2011: 100%**

**Explanation of Progress or Slippage that Occurred for FFY 2011**

The FFY 2011 score of 100% demonstrates progress from the FFY 2010 score of 97.26%.

Submitting accurate data in a timely manner continues to be a critical focus for the CDE. Collaborative efforts among the ESSU, the Data Services Unit (DSU) and Information Management Services (IMS) ensure the collection of required data and adherence to EdFacts deadlines.

The ESSU Data Team continues to provide technical assistance to AUs as they are submitting data to ensure validity prior to submitting data to the U.S. Department of Education. As an AU submits its data, each file is run through an extensive series of edit checks and the AU is immediately notified of errors. These edit systems are enhanced and updated annually to ensure that the data are accurate. The data also show whether the AU's practices are compliant and align with policies and procedures. Reports are generated for each SPP indicator as well as those indicators required for 618 data submissions. Local

special education directors are able to view these reports in order to ensure accuracy prior to finalizing the submission of data.

Training is provided for each data collection (Special Education End-of-Year, Child Count/Personnel, Discipline) with materials posted online for year-round access. The ESSU continues to enhance training materials to support staff in AUs to develop the skills in data analysis that are employed at the state level.

### **616/Monitoring Data**

At any time the data indicate a concern, the AU is required to complete a drill-down and self-assessment process. These materials are available for each SPP compliance indicator and for Indicator 4. They can be located on the ESSU/SPP website at: [http://www.cde.state.co.us/cdesped/SPP\\_TrainingMaterials.asp](http://www.cde.state.co.us/cdesped/SPP_TrainingMaterials.asp).

The drill-down materials were developed based on requirements outlined in the measurement table and the related requirements for each compliance indicator. The local special education director and staff are required to complete each drill-down and self-assessment in collaboration with the ESSU Monitoring Team. In addition, the ESSU Monitoring Team independently reviews policies, procedures and practices.

Whenever possible, ESSU consultants who have content knowledge specific to an area of concern (*e.g.*, a Speech Language Pathologist) join the ESSU Monitoring Team to review policies, procedures and practices of the AU in question. If the AU requires technical assistance, or when a corrective action plan is mandated, ESSU consultants with specific content knowledge lead those efforts.

Findings of child-specific noncompliance require immediate correction. Correction of child-specific noncompliance is verified by the CDE.

### **Required Response to FFY 2010 APR**

None required.

### **Discussion of Improvement Activities Completed**

Colorado has established, in the State Performance Plan, improvement activities for Indicator 20 through FFY 2012. The Improvement Activities as reported in the APR have been moved to Appendix A.



**Appendix A**

Two years ago the Colorado Department of Education developed a strategic plan designed to guide the work of the entire department and to bring continuity to Units and Offices across the agency. The Exceptional Student Services Unit – Office of Special Education (ESSU) is using the Appendix format to include improvement activities in the Annual Performance Report (APR) and to show the linkages among work focused on student outcomes, the APR, and the CDE Strategic Plan.

The CDE Strategic Plan has four goals:

1. Prepare students to thrive in their education and in a globally competitive workforce;
2. Ensure effective educators for every student and effective leaders for every school and district;
3. Build the capacity of schools and districts to meet the needs of Colorado students and their families;
4. Build the best education system in the nation.

It is the goal of the ESSU that all improvement activities align with at least one of the four Strategic Plan goals. ESSU’s initiatives will align and support the CDE Strategic Plan as it focuses on all of Colorado’s students, their achievement, growth and post-school outcomes. It is also understood that all of the indicators are linked to a common goal of improving student outcomes. In this current format, the Appendix will more clearly illustrate linkages across indicators as well as linkages across the CDE Strategic Plan. More detailed information about the improvement activities is included in the State Performance Plan.

ACTIVITY	INDICATORS				
1) Collaborate with other units/offices within the Colorado Department of Education to focus on strategies that will impact graduation and dropout rates for students.	1	2	13	14	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>• Have linked core content standards to IEPs for students with disabilities</li> <li>• The School to Work Alliance Program (SWAP) is involved in strengthening connections between schools and the Division of Vocational Rehabilitation (DVR).</li> </ul>					

ACTIVITY	INDICATORS				
2) Collaborate with other units/offices within the Department of Education to provide districts with alternative graduation pathways for youth at risk of dropping out, including students with disabilities.	1	2	13	14	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Established linkages to the Community College system</li> </ul>					
ACTIVITY	INDICATORS				
3) Provide targeted technical assistance to AUs to improve implementation of transition plans and postsecondary outcomes.	1	2	13	14	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Technical assistance is provided to AUs as they prepare to enter the sample.</li> <li>Regional trainings are offered throughout the year with content based on AU needs assessments.</li> <li>The CDE hosts a Transition Leadership Institute with NSTTAC annually.</li> </ul>					
ACTIVITY	INDICATORS				
4) Train state school providers and families on how to integrate IEP transition requirements and Colorado's required ICAP to eliminate confusion.	1	2	8	13	14
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Materials for parents are under development.</li> </ul>					

ACTIVITY	INDICATORS				
5) Professional development regarding provision of modifications and accommodations in general education classrooms	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>Collaborative effort with Office of Student Assessments and the ESSU, including Assistive Technology Partners at the University of Colorado</li> </ul>					
ACTIVITY	INDICATORS				
6) Provide information and materials regarding accommodations allowed on state assessments.	3	5	6		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system					
<ul style="list-style-type: none"> <li>Colorado is one of the few states that have a comprehensive system for review of its Braille and large print tests.</li> </ul>					
ACTIVITY	INDICATORS				
7) Provide professional development on reading instruction.	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>The ESSU collaborates with the RtI Office targeting retaining students in the general education curriculum and classroom for literacy instruction.</li> <li>The ESSU hosts additional training focusing on literacy for students with specific learning disabilities, visual impairments and hearing impairments.</li> </ul>					

ACTIVITY	INDICATORS				
8) Provide intense professional development for teachers of students with specific learning disabilities in the areas of math calculation and problem solving.	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>• The ESSU collaborates with the RtI Office and the Standards Implementation Team in providing professional development on research-based instructional practices and assessments for math instruction.</li> <li>• Additional training is occurring to focus on preschool math skills as preschool outcome data shows concern in the area of math development.</li> </ul>					
ACTIVITY	INDICATORS				
9) Achievement of students with disabilities is a focus of the special education monitoring processes as well as being included in the overall accreditation process of school districts.	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>• The CDE requires all districts to submit a Unified Improvement Plan (UIP). The UIP is tied to accreditation and examines achievement and growth gaps for all disaggregated groups.</li> </ul>					

ACTIVITY	INDICATORS				
10) Provide technical assistance to districts regarding implementing the Colorado Standards.	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>The ESSU is represented on the state’s Standards Implementation Team.</li> </ul>					
ACTIVITY	INDICATORS				
11) Provide professional development related to formative assessments.	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>This work has been done through Content Collaboratives, an undertaking to decide which assessments are appropriate for determining educator effectiveness when there is no state assessment in a subject administered.</li> </ul>					
ACTIVITY	INDICATORS				
12) Develop Extended Evidence Outcomes and Extended Readiness Competencies.	3	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>EEOs and ERCs were written for Colorado’s Comprehensive Health and Physical Education Standards.</li> </ul>					

ACTIVITY	INDICATORS				
13) Support current districts' full-scale implementation of PBIS.	4	5	6	9	10
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>64% of Colorado's school districts who are implementing PBIS are implementing with fidelity.</li> </ul>					
ACTIVITY	INDICATORS				
14) Provide technical assistance to specifically address disproportionate representation in disciplinary suspensions and expulsions.	4	5	6	9	10
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Districts with disproportionate representation have been involved in focused technical assistance.</li> <li>Focus includes how to use data such as Office Disciplinary Referrals to provide to students prior to the use of suspension/expulsion.</li> </ul>					

ACTIVITY	INDICATORS				
15) Development of Bully Prevention Website. <a href="http://www.Colorado.gov/SchoolSafetyResourceCenter">www.Colorado.gov/SchoolSafetyResourceCenter</a>	4	5	6	9	10
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>• This website is provided in conjunction with the Colorado School Safety Resource Center.</li> <li>• The website provides information and resources in compliance with Colorado House Bill 12-54. School districts can utilize such resources for early response to bullying activities and for creating positive school climate.</li> </ul>					
ACTIVITY	INDICATORS				
16) Provide professional development for Intensive Behavioral Supports that are functional in the classroom and lead to behavior support planning.	4	5	6	9	10
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>• Districts with disproportionate representation have been involved in focused technical assistance.</li> </ul>					
ACTIVITY	INDICATORS				
17) Provide Technical Assistance to school leaders through the PBIS Leadership Academy.	4	5	6	9	10
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					

ACTIVITY	INDICATORS				
18) Support AUs that have excessive numbers of restrictive placements in developing strategies that enhance educational opportunities for students in the LRE.	3	4	5	6	7
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system				X	
<ul style="list-style-type: none"> <li>Drill down procedures are being used during monitoring visits to determine how placement decisions are being made and the extent of the district’s available continuum of services and supports.</li> </ul>					
ACTIVITY	INDICATORS				
19) Model demonstration programs for students with Autism Spectrum Disorders and Significant Support Needs (COMASP)	3	4	5	6	7
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system				X	
<ul style="list-style-type: none"> <li>Sites are receiving coaching across the state of Colorado. Sites include preschool through high school.</li> </ul>					
ACTIVITY	INDICATORS				
20) Develop a manual and guidance materials related to provision of Extended School Year including eligibility decision making.	3	5	6		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Manual can be found at:  <a href="http://www.cde.state.co.us/cdesped/download/pdf/ESY_GuidanceManual.pdf">http://www.cde.state.co.us/cdesped/download/pdf/ESY_GuidanceManual.pdf</a> </li> </ul>					



ACTIVITY	INDICATORS				
21) Professional development related to characteristics of autism spectrum disorders and evidence based strategies being used.	5	6			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Designed for participants to build programs for students allowing them to be more successful throughout the school environment.</li> </ul>					
ACTIVITY	INDICATORS				
22) Meetings at state and regional level with child find coordinators.	6	7	12		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Content of meetings focuses on inclusive preschool programming, child find practices and data collection processes.</li> <li>Transition requirements are addressed as a collaborative effort between Colorado's Part C Lead Agency and the Colorado Department of Education.</li> </ul>					
ACTIVITY	INDICATORS				
23) Coursework focused on preschool issues such as inclusion and transition practices.	6	7	12		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Some courses focus on inclusive instructional practices.</li> <li>One course is based on the National Early Childhood Transition Center at the University of Kentucky work on the application of best practices for preschool transition.</li> </ul>					

ACTIVITY	INDICATORS				
24) Provide tools and resources, along with professional development on linking assessment data to improving instruction and interventions.	6	7			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>This activity is currently focused on professional development for preschool providers on how to use the preschool outcomes assessment systems and improve instruction.</li> </ul>					
ACTIVITY	INDICATORS				
25) Deliver professional development to school library staff on early literacy development.	3	6	7		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>Content developed in collaboration with State Library and Preschool Special Education staff.</li> <li>Autism specialist and Dual Language Learner content experts are reviewing content to ensure that needs of all preschoolers are addressed.</li> </ul>					
ACTIVITY	INDICATORS				
26) Professional development on intentional teaching and embedded instruction.	5	6	7		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>The focus of this activity is currently on helping Speech-Language Pathologists learn how to deliver speech-language services in a regular early childhood setting.</li> </ul>					

ACTIVITY	INDICATORS				
27) Increase the number of classrooms serving students with disabilities that are implementing the Teaching Pyramid with fidelity.	4	5	6	7	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				X
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>This work is through the State Personnel Development Grant (SPDG).</li> <li>Other evidence based social/emotional frameworks are being supported in addition to Teaching Pyramid.</li> </ul>					
ACTIVITY	INDICATORS				
28) Ensure preschool special education providers are receiving inter-rater reliability certification in TS GOLD.	7				
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Training is being expanded to include classroom aides (paraprofessionals), Speech-Language Pathologists and related service providers.</li> </ul>					
ACTIVITY	INDICATORS				
29) Design and deliver professional development on RtI in preschool classrooms serving children with disabilities.	5	6	7		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				X
	3 – Build capacity				X
4 – Best education system					
<ul style="list-style-type: none"> <li>Work in collaboration with the RtI Office.</li> </ul>					

ACTIVITY	INDICATORS				
30) Sponsor and support conferences throughout the year that enhance parent and family involvement.	5	6	8		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>Three Parents Encouraging Parents (PEP) Conferences are held per year.</li> </ul>					
ACTIVITY	INDICATORS				
31) Collaborate with parent/family organizations across the state.	8				
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>Organizations include OSEP-designated Parent Training and Information Center and Region 5 Parent Technical Assistance Center (PEAK Parent Center), the Colorado Parent Information and Resource Center (CPIRC), and Denver Metro Community Parent Resource Center.</li> </ul>					
ACTIVITY	INDICATORS				
32) Develop a Family, School and Community Partnering (FSCP) Community of Practice.	8				
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>FSCP focused on identifying actionable solutions to increase the intentional implementation of effective FSCP in schools in order to improve the academic, social, emotional and behavioral outcomes of students.</li> </ul>					

ACTIVITY	INDICATORS				
33) Research current practices across Institutions of Higher Education (IHE) related to training future educators in working with families.	5	6	8		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>A document entitled “Preparing Colorado Educators to Partner with Families in a Multi-Tiered System of Supports” is being developed and will be posted to the CDE website once it becomes available.</li> </ul>					
ACTIVITY	INDICATORS				
34) Collaborate with the Colorado Special Education Advisory Committee (CSEAC) to provide outreach to AU local special education advisory committees (SEACs) on strategies to increase parent involvement and effective family-school partnering.	5	6	8		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>Held the 3<sup>rd</sup> Annual Local Special Education Advisory Committee “Power of Partnership” Forum. The event is sponsored by the CDE and parent/family organizations across the state (e.g., PEAK Parent Center, CPIRC).</li> </ul>					
ACTIVITY	INDICATORS				
35) Provide professional development and resources to educators and other stakeholders on strategies for developing and maintaining parent involvement.	5	6	8		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>The CDE-ESSU Indicator 8 team is creating a document to help schools facilitate parent and family involvement in addition to the cross unit collaboration and training aforementioned.</li> </ul>					

ACTIVITY	INDICATORS				
36) Develop a system that incorporates general education data review that may lead to identification of patterns of disproportionate representation.	4	9	10	11	15
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>ESSU participates in monitoring visits with Titles I and III to identify trends to be addressed prior to special education monitoring.</li> </ul>					
ACTIVITY	INDICATORS				
37) Cross-unit collaboration in creating a plan to target area(s) of need for the AUs identified as high risk for reporting disproportionate representation.	4	9	10	11	
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>The Culturally and Linguistically Diverse Resource Toolkit (Toolkit) was developed and training in its use was provided throughout the state to district level teams. Teams had to include special education, general education and ELA representation. AUs with disproportionate representation as a result of inappropriate identification were required to participate in Toolkit training.</li> </ul>					
ACTIVITY	INDICATORS				
38) Assist districts in incorporating their special education student performance data into the UIP as a means of improving overall achievement of identified special education students.	3	9	10		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				<b>X</b>
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>The CDE helps districts identify trends that could lead to disproportionate representation and to address such trends in the UIP.</li> </ul>					

ACTIVITY	INDICATORS				
39) Targeted technical assistance will be provided for the AUs that were cited for disproportionate representation due to inappropriate identification specific to the area of Specific Learning Disability (SLD).	9	10	11		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				<b>X</b>
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>• Technical assistance is specific to an AUs needs and is delivered by CLD content expert and an SLD content expert.</li> <li>• A CLD SLD Topic Brief is under development.</li> </ul>					
ACTIVITY	INDICATORS				
40) Professional Development on the identification of students for eligibility for special education.	9	10	11		
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system					
<ul style="list-style-type: none"> <li>• Colorado has changed the <u>Rules</u> for the Administration of the Exceptional Children's Education Act (ECEA) to align with changes in eligibility for special education.</li> </ul>					
ACTIVITY	INDICATORS				
41) Revise the monitoring process to more closely align with all indicators and related requirements.	<b>All Indicators</b>				
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>• Comprehensive monitoring process examines <u>all</u> aspects of Federal and State special education law and uses all available data to determine needs.</li> </ul>					

ACTIVITY	INDICATORS	
42) Create work teams to address each of the indicators.	<b>All Indicators</b>	
	<b>CDE STRATEGIC INITIATIVES</b>	
	1 – Prepare students	
	2 – Effective educators	
	3 – Build capacity	
4 – Best education system	<b>X</b>	
<ul style="list-style-type: none"> <li>Work teams analyze data, evaluate AU policies and procedures impacting each indicator, and identify technical assistance needs to support AUs to enhance practices to improve performance.</li> </ul>		
ACTIVITY	INDICATORS	
43) Increase training of ESSU Consultants to improve: <ul style="list-style-type: none"> <li>- Service to AUs and;</li> <li>- Identification of noncompliance and verification of corrective actions using valid and reliable strategies.</li> </ul>	<b>All Indicators</b>	
	<b>CDE STRATEGIC INITIATIVES</b>	
	1 – Prepare students	
	2 – Effective educators	
	3 – Build capacity	
4 – Best education system	<b>X</b>	
<ul style="list-style-type: none"> <li>Consultant responsibilities have been re-organized to have a Monitoring Team that has primary responsibility for monitoring, identification of noncompliance and verification of corrective action.</li> </ul>		



ACTIVITY	INDICATORS				
44) Train due process hearing officers on federal and state legal requirements and timelines.	17	19			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity	<b>X</b>			
4 – Best education system	<b>X</b>				
<ul style="list-style-type: none"> <li>Hearing Offices are from the Office of Administrative Courts and are Administrative Law Judges (ALJ). They are not employees of the Colorado Department of Education but hear Due Process Hearings through a Memorandum of Understanding.</li> <li>ALJs serve as Mediators.</li> </ul>					
ACTIVITY	INDICATORS				
45) Develop a process for collecting data related to dispute resolution.	18	19			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system	<b>X</b>				
<ul style="list-style-type: none"> <li>The CDE utilizes a Resolution Meeting Process form for data reporting purposes. AUs are required to submit this form to the CDE.</li> <li>CDE utilizes an anonymous post-mediation evaluation form for all parties involved.</li> <li>Mediators complete a tracking report at the close of each mediation that includes the data and outcome.</li> </ul>					

ACTIVITY	INDICATORS				
46) Provide voluntary mediation for cases in conjunction with a state complaint.	16	18			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system					
<ul style="list-style-type: none"> <li>• Process is similar to a Resolution Session for cases involving a State Complaint.</li> <li>• The State Complaint Officer is notified immediately of the outcome of the mediation.</li> </ul>					
ACTIVITY	INDICATORS				
47) Embed reports in data collections to ensure accountability and accuracy of AU submitted data.	15	20			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>• Reports specific to each indicator are included in relevant collections (child count, personnel, discipline, End of Year)</li> </ul>					
ACTIVITY	INDICATORS				
48) Develop data warehouse to access special education data.	5	6	9	10	20
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>• Data warehouse generates reports for state use for Indicators 5, 6, 9 and 10 with more indicator reports under development.</li> </ul>					

ACTIVITY	INDICATORS				
49) Provide professional development and focused technical assistance of all data collections to address technical needs along with count content needs.	15	20			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				<b>X</b>
4 – Best education system				<b>X</b>	
ACTIVITY	INDICATORS				
50) Reprogram data collections to enhance functionality and improve ease of use for AUs.	20				
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system				<b>X</b>	
<ul style="list-style-type: none"> <li>• All collections are reviewed each year.</li> <li>• An enhanced data collection system is currently under development for all of the CDE’s automated data collections, as well as a statewide IEP system.</li> <li>• Improved data collection systems have freed up consultant time to provide TA, training and data analysis in real-time.</li> </ul>					

ACTIVITY	INDICATORS				
51) Require AUs to submit Corrective Action Plans (CAPs) to address concerns regarding ability to submit valid and timely data to the CDE.	15	20			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity	<b>X</b>			
4 – Best education system	<b>X</b>				
<ul style="list-style-type: none"> <li>When AUs implemented corrective action plans with fidelity, data submissions were improved and AUs required less technical assistance from the CDE during the collection period.</li> </ul>					
ACTIVITY	INDICATORS				
52) Conduct data quality reviews while data collections are open.	15	20			
	<b>CDE STRATEGIC INITIATIVES</b>				
	1 – Prepare students				
	2 – Effective educators				
	3 – Build capacity				
4 – Best education system	<b>X</b>				
<ul style="list-style-type: none"> <li>Data quality reviews address data validity issues while collections are still open and AUs can address concerns in a timely fashion.</li> </ul>					